COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

TRIENNIAL REPORT 2005 - 2007

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OF AUSTRALIA AND NEW ZEALAND
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CSSANZ Mission

On the 11th November 1988 a meeting of twenty-five committed colorectal surgeons agreed to form the Australian Society of Colorectal Surgeons (now known as the Colorectal Surgical Society of Australia and New Zealand). The meeting was convened by Dr Mark Killingback and it elected Dr David Failes as the first President. The aim of the Society was, and is, to improve the quality of care of patients with diseases of the colon and rectum. To achieve this aim the Society continues to foster the development and maintenance of colorectal surgery as a specialty with the following objectives:

- To educate colorectal surgeons, the medical profession and the public
- To develop and maintain standards of practice of colorectal surgery in Australia and New Zealand
- To facilitate and promote the training, certification and accreditation of colorectal surgeons
- To convene and participate in colorectal surgery scientific meetings
- To develop and support research programs in colorectal surgery
- To act in an advisory capacity for government, AMA and other health organisations
- To provide peer review advice
- To foster the international exchange of all matters important to the development of colorectal surgery.

COUNCIL

(OCTOBER 2007)

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Education: Dr Matthew Rickard

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CSSANZ Foundation Research Committee
Chairman – A/Prof Pierre Chapuis

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Binational CRC Database

Chairman – Dr Andrew Hunter

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Editors: Dr K Chip Farmer, Dr Rodney Woods
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FOREWORD

Dr K Chip Farmer

Dr Rodney Woods

It is with great pleasure that we present the fourth Triennial Report of the Colorectal Surgical Society of Australia and New Zealand covering the years 2005-2007.

This report highlights the growth and diversity of the Society and the continued development of colon and rectal surgery as a surgical specialty in both Australia and New Zealand over the past three years. It focuses on the Society's major areas of interest including the Training Board in Colon and Rectal Surgery, the CSSANZ Foundation, and the research activity of Society members.

This report contains a feature article dedicated to Graham Newstead's career and his involvement in the establishment and management of the Society. Graham has held almost every official position in the CSSANZ and it was fitting that he be awarded a Member of the Order of Australia (AM) during this triennium. Other feature articles outline the development of a binational colorectal cancer database and the CSSANZ media award.

The editorial committee wish to thank all those who made contributions to this report. Liz Neilson deserves special mention as she has performed the administrative aspects of preparation of the report to her usual high standards. We are also grateful to the team at Corporate Image for their professional layout and production skills.

Finally we are appreciative of the generous financial support from Applied Medical, Covidien, Johnson and Johnson, Olympus, Genzyme, Medtronics and Scanmedics.

Dr K Chip Farmer & Dr Rodney Woods
Editors
Melbourne, Australia

PRESIDENT'S REPORT

Dr Philip Douglas

It gives me great pleasure to write this report for the Triennial Report briefly outlining the activities of the Colorectal Surgical Society of Australia and New Zealand, and the work of the Council and associated committees for 2005-2007.

I believe it has been a busy and fruitful 3 years for the newly named "Colorectal Surgical Society of Australia and New Zealand".

It was indeed very pleasing that the membership decided overwhelmingly to change the name of the Society at the Extraordinary General Meeting in 2006, to better recognize the contribution made by our New Zealand members to the affairs of the Society.

The membership of the Society continues to increase and we now have over 160 members (including 20 retired members).

Training, standards, education and research remain vital functions of the Society and the roles of the Training Board in Colon and Rectal Surgery, the Scientific Program Committee, and the CSSANZ Foundation are vital.

Training Board in Colon and Rectal Surgery

The Training Board, under the enthusiastic and diligent chairmanship of Michael Solomon, continues to run an outstanding post-fellowship training program. The last of the provisional fellowship trainees completed their training at the end of 2007. There are currently 20 Fellows training. Twelve new Fellows were appointed to commence training in 2008. We now have 18 accredited training hospitals in Australia and New Zealand. The Training Board also appoints to training positions at St Mark's Hospital in London and at the Cleveland Clinic in the USA. The annual training weekends continue, and remain very successful educationally for the trainees. The effort that the trainees put into the preparation of their topics leads to outstanding presentations, and the trainees are appreciative of the contribution made by the faculty on these weekends. We are again very thankful to Johnson & Johnson Medical for their ongoing support of the Trainees' Education Weekend.

Royal Australasian College of Surgeons

Council has been trying for some time to establish a Memorandum of Understanding with the College for ongoing post-fellowship training. It has repeatedly been put into the "too hard" basket but I am very pleased to report that one of the initiatives of the recently retired President of the RACS, Russell Stitz, was to establish a working party to look at the setting up of a Board of Post-Fellowship Education and Training. The new President, Andrew Sutherland, appears committed to continuing with this process. The Council supports this initiative strongly, and hopes that the Board will be functioning in the very near future.

The Society President is invited by the President of the RACS to attend the meetings of presidents of specialist societies, which occurs three times per year. The CSSANZ is the only Society that is represented at this meeting which does not have its own fellowship diploma.

Continuing Education

At this time we are especially looking forward to the next Tripartite meeting, to be held with our colleagues from North America, Great Britain and Ireland, and Europe, in Boston, USA, in June, 2008.

The Scientific Program Committee is a joint Committee of the Society and the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons. It is currently chaired by Jamie Keck. This committee is responsible for advising the Society and Section Executives regarding future colorectal meetings in Australia and New Zealand, including the annual Continuing Medical Education meeting and the colorectal program at the Annual Scientific Congress.

Over the last three years very successful CME meetings have been held in Brisbane, Christchurch and Victor Harbor, South Australia. We are having a combined meeting with the Sydney Colorectal Surgical Society in Sydney in 2008, and a combined medical/surgical meeting with our gastroenterological, oesophogogastric and hepatopancreaticobiliary colleagues in 2009. The next tripartite meeting will be in Cairns, North Queensland in July 2011.

The monthly Journal Clubs continue to function very well. Many members and fellows attend these meetings regularly and they are of excellent educational value. We remain appreciative of the support for these meetings by Johnson & Johnson Medical.

Travelling and Research Fellowships remain keenly sort after by our junior colleagues. We are very appreciative of the support of:

- the Section of the RACS for the Mark Killingback prize
- the Association of Coloproctology of Great Britain and Ireland for the ACPGBI Fellowship
- Covidien for the Covidien (previously Tyco) Research Scholarship
- Dr Mitchell Notaras for the Notaras Fellowship.
- ASCRS for the ICCP Travel Scholarship.

Diseases of the Colon & Rectum is the official journal of the Society, and we appreciate the co-operation and support of the American Society of Colon and Rectal Surgeons to enable this ongoing educational relationship.

The Society's patient information brochures have all been reviewed and updated recently and further brochures are being prepared. They remain very popular with our members.

An annual Society prize for a stomal therapy nurse has been established and the first prize was awarded in 2007 to support one of the members of the Australian Association of Stomal Therapy Nurses to attend the CME meeting in Victor Harbor.

PRESIDENT'S REPORT
(CONTINUED)

Standards

The Binational Colorectal Cancer Database Committee, under the Chairmanship of Andrew Hunter, is continuing to work towards having most members of the Society submit their Colorectal Cancer data for the ongoing purposes of research and audit. The project continues, as previously outlined, in co-operation with MMIM and the RACS. All members have now been invited to submit their colorectal cancer data. Andrew has been doing a superb job in establishing this database, and is to be congratulated on what has been achieved to date.

With the database functioning in the very near future, the other component required for attaining Fellowship of the Society i.e: an assessment of knowledge and reading, which will occur every 5 years, should be able to start very soon. Society members are strongly encouraged to participate in these activities to achieve Fellowship of the Society.

I believe this is an outstanding opportunity for members of the CSSANZ to demonstrate a commitment to excellence in surgical practice, ongoing audit, and continuing education.

The President of the Society continues to meet with the President of the Gastroenterological Society of Australia, the Chairman of the Australian and New Zealand Hepatopancreaticobiliary Association and the Chairman of the Australian and New Zealand Gastro-oesophageal Society. These meetings are relatively informal but discussions of mutual interest are held. There is a colorectal nominee of the College, made after consultation with the Society (currently Andrew Luck), on the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy.

We continue to have representation on the International Council of Coloproctology. Graham Newstead remains President of the International Council.

CSSANZ Foundation

Graham Newstead stood down as Chairman of the Foundation in 2007, a position he had held since it was established in 2004. The Society is very appreciative of the wonderful efforts he made in setting up and expanding the Foundation. Ian Jones has been elected the new Chairman, and Ian's wisdom and experience from his years on both the Society and Section executives will be invaluable to the Foundation.

The Foundation continues to raise money for research. Money has been donated by the Section, industry, the membership of the Society, and the community. A number of projects are being supported and the Foundation Board takes advice from the Research Committee. Peter Hewett was the initial Chairman of the Research Committee and he concluded his term in this role in 2007. Peter did a great job and the Society and the Foundation executive received excellent advice from Peter and his committee. Pierre Chapuis has been appointed as the new Research Committee Chairman, and his experience in this area will also be invaluable to the Foundation.

An extensive list of publications by members of the Society over the past 3 years is tabled elsewhere in this Report.

Acknowledgements

In February 2007 the Society was very pleased to welcome Liz Neilson as its new Executive Administrator. At that time Jan Farmer, who had been working with the Society for 2 years, "retired" and handed over to Liz. She provided a wonderful handover and the Society was very grateful for the superb job that Jan had done, especially in setting up the new Society office in Melbourne. Liz has been doing a wonderful job for the Society and its members. We are very reliant on her efforts and very appreciative of all she has done for the Society since she started. This administrative role with the Society is constantly expanding and Liz has demonstrated initiative and enthusiasm in this position.

Graham Newstead stood down as Executive Director of the Society in 2006, and as Chairman of the CSSANZ Foundation in 2007, thus ending a very long period of various senior leadership roles in the Society, which started when he was elected Honorary Secretary at the time the Society (Colorectal Surgical Society of Australia) was established in November, 1988. He was President from 1995-1997. The enormity of the contribution that Graham has made so willingly to the affairs of the Society cannot be overstated. Thank you Graham.

Chip Farmer has now edited his 2nd Triennial Report. This involves a very large amount of work, and he has again done an outstanding job with this publication.

I would like to thank my fellow members of Council, Chip Farmer (Vice President), Andrew Luck (Honorary Secretary), John Lumley (Honorary Treasurer), Bruce Waxman, Rod Woods, Matt Rickard and Frank Frizelle (co-opted councillor and Chairman of the Section of Colon and Rectal Surgery, RACS), for all their efforts and hard work on behalf of the Society.

The immediate Past President, Ian Jones, did an outstanding job, and led the Society with great wisdom, enthusiasm and vision. His contribution was greatly appreciated by all members.

Finally, I would like to thank the membership for their support and active involvement in the affairs of the Society. I believe that the Australian and New Zealand populations can be very confident about the quality and competence of the colorectal surgeons in these two countries.

Dr Philip Douglas
President, CSSANZ
Sydney, Australia

PAST PRESIDENTS AND COUNCILS

David Failes

President
David FAILES
1988 - 1990

Vice President
Brian COLLOPY

Honorary Secretary
Graham NEWSTEAD

Honorary Treasurer
Jack MACKAY

Russell STITZ

Council
Mark KILLINGBACK

Des HOFFMANN

Sol LEVITT

Mark Killingback

President
Mark KILLINGBACK
1990 - 1993

Vice President
Brian COLLOPY

Honorary Secretary
Graham NEWSTEAD

Honorary Treasurer
Russell STITZ

Council
Des HOFFMANN

Sol LEVITT

John MACKAY

Malcolm STUART

Des Hoffmann

President
Des HOFFMANN
1993 - 1995

Vice President
Malcolm STUART

Honorary Secretary
Graham NEWSTEAD

Honorary Treasurer
Russell STITZ

Council
Brian COLLOPY

Pierre CHAPUIS

Mark KILLINGBACK

Andrew McLEISH

Graham Newstead

President
Graham NEWSTEAD
1995 - 1997

Vice President
Malcolm STUART (95-96)

Russell STITZ (96-97)

Honorary Secretary
Pierre CHAPUIS

Honorary Treasurer
Andrew McLEISH

Council
Des HOFFMANN (95-96)

Bruce WAXMAN

Russell STITZ (95-96)

J Campbell PENFOLD

Michael SOLOMON (96-97)

K Chip R FARMER (96-97)

Russell Stitz

President
Russell STITZ
1997 - 1999

Vice President
Andrew McLEISH

Honorary Secretary
Michael SOLOMON

Honorary Treasurer
K Chip FARMER

Council
Bruce WAXMAN (1997-98)

David LUBOWSKI

Campbell PENFOLD

Les BOKEY

John OAKLEY

Andrew HUNTER (1998-99)

Andrew McLeish

President
Andrew McLEISH
1999 - 2001

Vice President
Michael SOLOMON

Honorary Secretary
K Chip FARMER

Honorary Treasurer
Andrew HUNTER

Council
Bruce WAXMAN

David LUBOWSKI

Campbell PENFOLD (1999-2000)

Andrew BELL

Ian Jones (2001)

Michael Solomon

President
Michael SOLOMON
2002 - 2004

Vice President
Ian JONES

Honorary Secretary
K Chip FARMER

Honorary Treasurer
Andrew HUNTER

Council
Andrew BELL

David LUBOWSKI

Richard PERRY

Bruce WAXMAN

Ian Jones

President
Ian JONES
2004 - 2006

Vice President
Philip DOUGLAS

Honorary Secretary
K Chip FARMER

Honorary Treasurer
Andrew HUNTER

Council
David LUBOWSKI

John LUMLEY

Richard PERRY

Bruce WAXMAN

Philip Douglas

President
Philip DOUGLAS
2006 - Present

Vice President
K Chip FARMER

Honorary Secretary
Richard PERRY (2006-2007)

Andrew LUCK (2007-current)

Honorary Treasurer
John LUMLEY

Council
Andrew LUCK

Richard PERRY

Matthew RICKARD

Bruce WAXMAN

Rodney WOODS

HISTORY OF COLORECTAL SURGERY IN NEW ZEALAND

The development of colorectal surgery as a subspeciality within New Zealand has occurred over the last 15 - 20 years. There has been a close relationship between Australian and New Zealand surgeons. Many of Australia's key figures (eg ESR Hughes, Mark Killingback, Les Bokey and Russell Stitz) have had a major influence in shaping the direction of colorectal surgery in New Zealand. The close relationship has been cemented with the combination of the Colorectal Surgical Society of Australia and the colorectal interest group from New Zealand to become the Colorectal Surgical Society of Australasia. In September 2006 the Colorectal Surgical Society of Australasia became the Colorectal Surgical Society of Australia and New Zealand (CSSANZ).

Whilst there may only be two colorectal units which train fellows on the RACS/CSSANZ program, colorectal surgery in New Zealand has undergone exceptionally rapid growth in the last 10 years. Many younger surgeons have taken up specialised colorectal posts, with most major centres now having a clinical colorectal unit, adding depth to the colorectal practice in New Zealand.

Auckland

There have been many surgeons that have prepared the way for recent developments, with one of the early figures in Auckland being Tony Cawkwell. He had a large colorectal practice and was a significant colorectal surgeon in his time (1950s to early 60s). He trained at St Mark's after serving in the Medical Corps in WW2. He unfortunately died at an early age (about age 53) of a brain tumour.

Tony Hunter was another important figure of this era. He was the first surgeon to practice colorectal surgery as a distinct subspecialty in New Zealand. He had an interesting background, in that his father left the family and moved to Australia when he and his brother John were very young, leaving his mother to bring them up. However his mother died when he was aged 7. Tony and John spent four years at the Salvation Army Boys Home in Eltham and two years at the Wesley Home in Auckland before an uncle sent them to Kings College in Auckland. Subsequently both Tony and his brother went to Otago Medical School in Dunedin. Following graduation he undertook general surgical training initially in New Zealand then went to England where he worked at the Royal Marsden, Whipps Cross, St Mary's and the Royal Masonic and undertook his colorectal training at St Mark's. Tony was a general surgeon at Greenlane Hospital, however after 1958, working in conjunction with Tony Cawkwell, they fostered a subspecialty colorectal interest. He was the first surgeon to learn colonoscopy in New Zealand. He was Chairman of the Section of Colon and Rectal Surgery in the College in 1973/74. He was awarded the RACS medal in 1977. Tony died young at age 57 of renal carcinoma. His brother, John Hunter, became Professor of Medicine in Dunedin and subsequently Dean of the Christchurch School of Medicine.

The Colorectal Unit at Auckland Hospital was started by Graeme Hill and Mischel Neill in 1995. Graeme Hill was appointed as Professor of Surgery following the retirement of Eric Nanson in 1980. Graeme had a major influence as an academic colorectal surgeon in New Zealand and overseas. The unit was further enlarged by the addition of Bryan Parry in 1996. Graeme Hill retired in late 1999, and in 2002 Ian Bissett was appointed, having completed the RACS/CSSA training program. Mischel Neill retired from his public appointment at Auckland hospital in 2003 (still working in the private sector) and Arend Merrie was appointed to replace him. More recently Julian Hayes has joined the Auckland City Hospital colorectal unit.

Professor Graeme Hill

Graeme Hill MBChB, MCh, MD, FRACS, FRCS, FACS was a huge figure in academic colorectal surgery for over 20 years both in New Zealand and overseas. His initial training in general surgery was in Dunedin. His first paper "Chronic Dehydration and Sodium Depletion in Patients with Established Ileostomies" was published in the Lancet. This research was undertaken in Christchurch and Dunedin. The metabolic consequences of surgery became a thread for this research from then on. From this initial general surgical training he went to Indonesia and Hong Kong as a lecturer in surgery. He was awarded a Commonwealth Scholarship and obtained an appointment in Leeds for a year before taking up an appointment as Assistant Professor in Surgery at the University of Texas in 1974/5. He went on to obtain a post as Reader in Surgery and Assistant Director to Professor John Goligher for 5 years. He took up the Chair in Surgery in Auckland in 1980. He was the first resident New Zealander to be made a Fellow of the American Society of Colorectal Surgery in 1997. During his time as Professor of Surgery he was a visiting Professor in Australia, Hong Kong, England, USA, and was the RACS Foundation Visitor in Colorectal Surgery in 1999. He has published several hundred articles in aspects of surgery, including one with ESR Hughes entitled "Total Body Water and Total Exchangeable Sodium in patients after Ileo-rectal Anastomosis" published in the British Journal of Surgery in 1974. Graeme is now retired, living in Wanaka, in the South Island of New Zealand.

The other important Auckland identity whose name goes hand in hand with Graeme Hill's, is Mischel Neill. Mischel, after his general surgical training, went to St Mark's for three years, initially as a Commonwealth scholar. He then spent a short spell at the London Hospital as Sir Alan Parks' senior registrar. On return to Auckland he has held public hospital positions in Middlemore, Greenlane and more recently, Auckland Hospital, as a colorectal surgeon. He started undertaking ileal pouch surgery in 1981 and throughout the 1980s provided the pouch service for most of New Zealand north of Christchurch. Misch also has had major interest in pelvic floor pathophysiology. He has been an executive member of the RACS Section of Colon and Rectal Surgery.

Bryan Parry took over as Chief of Surgery at Auckland City Hospital from Graeme Hill in 1996. Bryan trained in surgery initially in Auckland and subsequently in St Mary's London. He then worked for 5 years in Thailand. He returned to Auckland as a lecturer in surgery in 1982, before moving back to St Mary's London in 1985. In 1986 he returned to New Zealand, as Senior Lecturer in Dunedin where he stayed for 5 years. In 1991 Bryan moved to the Colorectal Unit at Singapore General Hospital until 1994 when he returned to Auckland. He was appointed Chief of Surgery and Professor of Surgery in 1996. Bryan has won the Sir Louis Barnett Prize a record three times for his research and served on the RACS Colon and Rectal Section executive until 2001.

Jim Carter trained at St Mark's and came back to Auckland as a tutor at Greenlane Hospital. He took over most of the work of Tony Hunter at Greenlane and undertook a lot of inflammatory bowel disease surgery. When North Shore Hospital opened, he transferred there and kept up an active interest in colorectal surgery. He retired in 2002.

Other Auckland Surgeons in the last 50 years that have made noteworthy contributions to development of colorectal surgery include Fred Furkert, Keith Ewen, and more recently Pat Alley.

Andrew Connolly was the first CSSA registered colorectal surgeon at Middlemore, starting in 1997. More recently he has been joined by Lincoln Israel and Associate Professor Andrew Hill (the son of Graeme Hill). Andrew has been making a significant contribution to academic colorectal surgery in New Zealand in the last few years in regard to post operative surgical recovery with his research on post operative fatigue and fast tract surgery.

Auckland's North Shore Hospital colorectal unit is staffed by 3 surgeons, Ian Stewart, Eva Juhasz and Mike Hulme-Moir, with John Jarvis joining the unit in 2008. Eva Juhasz undertook her colorectal training at the Mayo Clinic and on return to New Zealand initially worked in private practice before taking up a post in Lower Hutt, and subsequently at North Shore Hospital, Auckland. Mike Hulme-Moir undertook post fellowship training in the UK including time in Edinburgh. The Waikato region (just south of Auckland) is well served by two colorectal surgeons, Ralph Van Dalen and Simi Lolohea.

Wellington

Colorectal surgery in Wellington has many interesting characters including Bill Isbister. Bill came to Wellington in 1975 as the Foundation Professor of Surgery in the Wellington School of Medicine and stayed until about 1991. He was originally from Manchester and subsequently trained at the Cleveland Clinic before holding a post as senior lecturer in Surgery in the Royal Brisbane Hospital from 1972-5. His influence on the structure of the surgical department in Wellington cannot be underestimated, with the development of specialised clinical units with Wellington Hospital. Along with this he managed to gather many excellent staff such as Associate Professor Richard Stewart. The politics of the time was difficult and with university staff cuts, Bill decided to leave and went to King Faisal Hospital in Saudi Arabia. Bill has published several hundred papers on clinical colorectal work, much of the data coming from his detailed audit of patients while in Wellington. Bill has retired to Germany.

HISTORY OF COLORECTAL SURGERY IN NEW ZEALAND

(CONTINUED)

Other surgeons who had large colorectal practices and made major contributions to clinical colorectal surgery in the Wellington area include Alan Anderson, Ted Watson, Rob Christie, and Ken Menzies and more recently, John Groom, John Keating and Liz Dennett. John Groom, after completing his general surgical training in New Zealand, went to London and held a position at St Mark's before returning to Wellington. John Keating trained in The Royal London (one of his teachers was Sir Alan Parks) after his initial general surgical training in Basingstoke with Bill Heald. Following this he undertook his general surgical training in New Zealand and the RACS/CSSA post fellowship training. He has been in Wellington since 1997 and has been a prolific writer on colorectal surgery and an avid researcher. Dr Liz Dennett completed the CSSA/RACS program in 2003 and has been appointed as a senior lecturer in colorectal surgery at Wellington Hospital. She is making a significant contribution to colorectal surgery at Wellington Hospital and the medical school.

Christchurch

Christchurch surgeons have in previous generations prided themselves in being generalists, however times have changed and Christchurch now holds the only Chair in Colorectal Surgery in New Zealand. While a number of colorectal surgeons have held Chairs in Surgery, this is the only Chair in Colorectal Surgery. Some of the earliest outcome data on colorectal surgery in New Zealand comes from Christchurch. It was collected by Mr William (Bill) Cotter who reviewed 61 cases of rectal cancer and 100 cases of colon cancer prior to 1933. Bill Cotter's son, Pat Cotter, went on to become a Christchurch surgeon and was well known locally for his Colo-anal pull through operations which he learnt from ESR Hughes.

Rob Davidson had a major role in the executive of the RACS Section of Colon and Rectal Surgery and was Chairman of the Section from 1981-2. He undertook the first 44 ileal anal pouches in the South Island in conjunction with Rob Robertson. Richard Perry has pioneered laparoscopic colorectal surgery in New Zealand, from the position of full time private practice. He has been extensively involved with CSSANZ Council.

Greg Robertson was appointed as a colorectal surgeon in 1996, having undertaken his colorectal training in Cambridge UK and Concord, Australia. Frank Frizelle was also appointed in 1996 as a senior Lecturer in Surgery and Colorectal Surgeon and was subsequently appointed as Professor of Colorectal Surgery in 2000. At the same time, the Christchurch Colorectal Unit was set up to provide tertiary colorectal service for the upper part of the South Island and West Coast. Craig Lynch was appointed in 2005 but resigned in 2006 and has since moved to Melbourne. John Frye was appointed to replace him in 2007. John had undergone the CSSANZ/RACS program training and spent 2 years with Norman Williams at the London Hospital.

Dunedin

Associate Professor John Heslop

Dunedin is the home of medicine in New Zealand with Otago Medical School being established there in 1875. There have been many surgeons with a colorectal interest in Dunedin, however the surgeon who had the most influence in colorectal matters was John Heslop. John was Chairman of the RACS Section of Colon and Rectal Surgery from 1974-5. John either taught or worked with many of the New Zealand Professors of Surgery (Michael Woodruff, Gus Frankel, John Ludbrook, Allan Clarke, Murray Brennan, Graeme Hill, Bill McBeth, Andre Van Rij, Kevin Pringle, Bryan Parry, and Frank Frizelle) and as such has had significant influence as a role model. John started his training in Dunedin and, as was common in the 1950s, moved to England for further training where he won the RCS Gordon Gordon-Taylor Medal. On returning to Dunedin he developed a broad surgical practice including varicose veins surgery, burns, hydatids, morbid obesity surgery, medical education and colorectal surgery. John was president of the New Zealand Cricket Council and as such became famous for his acute management of New Zealand fast bowler Richard Hadlee (later, Sir Richard) who collapsed with a cardiac arrhythmia during a test match in Dunedin. He had a significant interest in colorectal disease and was a founding member of the RACS Section of Colon and Rectal Surgery. He published on rectocele and puritis ani. John is now retired in Dunedin.

More recently Mark Thompson-Fawcett has settled in Dunedin. He undertook colorectal training and research for an MD at Oxford and subsequently at Toronto. Julian Hayes also worked in Dunedin before moving to Auckland.

The New Zealand Colorectal Group

Colorectal surgery in New Zealand until recently has not had the same level of organisation as that in Australia. In 1997 Bryan Parry, Richard Perry and Frank Frizelle talked about setting up a New Zealand Colorectal Surgical Society after which Frank Frizelle wrote an outline for such a Society. A group such as this was seen as important to lead colorectal development, giving a coordinated opinion on colorectal issues and to be a voice on colorectal issues separate from the general surgical groups.

A meeting was arranged of interested surgeons in 1999 in Auckland where it was decided the criteria for membership should be the same as the CSSA and a steering group set up. From there it became clear to the steering group that a New Zealand Colorectal Surgical Society would be a very small group, 12-14 members, at that time. The cost of infrastructure would be prohibitive and it was clear that we needed to look for a group to associate with. The choices were the New Zealand Association of General Surgeons (NZ equivalent to GSA), the New Zealand Society of Gastroenterology or the CSSA. The problem with CSSA was the name. Any society whose name only acknowledged Australia was going to be of little use in New Zealand as a medical political body. In 2000 at the Hobart meeting of CSSA, a proposal was put to the executive to change the name. This was explored by the executive and in 2001 at the Perth meeting of the CSSA, the name changed to the Colorectal Surgical Society of Australasia and 10 New Zealanders applied for membership of the society.

The New Zealand Chapter of CSSANZ has continued to hold regular meetings within New Zealand. Richard Perry is at present on the CSSANZ Council while Frank Frizelle is Chairman of the Section of Colon and Rectal Surgery, Royal Australasian College of Surgeons.

This development along with the presence of two strong colorectal units with fellows on the RACS/CSSANZ program has helped colorectal surgery develop in New Zealand.

Many of the colorectal surgeons now practicing are young and have come through various training programs from the RACS/CSSANZ, Mayo Clinic, Cleveland Clinic or St Mark's. New Zealand has had a few stars such as Graeme Hill and Bill Isbister. Some other New Zealand surgeons, resident overseas, have influenced practice from afar, such as James Church at the Cleveland Clinic.

Frank A Frizelle
Professor of Colorectal Surgery
Christchurch, New Zealand

Acknowledgments. There has been nothing written in this field before, therefore most of the information has come from oral histories checked against obituaries and other institutional records. I have relied heavily on the information that others have collected. I would like to acknowledge the many surgeons who provided me with information especially Pat Cotter, Rob Davidson, John Heslop and Graeme Hill as well as the many department secretaries who found the time to help, especially Denis Hyde.

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ)

For most of the 19th century hospital practice included very little colorectal surgery, although bowel obstruction and anal fistula are occasionally referred to in the literature. Hospitals were places for the military, convicts and the very poor. The majority of patients in hospital were there for infections, which were systemic, pulmonary, gastrointestinal or local abscesses in soft tissue or bone. Trauma, malnutrition and insanity contributed significantly to the inpatient population.

The first operating theatre in the colony was located in the Sydney Infirmary and Dispensary some years after the hospital was built in **1816.** Initially operations were performed in the post mortem room. In 1846 the Melbourne Hospital was opened and in the same year the first medical society was inaugurated (The Port Phillip Medical Society). General anaesthesia was first performed in Sydney in **1847** and this undoubtedly resulted in an increase in surgical procedures. Few operations however involved the gastrointestinal tract except those for intestinal obstruction for which it was said the surgeons were more fatal than the disease. In **1859** J G Beany published the first Australian textbook on surgery "Original Contributions to the Practice of Conservative Surgery" which included a chapter on bowel obstruction in which he referred to "strictures and cancers being managed by abdominal or lumbar colostomy".

In the 1880s in Europe, Kraske and Kocher were performing posterior resection of the rectum and Hochenegg was performing abdomino-anal pull thru procedures with sphincter preservation. In Australia, resections of the colon and rectum were infrequently performed. During 1895 only two rectal excisions were performed at St Vincent's Hospital in Sydney.

In 1896 John Edward Barrett of Melbourne was the first Australian to work at St Mark's Hospital, London. His appointment was as a house surgeon.

Alexander MacCormick (1856-1947) graduated from Edinburgh University in 1880 and had learned Lister's principles of antisepsis. He immigrated to Sydney and was appointed to Prince Alfred Hospital (1885-1913), Sydney Hospital (1888-1896) and St Vincent's Hospital (1913-1931). In abdominal surgery he pioneered major resections of stomach and bowel. He was a general surgeon with great skill, speed and physical capacity. He was not a prolific writer but did publish a paper on bowel surgery in **1905** describing an intestinal anastomosis, which was completed in three layers of sutures. Subsequently he was not enamoured of Devine's philosophy of multiple stages to achieve bowel resection and thought Devine made "the subject very complicated". MacCormick nevertheless advocated a right lumbar extraperitoneal colostomy for bowel obstruction. He introduced the white coat to Prince Alfred Hospital, much to the amusement of his colleagues. He was the undisputed leading surgeon in Sydney for 30 years. He was possibly the most financially successful: he owned a private hospital in Paddington (later known as the Scottish Hospital) and was the owner/builder of a seven storey block of apartments in Macquarie Street Sydney where he practiced. MacCormick was not in favour of specialisation. He particularly objected to the separation of orthopaedics and urology from general surgery.

The results of colorectal surgery between **1912-1926** were reported from two hospitals in Sydney. At RPAH operations for colon cancer had a mortality of 39%, cures were reported in only 20%. At Prince Henry Hospital there was a mortality rate of 48% for colon and rectal cancer with cures reported as low as 17%. Patients often presented with advanced disease, severe intercurrent morbidity and by present day standards, were inadequately prepared for major surgery, which was performed under non-relaxant chloroform or ether anaesthetic. At St Vincent's Hospital, Sydney four colon resections were recorded in 1912 and nine colon resections in 1919.

Hugh Devine

Hugh Devine (1878-1959) was a master general surgeon whose repertoire although broad was focused on gastrointestinal surgery. His first textbook (1940) "The Surgery of the Alimentary Tract" brought him international acclaim. He was appointed to St Vincent's Hospital Melbourne in 1908 and rapidly established a reputation as a skilled surgeon. By the 1920s he was Australia's most eminent figure in abdominal surgery and was one of the first Australians to earn an international reputation. Surgery of the colon and rectum became his principal interest and with his son John he published a second textbook "The Surgery of the Colon and Rectum" in 1948. This was the first comprehensive textbook by an Australian surgeon devoted entirely to colorectal surgery. Devine's influence in the development of the RACS and the ANZJS are legend and are available in detail elsewhere. His contributions in colorectal surgery were to increase the safety of large bowel operations by staging the procedures and performing resections on defunctioned and prepared bowel. He used the Paul-Mikulicz technique of resection on the right and left colon. He initiated the separated (split) colostomy that bears his name. He designed an enterotome to crush the spur of a colostomy to obtain its closure without surgery.

He performed high anterior resections with a variety of techniques and also performed pull thru sphincter saving operations. Most rectal cancers were treated by abdominoperineal excision (APE) and in 1935 he performed the first synchronous operation in Australia. In 1937 he published the first paper to advocate the Trendelenberg Lithotomy position for APE. Lloyd Davies of St Mark's Hospital London published a paper on the synchronous technique in 1939. Devine's abdominal retractor was very useful in the era of non-relaxant anaesthesia and was used by surgeons throughout the 20th century. His 40 publications included ten scientific papers on surgical aspects of the colon and rectum. Devine was probably the first Australian invited to present a scientific paper at a prestigious meeting in the United States (American College of Surgeons New York, 1925). He was the first Australian elected an honorary member of the Section of Proctology of the Royal Society of Medicine.

In **1937 Robert Officer** of Melbourne, whilst an RSO at St Mark's Hospital, London, developed a proximally illuminated sigmoidoscope with Mr Clifford Naunton Morgan. It was fitted with a telescopic lens and the model was adapted for a larger size operating sigmoidoscope. Ted Wilson had a set of these sigmoidoscopes which he preferred to use throughout the duration of his practice. The instrument was named the Officer-Morgan Sigmoidoscope.

Leo Doyle was an inpatient surgeon at St Vincent's Hospital Melbourne (1930-1951) and therefore a contemporary of Hugh Devine. Doyle was a general surgeon who could operate on any part of the body. He did not have a special interest in colorectal surgery but did advocate the one layer anastomosis for all gastrointestinal surgery. Such a technique for large bowel surgery was "rediscovered" in Australia in the 1970s.

In Adelaide in the 1930s and until 1958 **Alan Britten Jones** was a surgeon on the staff of the Royal Adelaide Hospital. His special interest was colorectal surgery and in **1939** (with A Lendon) he performed the first abdominoperineal excision of the rectum in South Australia. He had visited the Mayo Clinic in 1939 and observed their technique of this operation. After serving in the armed forces in World War II he returned to Adelaide. He visited St Mark's Hospital in 1946 where he was most impressed by John Goligher. Later in the same year he was the first surgeon in South Australia to perform a defunctioning ileostomy for ulcerative colitis. The patient underwent a resection a year later and remained well at least up to 2002.

John Turner was an inpatient surgeon at the Royal Melbourne Hospital during the 1940-1950 period. His general surgical practice was complemented by his interest in colorectal surgery. In 1947 he published a paper in the ANZJS describing the results of 100 consecutive patients with rectal cancer managed at three Melbourne teaching hospitals (RMH, St V's, Alfred). The resection rate was only 34% and the operative mortality 32%. He stated there was a marked disparity in this operative mortality rate between individual surgeons. Sphincter saving operations were performed in less than 5% of operations and only then in cancers of the upper third of the rectum. In 1951 he delivered the Anstey Giles Lecture on "Surgery of the Malignant Tumours of the Anal Canal and Rectum". Alan Cuthbertson of Melbourne states that it was John Turner who stimulated Bill Hughes' interest in surgery of the colon and rectum. Subsequent to Turner's premature death, Bill Hughes became an inpatient surgeon at the Royal Melbourne Hospital in 1963 and inherited a large colorectal referral practice within the hospital.

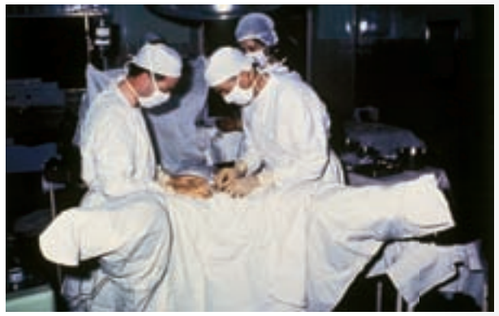
In 1951 **John Devine** (son of Sir Hugh) and **Rowan Webb** published case reports of two patients with "familial multiple polyposis" who were treated by resection and reconstructed with a straight ileo anal anastomosis within a rectal sleeve in which mucosectomy had been performed. This publication preceded the report of Parks and Nicholls (Proctocolectomy without ileostomy for ulcerative colitis) by 26 years.

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)


Edward Wilson

In 1947 **Edward (Ted) Wilson** of Sydney (a graduate of Melbourne University) obtained a position as RSO at St Mark's Hospital, London. This stimulated his lifelong interest in colorectal surgery which became the main component of his practice. He was appointed to Sydney Hospital in **1948** where he established the first outpatient clinic in Australia for colorectal disease. He began publishing and presenting papers, which he restricted to his special interest. He was a skilful surgeon who preferred to operate speedily without "too much interference" from his assistant. His bedside tuition was full of information but sometimes the students became restive with so many tutorials on large bowel surgery. His lectures were not entertaining as they contained much detail, no humour and were delivered with a flat monotone voice. An important contribution by Edward Wilson was his dedication to colorectal surgery, which endowed Sydney Hospital with a reputation for excellence and encouraged the next generation of surgeons to follow his lead. He published a technique of low anterior resection (which he insisted on performing via a left oblique incision) and in Sydney he was at the forefront of sphincter saving surgery. He was an early protagonist of local excision for selected patients with rectal cancer. His first paper on this technique was published in 1951 and his final paper published after his death in 1972. Wilson was a pioneer in the surgery and aftercare of stomas and published a small book on this subject. He was responsible for persuading the New South Wales Health Commission to appoint the first stomal therapy nurse in NSW (Bunty Oldmeadow) who was employed by the Sydney Home Nursing Service and who assisted patients both in hospital and in the community.

Edward Stuart Reginald "Bill" Hughes (1919-1998) acquired his nickname from the colourful political figure Billy Hughes who had been Prime Minister of Australia. Bill Hughes as an RSO at St Mark's Hospital in 1949 was immediately recognised there as a future force in colorectal surgery. On return to Melbourne in December 1949 he commenced duties as an assistant surgeon at the Royal Melbourne Hospital and began private practice. His professional life was interrupted when he volunteered for service in the Australian Military Corps soon after the Korean War began. He was posted to the Kure Hospital in Japan, where his organization and documentation of Australian casualties were a major contribution. On return to Melbourne in **1951** he rapidly established his credentials in colorectal surgery. In his first decade of practice he worked with remarkable energy and established a large practice in general surgery with an emphasis on colorectal disease. During this time he published 62 scientific papers, two textbooks and two small books on stomal care. The numbers of patients treated with colorectal cancer and inflammatory disease rapidly increased. He was a protagonist of ileo rectal anastomosis for ulcerative colitis whenever possible. He recommended the use of split skin grafts for perianal wounds. Low anterior resection for rectal cancer increased until he commenced using the Cutait-Turnbull pull thru operation encouraged by Alan Cuthbertson who was appointed to Hughes' unit as an Assistant Surgeon. Their first publication on this operation in Australia (1962) was followed by another in 1975 describing the results in 223 patients. The technique was demanding, the surgical disturbance of the anatomy of the anal sphincter was significant and the morbidity and functional results not so encouraging when other surgeons tried to emulate the results. John Goligher was sufficiently discouraged by the difficulties and morbidity of the operation to discontinue the technique.


ESR Hughes operating in the 1950s

In **1962** at the General Scientific Meeting (GSM) of the RACS there were only two papers presented on colorectal surgery. This deficiency in the annual meeting was noted by Hughes and his efforts over the next 12 months resulted in the Council of the RACS approving the formation of a **Section of Proctology.** In a proposal and outline to interested fellows ESR Hughes wrote:

"The first meeting of the Proctological Society is to be held in May 1963. As yet it is not officially linked with the Royal Australasian College of Surgeons, but it is anticipated that it will be the wish of the Members for the Society to become a subsection of the College. This Society, or Section, will fulfill the same role as the Section of Proctology in the Royal Society of Medicine. It is not intended that the formation of this Society should be a step towards examinations in proctology, proctological specialization, etc. It will ensure that at meetings of the College there will be a section dealing with colonic and rectal surgery, a branch of general surgery which interests most Fellows."

The inaugural meeting was convened by Hughes at the Southern Cross Hotel in Melbourne on 28th May 1963, the day prior to the commencement of the GSM. There were 91 Fellows present, the motion to form the section was carried unanimously. AH Lendon (SA) was elected Chairman and ESR Hughes the Secretary. The scientific program was a series of short presentations (24), the guest lecturer was Harry E Bacon from Philadelphia. A unique gift, a gavel, was presented to the Section by J Stewart (a former RSO) from the staff of St Mark's Hospital. The registration for the meeting was £34 plus an extra seven shillings and six pence for morning and afternoon tea.


The RACS Section Gavel. Presented as a gift from surgeons of St Mark's Hospital, London

On 14th September 1963 there was a one day meeting of the Section at RPAH in Sydney on **"Large Bowel Obstruction and its Management".** The guest speaker was Edward Muir of King's College Hospital London, who had been elected as an Honorary Member of the Section at the inaugural meeting. Fifteen papers were presented and this in fact was the first CME meeting although not named as such at the time. This was an important year for colorectal surgery in Australia, which gave it a significant identity within the College and brought together the surgeons with a special interest in a way that had not been possible previously. It is not known whether Bill Hughes and Ted Wilson had met prior to 1962 but from this time on they became firm friends and worked together to promote colorectal surgery until Ted Wilson's death in 1972.

During the 1960s Bill Hughes and his practice in Melbourne was the focal point of colorectal surgery in Australia. His large surgical experience was conducted at the Royal Melbourne Hospital and eight other hospitals in Melbourne. The working day was very long and during this period he began to realise that working in several hospitals was impeding his potential achievements. An important publication in **1964** was a report on the current results of his treatment of large bowel carcinoma. Between 1947 and 1963, 1189 patients had been registered. Of these, resection was performed on 1029. The five-year survival of curative resections was 79%. The follow-up of patients was 100%. Hughes was established as the Australian pioneer in the follow-up of patients treated for large bowel cancer. This aspect of his work was one of his most significant contributions to colorectal surgery.


Bill Hughes and Ted Wilson, 1967

In addition to a large staff at his consulting rooms (three secretaries, a research assistant for follow-up and a stomal therapist) he had his own itinerant scrub sister. During the 1960s his activities could be summarised as follows:

- At least 12 overseas trips with guest lectureships were undertaken in Singapore, Hong Kong, Malaysia, Japan, New Zealand, USA and UK. The international visits were so successful that the status of colorectal surgery in Australia was recognised overseas.
- The Sir Arthur Sims Commonwealth Travelling Professor (1965) visiting 13 countries in 98 days, presenting 20 topics and performing 77 operations.
- A Moynihan Lecture (1965) at the Royal College of Surgeons of England. 11.3.65 "The treatment of ulcerative colitis".

Hughes' emphasis on stomal therapy stimulated the need for specialised stomal therapist appointments. The first appointment of a nurse stomal therapist in private practice was made by him in 1960 (Eli Kyte) and with her, he introduced stomahesive to stoma care. He nurtured the development of the Ileostomy Association of Victoria. On April 12, 1977 Bill Hughes delivered a Hunterian Lecture at the Royal College of Surgeons, London entitled "Asepsis in large bowel surgery".

In 1953 **Mervyn Smith** returned from UK to the Royal Adelaide Hospital to be Senior Registrar on Alan Britten Jones' Unit. It was inevitable that

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

he was to develop a special interest in colorectal surgery. This interest was further enhanced when he subsequently returned to London for a three-month period at St Mark's Hospital. The Smith unit developed a reputation for colorectal surgery. Des Hoffman joined the unit in 1973 and in Jim Young's words "pushed very hard" for a specialised unit. It was Mervyn Smith's wish however that his unit remain general with a special interest.

Colorectal surgery in Western Australia was benefited by the return from England of **Sol Levitt** to an appointment at the Royal Perth Hospital in 1958. Between 1928 and 1958 three other surgeons had returned to Perth after RSO positions at St Mark's Hospital London (Leslie Le Souëf 1928, **Bert Nairn** 1931 and Brian Vivien 1958). Bert Nairn's career had been interrupted by World War II, which included being a prisoner of war in Changi. He was regarded as an excellent surgeon, developing a significant proportion of colorectal work at his unit at the Royal Perth Hospital, as well as in private practice. Soon after Sol Levitt began work at the Royal Perth Hospital, he began to document families with "Polyposis Coli" and this was the beginning of the first Polyposis Register in Australia. There were soon six families on the Register. Levitt was appointed to the Sir Charles Gairdner Hospital in 1961. By the early 1980s he had developed an inpatient and outpatient "Colorectal Service" (Sol's description) and an established Polyposis Unit. As the work on polyposis increased, its administration was allocated to the Health Department of Western Australia with Sol Levitt continuing as the chairman of the Registry. Following this pioneering work in Western Australia, other states developed FAP Registries but as yet there is no National Register. Sol Levitt was held in high regard by his colleagues for his clinical judgement and technical skills. He was undoubtedly the first surgeon in Western Australia to be regarded as a specialist in this field of surgery. Michael Levitt has succeeded his father as Head of the Colorectal Unit at the Sir Charles Gairdner Hospital and is the current chairman of Western Australia Polyposis Registry.

Brian Vivien was an active member of the Section in the 1960s and a significant enthusiast of colorectal surgery. He held an academic position in the Department of Surgery (Royal Perth Hospital); his career however was tragically cut short by a serious illness followed by a fatal car accident.

In **1965** the first international meeting on inflammatory bowel disease was convened in Australia at the Rex Hotel in Canberra. The topic was "Ulcerative Colitis". This was the first combined meeting of the Gastroenterological Society of Australia and the Section of Proctology of the RACS. The overseas guest participants were B Brooke, Burrill Crohn, B Morson and H Thompson. Dr Crohn presented a paper describing his first case of "regional ileitis" and referred to his subsequent experience of this and "granulomatous colitis" (300 cases), as well as "ulcerative colitis" (1,000 cases). There were nine papers and a vigorous panel session on the place of ileo rectal anastomosis. Bill Hughes chaired this panel, which included Sir Albert Coates and "Weary" Dunlop as well as the overseas guests. There were 134 registrants, the scientific program was extremely well received and the profit from the meeting was £20.

At the **1966** GSM in Perth a panel discussion on the management of acute diverticulitis was part of the Section program. The contributions were mainly anecdotal and inconclusive. It was decided to conduct a prospective Australasian audit of this disease. Cases were registered for the period 1967-1970. The results of 248 cases were presented to the Section's GSM meeting in Sydney (1971). The pathology, clinical details, range of management and mortality were more clearly defined but it was not possible to identify the optimum surgical management. The audit concluded that acute diverticulitis occurred in three different pathology categories and that more than one surgical option was necessary.

On July 1st **1967** a program of Saturday morning seminars was initiated at Sydney Hospital by the TE Wilson Unit. These Meetings were held monthly and attracted a regular group of surgeons from other Sydney Hospitals who would not have been able to participate during the week. Interstate and overseas guests participated and the meetings had a decidedly "club" atmosphere continuing until 1983.

In **1968** the Asian Pacific Congress of Gastroenterology was held in Melbourne for the first and only time in Australia. The organising Committee was Peter Parsons and David Fone (GE Society), Bill Hughes and Alan Cuthbertson. Bill Hughes' influence on the Meeting was obvious. There were an impressive number of overseas registrants which included surgeons as well as physicians: Ceylon (3), Taiwan (3), Hong Kong (1), India (14), Israel (1), Republic of Korea (2), Malaysia (3), Pakistan (1), Philippines (1), Singapore (4), Thailand (2), United Arab Republic (2) and Japan (47).

In 1968 at the AGM of the Section in Adelaide, a Notice of Motion was proposed by ESR Hughes: that the name of the Section of Proctology be changed to the **Section of Colonic and Rectal Surgery.** The motion was passed unanimously and subsequently approved by the Council of the RACS. Without formal alteration of the name, the word **colon** has been substituted for colonic both in pronunciation and in the records of the Section since 1968. The American Proctologic Society became the American Society of Colon and Rectal Surgeons in 1973 after prolonged (1961-1973) and at times acrimonious discussion. The Section of Proctology (RSM) became the Section of Coloproctology in 1982.

In 1969 an overseas study trip was organised for Section members. Twenty-seven surgeons including one urologist (H E Learoyd) and six wives constituted the group. Hughes and Cuthbertson wished the group well with a telegram delivered to the Boeing 707 on the tarmac at Sydney Airport prior to departure which read, "Good Luck A.R.S. Angels". The itinerary included San Francisco (Prof. E Dunphy), Las Vegas, Cleveland Clinic (Dr Turnbull), New York (Dr Ripstein), Boston (APS Meeting), Leeds (Prof. Goligher) and London to attend the "International Conference on Proctology" at the Royal Society of Medicine. This Meeting was the first combined conference where an Australasian contingent was officially listed as a participant. The group presented 9 of the 75 papers on the program. From 1969 until 1989 the three-society meetings occurred every five years. The route home was a non-study period via Athens, Bangkok and Hong Kong. The members of the group believed the trip had been fruitful both in knowledge and international friendships. Brian Morgan had seen a colonoscope for the first time at the APS meeting in Boston. He introduced the investigation to Royal Prince Alfred Hospital in 1969 and was the first surgeon-colonoscopist in Australia.

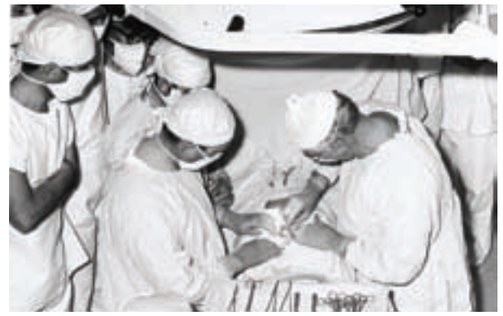
In 1969 at Sydney Hospital a technique of coloanal anastomosis was developed. A small experience with the pull thru operation had not been encouraging in terms of technique, morbidity and function. A direct per anal anastomosis with proximal stoma was performed with the anastomosis within the anal canal. There were problems with defective anastomotic healing and pelvic sepsis until the technique was modified to fix the anastomosis within the sleeve of the external sphincter. The technique had a major role in rectal cancer surgery until the advent of circular stapling for rectal anastomosis.

In **1970** the members of the Edward Wilson Unit at Sydney Hospital were given permission by the Hospital Board to form the **first Colorectal Unit in Australia.** Discussion with the general surgical staff, at times delicately poised, had taken place over a period of at least 24 months. The general surgical staff were largely influenced by their professional regard for Edward Wilson. Sam Sakker was an Associate Surgeon. The other members of the unit were David Failes and Mark Killingback. Subsequently Malcolm Stuart (1973) and Tim Wilson (1983) were appointed.

At the AGM of the Section in 1970 ESR Hughes proposed a motion that the Section should investigate the initiation of a National Register for large bowel cancer.

Sydney Hospital, rebuilt 1894

The visit of **Dr Rupert Turnbull** to Australia in October and November 1970 under the auspices of The Post Graduate Committee of the University of Sydney was a most significant event. He was a visiting lecturer at Sydney Hospital and the Prince Henry Hospital Melbourne. He gave lectures on a variety of conditions and techniques. His beautifully illustrated lectures were accompanied by an air of excitement, as he demonstrated the colourful morphology of inflammatory bowel disease. Operation sessions were conducted in theatres packed with enthusiastic surgeons. Turnbull's poise during operating was greatly enhanced by nurse Linda Williams (CCF) in her role as the scrub nurse. Some of Rupert Turnbull's quotes are of interest.



Rupert Turnbull operating during his visit to Australia, 1970

"Boy you have to operate your way in and then operate your way out" (surgery after irradiation)

"In the elderly you should practice colon economy".

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

"At ten years we don't strongly advocate surgery but boy we frighten them some!" (in answer to the question on ulcerative colitis and prophylactic colectomy)

"Polyps in the large bowel keep bad company".

The lateral rectal ligaments were described as: "Rectal stalks".

"Quarantining the pelvis" (advice to prevent adhesions)

There was little doubt that his visit inspired surgeons to believe there was a fulfilling and interesting career in colorectal surgery.


Neville C Davis, AO

1971 saw the commencement of prospective studies on colorectal cancer initiated in two teaching hospitals in Australia. At the Princess Alexandra Hospital in Brisbane, **Neville Davis** had been the driving force in the very successful and internationally recognised Queensland Melanoma Project. He now turned his attention to large bowel cancer. With Jon Cohen and David Theile a detailed prospective audit was commenced and all cases treated at the hospital were included. Results from this large general hospital were very satisfactory but in line with the practice in other Australian teaching hospitals, an increasing proportion of colorectal surgery was performed by those surgeons on the staff with a special interest in colorectal surgery. This evolutionary process in colorectal surgery led to the formation of the Colorectal Unit in 1990. In 2001, 2637 patients had been registered providing a most significant collection of data for continuing study.


Prof Murray T Pheils

At the Concord Hospital in Sydney, **Prof Murray Pheils** was the first academic appointment to the Department of Surgery. Murray Pheils had been the senior surgeon at St Peter's Hospital Chertsey UK and always had a special interest in diseases of the colon and rectum. He initiated a prospective clinicopathological study on large bowel cancer with the pathologist Ron Newland, which therefore included considerable emphasis on the pathology in addition to clinical, surgical and follow-up aspects. The study has been continued by the efforts of Les Bokey and Pierre Chapuis and by 2002 had registered 3307 patients, generated 110 publications and stimulated a number of significant research projects.

In May 1971 the second national meeting on inflammatory bowel disease was held under the auspices of the Section and the GE Society of Australia. The meeting was titled "Colitis" and the guest lecturer was HE Lockhart-Mummery of St Mark's Hospital who with Basil Morson published the original paper identifying Crohn's disease of the colon. The meeting was successful and it is of interest that the registration fee for this meeting was only $6.50. Lockhart-Mummery was also the Section's guest lecturer for the GSM, which was held in Sydney the following week. He was the second guest since 1963 and this "vacant period" was due to the problem of funding overseas lecturers. There had been considerable discussion on how best to finance the visits of lecturers for the Section's meetings. In 1971 the third "levy" ($10.00 per member) was raised specifically for the visit of Bryan Brooke (Hobart GSM 1972). Council had not approved of the term "levy" in 1966 and such funds were to be referred to as a "specific purpose fund" to be administered by Council and not by the Section.

In **1972** Ted Wilson and Dan Lane were travelling to the USA and France. They were requested by the Section to research suitable posts for advanced training on colorectal surgery. On their return they reported that suitable appointments were USA: Lahey Clinic, Cleveland Clinic, Mayo Clinic, Ferguson Clinic, Oschner Clinic, San Francisco (Drs Scarborough, Gallagher and Birnbaum), Detroit General Hospital (Norman Nigro); UK: The General Hospital, Birmingham (John Alexander-Williams) and Paris: Hôpital St Antoine and Hôpital Leopold Bellan.

In 1972, ESR Hughes and AM Cuthbertson published the fourth Australian textbook on colorectal surgery entitled "Anorectal Surgery".

Nineteen seventy-two was a sad year with the sudden death of Dan Lane at 48 and Ted Wilson at 59. **Dan Lane** was the father of 8 children and was in the prime of life keeping himself in excellent physical shape. His death immediately followed his regular and vigorous morning exercise program. He was a great enthusiast for colorectal surgery and enjoyed presenting papers which he delivered in a characteristic manner and which at times were almost evangelistic. His colleagues had given him the nickname of "the golden larynx". In the 1960s, Dan Lane was the only surgeon in Brisbane to have dedicated so much of his practice to colorectal surgery. His principle place of work was at the Mater Hospital in Brisbane. Ted Wilson suffered from significant hypertension and died from a major stroke within a few hours of its onset. He possibly contributed to his demise by supervising his own medical problem (he was always proud of his MRACP diploma) added to which he was working under significant stress with a busy practice, tertiary referrals and at the same time studying for a BA degree in the last year of his life. His long list of qualifications: MB BS, BSc, MD, MS, MSc, BA, MRACP, FRACS, FRCS, FRCSEd, FACS had earned him the nickname of "Alphabet Wilson".

In **1974** ESR Hughes was appointed Professor of Surgery at Monash University and Head of the Department of Surgery at the Alfred Hospital. At the AGM of the Section in Perth in 1974, it was recommended that an invitation be extended to the American Proctologic Society and the Royal Society of Medicine to hold a combined meeting in Australia. The invitation was to be made at the 1974 Washington Meeting. Further details are unavailable as to the response, suffice to say that it was 19 years (1993) before such a Meeting eventuated. At the AGM meeting of the Section in 1974, the question of a National Register for Colorectal Cancer was again discussed, there was however little progress with this project. In 1974 a large group of Australasians attended the combined Meeting in Washington welcomed enthusiastically by the ASCRS President John Remington. At this meeting the Section presented H (Dick) Bussey from St Mark's Hospital with a silver plate acknowledging on his retirement his significant contribution to the pathology of the colon. The meeting was held at the Washington Hilton Hotel, which was the site of the attempted assassination of President Ronald Reagan in 1981.

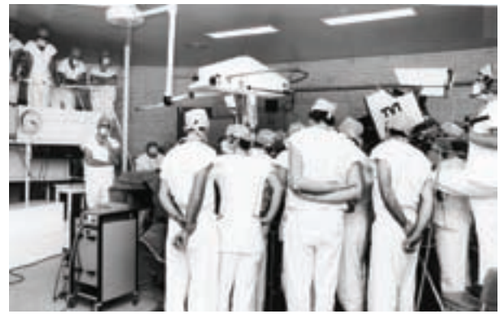
On 15th March 1975 the Section convened **"Colostomy Today"** which was another forerunner of CME meetings. There were 11 papers presented to 100 surgeons and 20 stomal therapists.

In June **1975** Bill Hughes was elected President of the RACS and served the College for three years. His presidency was an outstanding success as he increased the momentum of College activities. Professor Doug Tracy (past PRACS) described Sir Hugh Devine and Bill Hughes as the two great Presidents of the College. With extra commitments, Hughes' individual contributions to colorectal surgery plateaued somewhat but his surgical department continued to progress in the specialty by its surgical expertise, publications and the convening of meetings of national importance.

In June **1976** Mark Killingback ceased general surgery in Sydney and thereafter confined his practice to colorectal surgery. Les Bokey who had been a Senior Registrar at St Vincent's Hospital Sydney joined the Edward Wilson Unit at Sydney Hospital as a Post Graduate Fellow for a period of six months prior to his departure for overseas experience. In 1978 Pierre Chapuis also joined the members of this unit for a similar period.

In **1977** Bill Hughes was knighted. This was also the jubilee year of the RACS. At the inaugural ceremony of the GSM, Hughes was awarded the first Devine Medal for services to the College. Alan Parks of London was the guest visitor for the Section, which was privileged to hear his presentations on anal incontinence and anal fistula.

On the 22nd May 1978 the Colorectal Outpatient Clinic at St Vincent's Hospital in Melbourne was commenced. This was a consultative clinic with a special interest in IBD. Its establishment was due to the efforts of Peter Ryan and Brian Collopy. These surgeons had proposed in 1968 that Specialist Surgical Units be formed but this was rejected. In 1976 annual colorectal conferences were commenced and continued for some years. The Ryan – Collopy unit began weekly clinical presentations in 1977. During the 1980s they functioned as a colorectal unit without a title, but in 1989 the colorectal unit became official with Peter Ryan as Head. In 1990 a Department of Colorectal Surgery was formed and Peter Ryan was appointed as the first Director until he retired at the end of that year. Brian Collopy then held the position from 1990 until 1999.


Vic Fazio operating (somewhere in the middle). Sydney Hospital, 1976

In 1976 at the New Orleans meeting of the ASCRS, S F Fain presented a large experience of rectal anastomosis using an endo-anal instrument (SPTU), which had been developed in Moscow. In 1978 at the GSM held in Kuala Lumpur Mark Ravitch of Pittsburgh presented a 20 years experience of stapling in various regions including the rectum. In May 1978, Des Hoffman had met John Goligher in Madrid at an international gastroenterology meeting. Goligher had used the SPTU instrument on 20 patients and was convinced of its future role. Des Hoffman purchased an instrument for approximately $1,500 and had it brought to Adelaide from London by Bob Britten Jones. Hoffman operated with it successfully in the same month. This was almost certainly the first rectal anastomosis performed in Australia with

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

an endo anal circular stapler. It was however the paper presented by John Goligher at RPAH in Sydney on 29th July 1978 that persuaded Australian surgeons that the operation was an appropriate technique. Using the SPTU model, he had performed 60 anterior resections with some of the anastomoses at a 4.0 cm level. He prophetically had some concern about rectal function at such low anastomoses. The Auto Suture Company in USA improved on the SPTU instrument and in the latter period of 1978 the end-to-end anastomosis (EEA) instrument was introduced into surgical practice in Australia with instant success. Hospitals were not easily persuaded to include the instrument in their theatre budgets and many surgeons had to purchase their own instrument at cost of over $1,000. Surgeons were now able to perform lower anastomoses than previously. This instrument undoubtedly was the most important instrument developed in colorectal surgery in the 20th century. Its success revived interest in the use of linear stapling in gastrointestinal surgery and much improved linear stapling instruments were developed. This was followed by disposable instruments, which were introduced in Australia in 1981.

In September 1978 the Department of Surgery from the Alfred Hospital convened a meeting on Cancer of the Rectum. The guest lecturer was Stanley Goldberg, Director of the Division of Colon and Rectal Surgery from the University of Minnesota, Minneapolis. The meeting was an outstanding success and was the forerunner of annual meetings on colorectal surgery until the spring CME meetings of the Section became an annual event.

From left – Dr Rupert Turnbull , Sir Edward Hughes and Professor John Goligher, Royal Prince Alfred Hospital, July 1978

In **1979** a combined meeting between the Section RACS, the Section of Proctology of the RSM and the American Society of Colon and Rectal Surgeons took place at the Kensington Town Hall in London. Forty-one delegates from Australia and New Zealand attended this Meeting.

In February **1980 the Melbourne University Colorectal Group** was formed at the instigation of Alan Cuthbertson. The group consisted of surgeons, physicians and members of other medical disciplines. The aim of the group was to initiate investigative projects. Results of wound infection and suprapubic catheter trials were published. The group combined with Monash University to form the Melbourne Colorectal Surgical Society in 1987.

The International Society of University Colon and Rectal Surgeons held its biennial meeting at the Hilton Hotel in Melbourne in September 1980. It was very well attended and Australian surgeons had a unique opportunity to enjoy the scientific and social aspects of a meeting with registrants from Europe, Asia and South America as well as UK and USA. The film presentations of the Japanese technique of "skeletonising" the pelvic anatomy to achieve pelvic wall lymphadenectomy left a lasting impression.

The Colorectal Unit of the Royal Melbourne Hospital was established in 1981 under the leadership of Alan Cuthbertson.

As Neville Davis assessed the results of the Princess Alexandra project on Large Bowel Cancer in the 1970s, he became increasingly aware of the deficiencies of the Dukes classification. To review this and other aspects of large bowel cancer, a conference on Gastrointestinal Cancer was convened in Brisbane July **1981.** The colorectal program was held over two days and prestigious overseas visitors presented important contributions. Rupert Turnbull had been invited but was unable to attend due to a sudden and serious health problem. The morphology, clinical and treatment aspects were discussed. The Concord Hospital classification of large bowel cancer (developed in the 1970s from the large bowel cancer study) with subdivisions of A and B stages and improved criteria for incurability was discussed. Professor John Goligher who attended the conference agreed that subdivision of the classification was feasible and that incurability (Turnbull's modification Dukes D in 1967) was a clinical assessment by the surgeon. He was strongly of the opinion that any classification should retain Dukes' name and the symbols of A, B and C. He felt that any suggestion that it be replaced by a new classification would be observed closely and with some discontent by Cuthbert Dukes "looking down from above". Subsequently the Concord classification formed the basis of the **Australian Clinicopathological Staging classification (ACPS),** which was published in 1982 and 1983 by Neville Davis and Ron Newland.

In the early 1980s more surgeons began to practice exclusively as colorectal specialists (Wal Hughes 1981, Don Tindal and Pierre Chapuis 1983).

With the establishment of the College Foundation funds became available for Section visitors. A letter from Ray Chapman, College Secretary on 26th November 1982 authorised the directives of Council. The sum of $5,000 per annum was to sponsor a Foundation Visitor at the GSM, a further $5,000 per annum was for a "Continuing Education Program". There was a further allocation of $2,000 per annum to accumulate over three years to sponsor a second visitor to the GSM "or to a separate meeting in your discipline such as an annual scientific meeting of a specialist society". These changes in the financial resources of the Section were of great significance for future scientific meetings.

In **1982** it was hoped to arrange a meeting with colleagues of the USA following the ASCRS in San Francisco. Mike Vedenheimer was the convenor in the USA but reported the numbers of surgeons willing to register were insufficient and arrangements were cancelled.

With the downgrading of Sydney Hospital (March 1983) to 101 beds, the Edward Wilson Colon and Rectum Unit terminated as the offer to transfer to Westmead Hospital was unsatisfactory for a number of reasons. Between 1967 and 1983 regular Saturday morning seminars on colorectal surgery had been held at Sydney Hospital, frequently with interstate and international visiting lecturers. These seminars had brought together Sydney surgeons with a common interest as well as having social advantages. It was interesting to reflect how surgeons from different hospitals in the same city seldom met outside the RACS programs. To continue these seminars and expand the participation to all teaching hospitals the concept of a new society was welcomed. The formation meeting of the **Sydney Colorectal Surgical Society** occurred on 28th May 1983 (20 years to the date after the inaugural meeting of the Section RACS). Twenty surgeons attended. At the first business meeting 23rd July **1983,** Prof. Murray Pheils was elected Chairman. The requirement for membership was a letter stating that colorectal surgery was the applicant's main interest. The Society has functioned very much as a surgical club with emphasis on clinical and scientific meetings as well as the social value. Meetings occurred at two hospitals per year with a larger annual meeting in November with overseas guests. Soon after the beginning of the Society it became involved in a range of issues in the practice of colorectal surgery that were beyond metropolitan or state responsibility eg medical benefits schedule, colonoscopy accreditation, manpower studies and the training of surgeons. It was becoming clear that there would be a role for a national society to address some of these problems.

In 1983 the Colorectal Unit of the Royal Adelaide Hospital was established when the surgical staff agreed that the general surgical units should become allied with special interests. Des Hoffmann became the first Head of the Colorectal Unit and was joined by Jim Young and Douglas Townsend.

In 1983 the 5th Australian textbook on colorectal surgery was published: "Colorectal Surgery" by ESR Hughes, A M Cuthbertson and M Killingback.

In **1984** the "Combined Meeting of the ASCRS, Section of Coloproctology, RSM and the Section of the RACS" was held at the Hyatt Regency Hotel of New Orleans. Stan Goldberg and Peter Lord were Presidents of their respective societies and Peter Ryan the Chairman of the RACS Section. There was a good attendance of Australasian surgeons. In **1985** the Colorectal Clinic at St Vincent's Hospital Melbourne appointed its first Colorectal Fellow (Dr Hermansjur Kartowisastro from Jakarta). The first Australian Colorectal Fellow appointed to the Clinic was Rod Woods also in 1985.

Ex RSO's St Mark's Hospital with Mervyn Smith PRACS at GSM, 1985 – Back Row: P Barnes (Gastroenterologist), A Polglase, A Eyers, R Stitz, I Fielding, G Newstead, S Sakker, K Larkin, R Fink Front Row: J Campbell Penfold, R McGee, F Connaughton, M Smith, A Davidson, M Killingback, B Collopy

In October **1986** Don Tindal in Wollongong ceased general surgery to concentrate on colorectal surgery. He became very busy as the only specialist in the Illawarra region. Warwick Adams joined him in 1995 forming a colorectal service, which was unique in a country area. On Don's retirement a further colorectal appointment was made: Andrew Malouf (2000).

In **1987** Peter Ryan was elected President of the International Society of University and Colorectal Surgeons, which paid tribute to his longstanding efforts in colorectal surgery both in Australia and within the Society.

In 1987 Matthew McNamara commenced further colorectal training at the Sydney Adventist Hospital with W Hughes and M Killingback. The program included operating sessions, colonoscopy,

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

ward duties and consulting in private rooms. This unofficial Fellowship for six months was funded by operation assistant fees.

On September 29, 1988 Mark Killingback delivered a Moynihan lecture at the Royal College of Surgeons entitled "Coloanal Anastomosis".

In the late 1970s and early 1980s it became more difficult for Australians to obtain posts in overseas colorectal clinics of excellence. At the same time the number of practicing colorectal specialists in Australia meant that training opportunities greatly increased. At the CME Meeting in Melbourne in 1986 John Mackay had presented a proposal for the training of post FRACS surgeons in colorectal surgery. The Mackay paper was redrafted and discussed by the Section in 1987. The final proposal was passed at the Section AGM in Brisbane in **1988** and subsequently approved by Council (1988). This milestone in Australasian colorectal surgery became a reality. An important aspect of the program was to have at least one year of the training at a hospital beyond "home base" to expose the trainee to different mentors and modes of practice. Andrew Hunter (Royal Adelaide Hospital and Concord Hospital) and Philip Douglas (Prince of Wales Hospital, St George Hospital and Sydney Adventist Hospital) were the first trainees on the program. The executive of the Section supervised the training until the formation of the **Training and Accreditation Committee (TAC)** in 1994.

During the 1980s training for and standards of colonoscopy were also a concern. Few surgeons had travelled overseas in the 1970s to "colonoscopy centres" to learn the technique. Ted Flemming from Canberra was an exception attending colonoscopy sessions in Japan as an observer. Campbell Penfold returned to Australia in 1973 and quickly established a reputation as a surgeon/colonoscopist. Brian Morgan was responsible for arranging the visit of Christopher Williams (St Mark's Hospital) to Sydney in 1974. Williams gave a series of stimulating lectures and colonoscopy demonstrations to both physicians and surgeons. Campbell Penfold organised a landmark meeting subsequently in 1982 at the Royal Melbourne Hospital. This was a three-day conference which featured **Hiromi Shinya and Christopher Williams** giving lectures and practical demonstrations. The techniques of these two experts differed but their dexterity and skill was greatly admired having a profound effect on largely self-taught registrants. Dr Shinya returned to Australia on at least two more occasions as a guest lecturer to St George Hospital, Sydney and St Vincent's Hospital, Melbourne.

Subcommittees on **colonoscopy training** were first initiated by the G E S and subsequently by the Section (1985). The G E S sub committee issued a certificate of competence, which caused unrest among surgeon colonoscopists. In 1987 a committee for recognition of training was set up with representatives of the G E S (one surgeon and one physician), the RACP (two physicians) and the RACS (two surgeons). The structure of this committee met with approval of the Section at the AGM in 1989. The Conjoint Committee first met on 8th February 1990. Among its recommendations were that approved colonoscopy training would require 75 diagnostic colonoscopies and 15 therapeutic colonoscopies (independently supervised). During 1991 and 1992 complaints were directed to the RACS concerning the potential bias of the Conjoint Committee and its influence on established surgeon colonoscopists, as their CV did not fit precisely the published guidelines. The objections were dealt with by a "grandfather clause" regulation, which ceased in May 1998. The Section did not agree with statements by members of Council that the FRACS Diploma conferred competence in colonoscopy. The advance trainees in colorectal surgery however, were emerging from the program as competent colonoscopists.

Discussion group: Should there be a national society? Brisbane 3/5/88. J Young, A McLeish, B Collopy, D Failes, J Mackay, J Cohen (absent)

In the 1970s Peter Ryan had made the suggestion that there was a role for a national society to address the issues facing the further development of colorectal surgery. This was not supported at the time as the Section was functioning well and there were ample clinical meetings. "Who needs another meeting?" was typical of the opinions expressed at that time. By 1988 more surgeons were concentrating on colorectal surgery and 7 colorectal units had been established in teaching hospitals in Adelaide, Brisbane, Melbourne and Sydney. The stature of colorectal surgery was obviously increasing and national problems and projects were emerging, which appeared to be outside the role of the College. In addition there was no prospect that the College was likely to support the evolution of colorectal surgery being recognised as one of the specialties. An independent group was needed to accelerate the development of colorectal surgery. In the absence of accreditation, a surgeon with an FRACS could describe himself as a specialist colorectal surgeon and this was apparent in "Medical Register" publications. The NASQAC committee did not recognise colorectal surgery as a specialty. There was also a need for a national based opinion on the subject of fees for colorectal surgery.

On 5th November 1987 Mark Killingback wrote to 49 surgeons in Australia requesting expression of interest in the formation of an Australian Society of Colorectal Surgeons. The letter discussed the problems with the development of colorectal surgery and what might be the role of such a society. The response was: approval 30, uncertain 1, not on favour 5, no reply 13.

During the 1988 GSM in Brisbane an informal discussion took place in a hotel room at the Hilton Hotel (photo page 26). This group was unanimously in favour of exploring the possibility of a national society.

Invitations were sent to surgeons who were likely to have an interest and a meeting was held on 11th November 1988 at the Royal Australasian College of Physicians in Sydney. The meeting was titled "A Proposal to Form an Australian Society of Colorectal Surgeons". Twenty-five surgeons attended this meeting and 14 apologies were received. Forty written responses had been received by the convenor. Some points in the discussion were: there was a need for a specialist group, strong support for the Section should be maintained, a new society could destroy the Section (one opinion), duplication of RACS function should be avoided, promotion of special skills were needed for colorectal surgery, there was a need for political role, a society should be involved in colorectal training and research, accreditation of colorectal specialists was necessary, specific requirements for membership was suggested and such a society will further develop international associations.

Formation meeting of the Colorectal Surgical Society of Australia 11/11/88. Photographed by the President, David Failes

The following motion was proposed by David Failes and seconded by Peter Ryan: "This group forms an Australian Society of Colorectal Surgeons".

The motion was passed. A new chapter in colorectal surgery in Australia had begun. The first Annual General Meeting was held in Adelaide on 18th October **1989** with President David Failes in the Chair. The following 41 surgeons were elected Foundation Members of the renamed Colorectal Surgical Society of Australia:

P Anseline, E Bokey, A Carden, P Chapuis, J Cohen, F Collins, B Collopy, G Ctercteko, I Cunningham, A Eyers, D Failes, R Fink, D Hoffmann, R Hollings, W Hughes, I Jones, M Killingback, D King, S Koorey, I Lavery, S Levitt, D Lubowski, A McLeish, J Mackay, K Merten, D Muir, G Newstead, J Oakley, T O'Connor, C Penfold, A Polglase, P Ryan, S Sakker, S. Santhanam, R Stitz, M Stuart, J Sweeney, D Tindal, B Waxman, R Woods, J Young.

A letter from E Durham Smith (PRACS) to Mark Killingback 21st December 1988: "I have heard that an Australian Society of Colorectal Surgery has been formed and this matter was briefly discussed by the Executive of Council on 16th December 1988. Although it would not be our place to interfere in the construction of a Society if surgeons wish to form one, naturally we are very much concerned with the effect that such a Society may or may not have on College affairs."

Thus in 1988-1989 there was concern among the Council of the RACS there was another specialist society. Over a period of some years there had been "fall outs" between the College and the Australian Orthopaedic Association to the point where the AOA meetings had discussed the possible separation of Orthopaedic Surgeons from the College. Council was not sure of the motives of CSSA. Members of the Society however, had frequently stated the view that support for and within the RACS was essential and that its goals should be achieved with the approval of College Council if at all possible. That view has not however restricted the Society from independent opinion and activity.

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

Graham Newstead was elected secretary at the formation meeting and remained in that position until 7th September 1995 when he was elected President. At the AGM of the Society on 8th November 1997 the President, Russell Stitz paid tribute to Graham's contribution to the Society since its inception and announced Graham's new role as Executive Director. There was unanimous support from the meeting, which expressed its feelings with a standing ovation. Clearly the society owes Graham a debt of gratitude for his untiring efforts. He has shown great energy in organization of meetings, chairmanship of committees, documentation and new ideas for the Society combined with a unique ability to capture sponsorship for the Society's projects. The historical account of the CSSA in the Triennial Report has detailed important functions of the Society, which have expanded significantly during the first 14 years. The membership passed 100 in 2002. Four workshops (follow-up 1991, laparoscopic surgery 1992, rectal cancer 1995 and colon cancer 1997) have produced three publications. A co-operative effort with the GUT Foundation produced the booklet "Colorectal Cancer: Prevention Diagnosis and Treatment". The Society made a significant contribution (six chapters of 21) to the NHMRC-COSA-AUSTRALIAN CANCER NETWORK Guidelines on Colorectal Cancer (1999). Acknowledgement for this contribution was noted on page 190 of the document.

In **1989** Jack Mackay completed a survey (356 patients) on "The Australian Experience of Restorative Proctocolectomy" which he presented to the combined meeting in Birmingham, officially titled "Tripartite" for the first time since the three nation meetings had commenced in 1969. The Australians were disappointed on this occasion that only five of 87 papers at this meeting were allocated to them whilst 12 podium presentations were given by delegates from countries other than official "Tri Nations".

On the 14th October 1989 the Royal Melbourne Hospital (RMH) colleagues of **Alan M Cuthbertson** convened a Symposium to mark Alan's retirement from surgical practice. The meeting was titled "Colorectal Surgery for the Thinking Surgeon" which was most appropriate for AMC. Alan was not only renowned for his technical expertise but also for his surgical judgement, his lateral thinking and his interest in research. His mentors had been John Turner and Bill Hughes at the RMH and Rupert Turnbull at the Cleveland Clinic. He was associated with Bill Hughes in private practice for some years. He was a co-author with Rupert Turnbull on the pull thru operation in 1961 and with ESR Hughes subsequently developed the largest experience worldwide with this operation for rectal cancer. In "retirement" Alan and his family settled in Murrindindi (Victoria) to become successful wine producers.

In 1989 the Colorectal Unit of RPAH in Sydney was officially commenced as a Department of Colorectal Surgery. In the same year Russell Stitz, Brisbane announced his practice was to be exclusively colorectal.

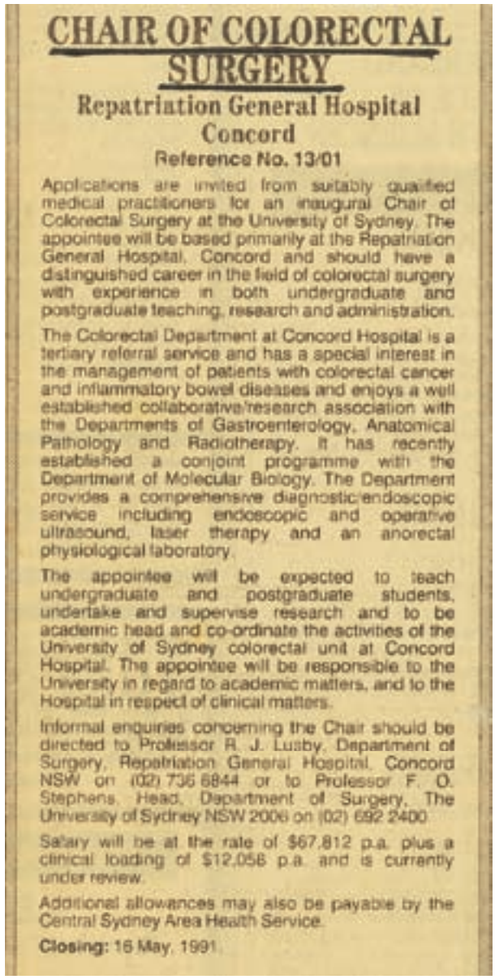
The **World Congress of Coloproctology** (one of three sections of the World Congress of Gastroenterology) was held in Sydney in August **1990** and this was attended by the largest contingent of high profile colorectal surgeons ever to visit Australia. As expected it was a scientific and social success. The WCGE was a huge success financially for the Gastroenterological Society of Australia, which received 2 million dollars from the Congress, which was donated to the Australian Gastroenterological Institute.

Immediately following this Congress the Sydney Colorectal Surgical Society (read Graham Newstead) had organised a Scientific Meeting on Hamilton Island in Queensland. Prestige guest speakers and the location ensured this meeting of success. The only concern was the reaction of "Mr Seasick" (Abcarian) on the sea voyage to the Great Barrier Reef. At this meeting the working party recommended the formation of a **World Council of Coloproctology** to co-ordinate the various colorectal societies, to improve communication between them and to consider the more global aspects of colorectal surgery.

By 1990 the work of Graham Newstead and Russell Stitz on the economics committee of the CSSA had achieved a review of fees in the Medical Benefits Schedule with significant increases for major procedures.

In **1991 the first Chair in Colorectal Surgery in Australia** was initiated by the University of Sydney in the Department of Surgery at Concord Hospital. Les Bokey was the successful candidate and has filled this position with distinction. In a unique partnership with Associate Professor Pierre Chapuis, the Department has fostered important research projects and produced a large number of valuable publications. Numerous international invitations to both surgeons have attested to their significant contributions.

The first publication in Australia on **transrectal ultrasound** reported the investigation of 25 patients with rectal cancer attending the Colorectal Unit at Concord Hospital (Hinder *et al* 1990). Peter Stewart followed Janet Hinder as the principal investigator and the value of this method was soon proven. In recent years there has been co-operation between the clinics at Concord Hospital and RPAH.



CHAIR OF COLORECTAL SURGERY

Repatriation General Hospital Concord

Reference No. 13/01

Applications are invited from suitably qualified medical practitioners for an inaugural Chair of Colorectal Surgery at the University of Sydney. The appointee will be based primarily at the Repatriation General Hospital, Concord and should have a distinguished career in the field of colorectal surgery with experience in both undergraduate and postgraduate teaching, research and administration.

The Colorectal Department at Concord Hospital is a tertiary referral service and has a special interest in the management of patients with colorectal cancer and inflammatory bowel diseases and enjoys a well established collaborative research association with the Departments of Gastroenterology, Anatomical Pathology and Radiotherapy. It has recently established a conjoint programme with the Department of Molecular Biology. The Department provides a comprehensive diagnostic/endoscopic service including endoscopic and operative ultrasound, laser therapy and an anorectal physiological laboratory.

The appointee will be expected to teach undergraduate and postgraduate students, undertake and supervise research and to be academic head and co-ordinate the activities of the University of Sydney colorectal unit at Concord Hospital. The appointee will be responsible to the University in regard to academic matters, and to the Hospital in respect of clinical matters.

Informal enquiries concerning the Chair should be directed to Professor R. J. Lusby, Department of Surgery, Repatriation General Hospital, Concord NSW on (02) 736 6844 or to Professor F. O. Stephens, Head, Department of Surgery, The University of Sydney NSW 2006 on (02) 692 2400.

Salary will be at the rate of $67,812 p.a. plus a clinical loading of $12,056 p.a. and is currently under review.

Additional allowances may also be payable by the Central Sydney Area Health Service.

Closing: 16 May, 1991.

Advertisement for first academic appointment in colorectal surgery in Australia

The CSSA held its first workshop in Brisbane in 1991 "Follow-up of Colorectal Cancer" at the instigation of Brian Collopy. Ole Kronborg from Denmark was the guest visitor. With a difficult subject consensus was reached by members of the society. The colorectal unit at the John Hunter Hospital was established in 1991. In the same year at Hornsby Hospital Sydney, Matthew McNamara was appointed as a Visiting Colorectal Surgeon specialist. In November 1991, due to negotiations by the CSSA, the Medical Benefits Schedule Book listed colorectal operations separately to general surgery for the first time.

Laparoscopic workshop (21-22 March, 1992)
R Stitz paying particular attention

Laparoscopic colorectal procedures commenced in Europe and USA following the success in gallbladder surgery. Impetus was generated by the laparoscopic instrument firms and for a time there was a rumour "if you do not join in, your practice will suffer". As with many new procedures there had been no prospective trials to evaluate the technique for colorectal surgery. A practical and theory workshop on laparoscopic colon surgery was convened by the CSSA in **1992** at the Veterinary Science School at the University of Sydney. In the same year a joint committee of the Section and CSSA was formed for ongoing appraisal of laparoscopic surgery (Russell Stitz, Graham Newstead, Les Bokey, Jim Sweeney) and a position paper produced including guidelines. As colorectal surgeons performed laparoscopic surgery, it was soon evident that various operations were technically feasible eg, hemicolectomy, anterior resection, abdomino perineal excision, rectopexy and loop stomas. Laparoscopic colon surgery was commenced at the Royal Brisbane Hospital in 1990 and soon Russell Stitz and colleagues were the leading exponents of this technique in Australia. In the period June 1990 - March 2002, 1,035 laparoscopic colorectal operations were performed. The appearance of port site recurrences after resection for colon cancer and the paucity of long term survival statistics suggested caution was appropriate for treating cancer. This has been the stimulus for the Australasian trial: Laparoscopic v Open Colon Resection for Cancer, convened by Peter Hewett (1998).

In **1993 the Tripartite Meeting was held in Sydney** in October. For the first time there were five organisations representing colorectal surgery: The Section of Coloproctology of the RSM, the Association of Coloproctology of Great Britain and Ireland, the American Society of Colon and Rectal Surgeons, the Section of Colon and Rectal Surgery of the RACS and the Colorectal Surgical Society of Australia. The local organising committee (Chaired by Graham Newstead) was responsible for a most successful conference. The meetings in the future would be Triennial.

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

In 1994 John Oakley commenced colorectal practice in Hobart as the first colorectal surgeon specialist in Tasmania. He was born in Hobart, graduated in Adelaide and was on the staff of the Royal Adelaide Hospital until he was appointed to the Department of Colorectal Surgery in Cleveland Clinic (1987-1993). His return to Hobart was a most significant event in the extension of colorectal surgical specialisation in Australia. In addition, Hung Nguyen, a graduate of the Post Fellowship Training Program, has practiced as a colorectal surgeon in Launceston since 1996.

The question of **credentialing of colorectal surgery** has been paramount since the mid 1990s. The executive of the CSSA held a meeting in July 1994 at Kakadu N.T. specifically to discuss this topic. A further meeting was held in Sydney in March **1995** with David Theile (PRACS) Brendan Dooley (Censor in Chief) and V Fazio (CCF) as invited speakers. There was a large attendance of CSSA members. The President of the RACS expressed his reservations about colorectal specialists compared with general surgeons with an interest in colorectal surgery and confirmed that Council would not support an application to NASQAC from experienced colorectal surgeons. Dooley foreshadowed a sub-board in colorectal surgery in the future associated with a modified form of examination. In his opinion, College support for the specialties had been increasing. The College Council has acknowledged the CSSA in two important decisions. Since 1995 at the Perth GSM the President of the CSSA has been a member of the official party at the inaugural ceremonies of the GSM-ASC and recently the President of the CSSA has been invited to the meeting of the specialist societies convened by the President of the RACS.

In 1995 Graham Newstead conducted a survey to profile members of the CSSA with the following results: 10% of surgeons had trained in Australia only, 26% of surgeons had trained in Australia with some overseas experience, 64% had trained exclusively overseas, 85% confined their practice to colorectal surgery, 87% had hospital appointments as colorectal surgeons and 87% worked in a recognised colorectal unit.

In **1996** Jack Mackay and Andrew McLeish presented further proposals on post FRACS training to the Council of the College which were:

1. Revised regulations of post fellowship training (approved)
2. Joint representation of the Section (3 members) and CSSA (3 members) (approved)
3. Representation of the TAC on the Censor in Chief Committee (rejected).

In 2002 Andrew McLeish (President CSSA) and Philip Douglas (Chairman T.A.C.) attended a meeting of Council with further proposals:

1. Further revision of T.A.C regulation (approved)
2. Extension of the 3+2 plan for training to 3+3 for advanced colorectal surgery (approved)
3. That a Board in Colorectal Surgery be initiated. Council approved of a Training Board in Colorectal Surgery
4. An exit examination be put in place for advanced training. Council approved of an exit assessment but this was not defined.

Although important goals have therefore been achieved colorectal surgeons will remain focused on full credentialing of advanced colorectal training ultimately with an examination preferably within the RACS.

In 1995 the **CSSA formed a committee on research,** initially with Bruce Waxman, Michael Solomon and Peter Hewett and subsequently including David Lubowski. A comprehensive report of the research committee was tabled at the AGM of the CSSA on 11th September 2002. The activities of the committee included publishing the first Triennial Report (1999), successful formation of a National Journal Club (2001) and the support and development of a number of research projects including colorectal attitudinal surveys to evidence base medicine, randomised control trials, guidelines and screening. The Research Committee established the first Australian website interactive colorectal database for ileo anal pouch procedures.

The first woman in Australia to qualify as a colorectal surgeon was Margaret Schnitzler of Sydney. After a period of training in the USA, Margaret was appointed as a senior lecturer in the Department of Surgery (University of Sydney) at the Royal North Shore Hospital (1996). In 1997 she was appointed Associate Professor and is a member of the Department of Gastrointestinal Surgery at RNS with her colorectal surgeon colleagues John Percy, Ian Fielding and Justin Evans. Caroline Wright was the first CSSA Research Fellow and subsequently a graduate of the post FRACS training program. Caroline has recently been appointed to the Department of Colorectal Surgery at the University of Sydney as a Senior Lecturer in Colorectal Surgery.

In 1997 the CME meeting was combined with the CSSA and the Sydney Colorectal Surgical Society in a large meeting in Sydney titled **"The Combined Australian Colorectal Conference"** which was very successful. Since then the CSSA has joined the Section as co-convenor for all subsequent CME meetings. The Section continues to be the convenor for the RACS ASC meetings providing, with the CME, an extensive annual program in colorectal surgery, most of which is appropriate for general surgeons. The Society's specialist workshops, exclusively for its members, have been productive and should continue.

In **1998** an academic department of surgery (Monash University) was established at Cabrini Hospital, Melbourne. Adrian Polglase was appointed Professor of Surgery and Head of the Department. In 1998 the Board in General Surgery suggested that all general surgical trainees would be exposed to sufficient experience in upper GIT endoscopy and colonoscopy allowing them to be accredited prior to gaining their FRACS. The President of the CSSA (R Stitz) responded to the Censor in Chief indicating that such a goal was unattainable. The Board in General Surgery continues to pursue this objective.

In June **1999**, 33 surgeons from Australia and New Zealand attended the Tripartite meeting at the Washington Hilton Hotel which was also the Centenary Celebration of the ASCRS. The Section and the CSSA jointly presented a gift of a Gavel to the American Society to celebrate the event. During this meeting Australian colorectal surgeons were included in two tri-nation committees to standardise definitions in the management of rectal cancer and anorectal physiological investigations. Consensus was achieved and the results subsequently published.

In February **2000** the Monash University Department of Surgery of Cabrini Hospital convened a successful course in colorectal diseases with special guest lecturers Bruce Wolff (USA), Peter Lee (UK) and Jeff Griffin (USA). In October of the same year the CME of the Section and the CSSA combined with the Gastroenterological Society of Australia for a meeting in Hobart where Robin McLeod (Toronto) was the surgical guest lecturer.

In **2002** the newly established **Murray and Unity Pheils Travel Fellowship** was awarded for the first time. The award is for a trainee or recent fellow to assist with travel overseas to obtain further training and experience in the field of colorectal surgery. The award was made to Malcolm Steel from Victoria.

In 2002 there were 3 members of CSSA on the Council of the RACS: Richard West, elected 1996; Russell Stitz, elected 1999 and Bruce Waxman, elected 2000.

An interesting development in Queensland has been the appointment in Townsville of Professor Yik-Hong Ho to the Department of Surgery at the James Cook University (2002). Professor Ho is a colorectal surgeon who worked at the Singapore General Hospital for several years. He is an authority on ano rectal physiological research.

It was sad to record the death of **Peter Ryan** in 2002 after some years of a disabling illness. There was no greater enthusiast for colorectal surgery than Peter and his efforts to promote the specialty at St Vincent's Hospital Melbourne are well known. Peter Ryan and Brian Collopy established the Colorectal Clinic at St Vincent's Hospital in 1978 and with his colleagues he negotiated over a period of years to establish the colorectal unit. He was a founding member of the Section and at the first scientific meeting in 1963 he presented a paper on "Solitary Sigmoid Diverticulitis". He was one of three awarded a Hunterian Professorial lecture at the Royal College of Surgeons of England, which he gave on 2nd September 1986 entitled "Two Kinds of Diverticular Disease". He was awarded an Order of Australia in January 2002 for services to colorectal surgery and the prevention and management of road trauma.

In **2002** Matthew Rickard initiated an ileo-anal pouch audit supported by a Tyco Colorectal Research Scholarship. The TAC successfully negotiated with RACS to alter the length of the training program from 3+2 years to 3+3 years. The number of accredited units for training in colorectal surgery stood at 16 with 12 post fellowship trainees. The prestigious journal Diseases of Colon and Rectum was approved by the American Society of Colon and Rectal Surgeons as the official journal of the CSSA (negotiated by Graham Newstead). In mid 2002 the Sydney Colorectal Associates officially formed a partnership of both private and public colorectal activities of the colorectal surgeons from Prince of Wales and St George Hospitals Sydney. The group funds its own administrative and research staff as well as the post fellowship trainees. Meanwhile the New Zealand Chapter of CSSA met in Christchurch on 29 August.

Colorectal surgical training underwent a noteworthy change in **2002** with the Training and Accreditation Committee (TAC) renamed as **Training Board in Colon and Rectal Surgery (TBCRS)** to further enhance the status of colorectal surgical training within the RACS. The Journal Club of CSSA expanded at this time to include Christchurch and Auckland. Russell Stitz was honoured by the RACS Section of Colon and Rectal Surgery as the Foundation Lecturer at the Annual Scientific Meeting in Adelaide. CSSA President Andrew McLeish's forthright article in the September edition of the RACS Surgical News gave a clear view on CSSA policy on aims and training, including recognition as a specialty (not a subspecialty) and the securing of a Fellowship in colorectal surgery. An Advanced Laparoscopic Colon Workshop was held on 22-24 September in Perth convened by J Hamdorf with Sir Alfred Cushieri the visiting

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

guest lecturer. Michael Solomon and his editorial committee published the 2nd Triennial Report (1999-2001). It was widely acclaimed and broadly distributed. Melbourne hosted an outstanding **Tripartite Colorectal Meeting during October 27-30, 2002.** There were 612 medical registrants and was convened by Rod Woods supported by I Jones, B Waxman and F Chen. John Goligher lecture: N Williams, Rupert Turnbull lecture: V Fazio, ESR Hughes lecture: M Killingback. Bruce Waxman presented a National Audit of large bowel anastomosis. The Association of Coloproctology of Great Britain and Ireland (ACPGBI) announced the establishment of an annual Travel Fellowship at the Tripartite Meeting. The inaugural recipient for 2003 was Anil Keshava. The Murray and Unity Pheils Travel Fellowship was awarded to M Steel. (RACS Board of Surgical Research). Andrew McLeish (past president, representing the CSSA) made a strong stand at an RACS meeting (to discuss the Memorandum of Understanding and Service Agreement relating to colorectal surgery) by declining to sign as the document combined the CSSA with General Surgeons Australia (GSA). Michael Solomon was responsible for CSSA studies on evidence based colorectal surgery: Attitudes to FBM, RCTs, guidelines and screening, with five peer reviewed publications.

In **2003 the CSSA Journal Club** expanded to include Hobart and Newcastle making a total of nine centres (generously sponsored by Johnson & Johnson). The New Zealand Chapter CSSA met in Auckland 23 May to discuss local issues. The Second Laparoscopic Workshop was held in Brisbane and convened by John Lumley and Andrew Stevenson. (Sponsored by Ethicon Endosuture, Johnson and Johnson). RACS Section of Colon and Rectal Surgery Foundation Lecturer at Annual Scientific Meeting in Brisbane was Robert Madoff (Minneapolis). The RACS made a unilateral decision to revert to previous schedule in surgical training ie: four years provisional plus two years post fellowship training in colorectal surgery. There were 16 accredited units for training in colorectal surgery. The **Notaras 3 year Colorectal Scholarship** was announced (CSSA newsletter June 2003) and commenced in 2004. The first awardee was Chris Byrne. The International Council of Coloproctology announced a Travelling Scholarship in June 2003 (initiated by Graham Newstead). Chairman of RACS Section of Colon and Rectal Surgery (James Sweeney) resigns from the executive of General Surgeons Australia (GSA). The inaugural **Annual Weekend Education Meeting for TBCRS trainees** in colorectal surgery was held in Sydney. Convened by C Young and received wide acclaim from the TBCRS trainees (Sponsored by Ethicon Endosurgery, Johnson and Johnson). A further three Tyco CSSA Colorectal Research Scholarships were announced for next five years. Awardee for 2003: N Abrahams. The Murray and Unity Pheils Travel Fellowship was awarded to S Bell. (RACS Board of Surgical Research). The Combined Australasian Colorectal Scientific Meeting was held in Sydney during September 19-20 2003. The named lectures were as follows: ESR Hughes lecture (RACS section): I Finlay (Glasgow). Edward Wilson lecture (SCSS): C van de Velde (Leiden, Netherlands). CSSA Oration: D Wong (New York). Graham Newstead initiated a **CSSA President's Medallion** and it was presented to President, M Solomon. St Vincent's Hospital (Melbourne) hosted a TME Course in October 2003 with visiting Lecturers: RJ Heald and P Quirk. Convenor: J Mackay.

In May **2004** a workshop was held in Melbourne to discuss the establishment of a **CSSA Binational Database for Colorectal Cancer.** The meeting was convened by Andrew Hunter and sponsored by Johnson and Johnson and the Australian Cancer Network. Several proposals were subsequently accepted by CSSA Council. Since that time Andrew Hunter has worked tirelessly to bring the database to fruition with support from the College of Surgeons, the MMIM group based in Melbourne and Covidien. It is envisaged that the CSSANZ Binational Database will provide material for research and as a personal audit tool. It is a vital component of the proposed Fellowship of the Society

Robin Phillips (London) was the RACS Section of Colon and Rectal Surgery Foundation lecturer at the Annual Scientific Meeting in Melbourne (convenor: James Keck).


Victor Fazio AO

No account of colorectal surgery in Australia would be complete without reference to **Victor Fazio,** the Head of the Department of Colorectal Surgery at the Cleveland Clinic Foundation. Since his appointment to that prestigious clinic in 1975 he has been responsible for the advanced training of a significant number of Australian surgeons exposed to a unique experience in clinical surgery and research. He has continued to make appointments available to Australians despite the highly competitive selection of Fellows for the clinic service. Although his work is half a world away he has played a role of major significance in Australian colorectal surgery. A special dinner was held in Sydney on May 21st 2004 in honour of Professor Victor Fazio with 60 guests to celebrate his **Australian Honors award (OA)**. This evening was convened by Professor Les Bokey.

The American Society of Colon and Rectal Surgeons (ASCRS) approved inclusion of the Mark Killingback prize presentation (RACS Section) at its annual meetings (initiated by G Newstead). Michelle Thornton presented her paper at the **2005** ASCRS meeting. In 2004 the number of accredited units for training in colorectal surgery stood at 16. The number of post fellowship trainees: 14. (Clinical training in Australasia: 9, clinical training overseas: 2, accredited research year: 3). The number of post fellowship trainees appointed for ensuing years: 6. The Memorandum of Understanding and Service agreement with RACS in relation to the training of Provisional colorectal trainees was signed in May 2004. The 2nd Annual Weekend Education Meeting for TBCRS trainees in colorectal surgery was convened in Melbourne by Ian Jones and once again sponsored by Johnson and Johnson. The New Zealand Chapter of CSSA met in Auckland on 7 September 2004. Michelle Thomas was awarded a Tyco colorectal research scholarship for 2004. The second recipient of the ACPGBI Travel Fellowship, Elizabeth Murphy, presented a scientific paper at the ACPGBI Annual meeting Birmingham UK.

The Annual CME Meeting (RACS Section / CSSA) was convened at Sanctuary Cove (Qld) by John Lumley from September 29-October 2, **2004.** Jeffrey Milsom (New York) gave the ESR Hughes lecture and Prof Julie Campbell delivered the CSSA Oration.

A resolution was passed at the CSSA Extraordinary General Meeting **in October 2004** to award the title "Fellow" to those members of the Society who satisfy criteria as determined by the Council of the CSSA. The intention is for the **FCSSA** to be the pre-eminent qualification in colorectal surgery in Australia and New Zealand.

At this time **Ian Jones** was elected President of the Society. Phil Douglas was elected Vice President and the remaining Councillors were Chip Farmer (Honorary Secretary), Andrew Hunter (Treasurer), Bruce Waxman, David Lubowski, Richard Perry and Rod Woods.

The inaugural meeting of the **CSSA Foundation** was convened on October 1 2004 at Sanctuary Cove (Qld.) and chaired by **Graham Newstead**. The purpose of the Foundation is to raise funds and financially support Australian and New Zealand colorectal research projects through peer reviewed applications. Graham Newstead devoted much time and effort to establish the Foundation as an Australian Tax Office approved research entity eligible for tax deductible donations.

The Annual Scientific Meeting of the Sydney Colorectal Surgical Society (SCSS) was held on 6th November, **2004.** Professor John Northover (London) delivered the Edward Wilson lecture. The RACS Section and CSSA formed a joint Scientific Program Committee (Chaired by John Lumley) to supervise ASC and CME meetings. Assoc Prof Joe Tjandra organised an International Pelvic Floor Meeting in Melbourne. K Matzel delivered the Alan Cuthbertson Plenary Lecture. The JCB Penfold Surgical Prize was inaugurated in 2004. This prize (established by the Tjandra Fund) is awarded annually for the best surgical research paper presented by surgical residents or trainees at the Royal Melbourne Hospital. The Australasian Laparoscopic Colon Cancer Study (ALCCaS) had acrued 590 cases as of January 2005 (sponsored by Johnson and Johnson and National Health and Medical Research Council).

After many years of service to the Society, **Jan Stuart** announced her intention to retire from her secretarial position in early **2005;** her devotion to the society over a period of 5 years was recognized by the council and members of the Society and a dinner was held in Jan Stuart's honour in Sydney.

Jan Farmer was appointed to the Secretariat position in February **2005** and the affairs of the Society and Foundation were managed from an office in Melbourne rented from Cabrini Private Hospital (negotiated by Chip Farmer). Jan Farmer managed the transition from a home office to a corporate administrative centre with her high level of organisational skills and this represented a significant step forward in the history of the Society and Foundation.

Members were saddened to learn of the passing of Walter Hughes in March **2005.** Walter was a Foundation Member of the Society. He was a most delightful gentle person and was much loved by all his patients and all the staff that worked with him.

In **2005** Johnson and Johnson announced their intention to donate $450,000 to the Society's Foundation over a three year period. These funds, together with $150,00 donated from the Section of Colon and Rectal Surgery RACS placed the Foundation in a position to begin the process of funding important colorectal research in Australia and New Zealand.

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

Presidents of UK, USA and Aus/NZ Societies – Tripartite, Dublin 2005

In May **2005 Russell Stitz** was elected President of the Royal Australasian College of Surgeons. This was a great personal honour for Russell and a credit to the Society. Russell served his term with distinction and the Society was fortunate to have his support for matters relating to colorectal surgery at the College level. Perhaps his greatest legacy was the establishment of the visionary Surgical Education and Training (SET) program. The College's Annual Scientific Congress was held in Perth. Michael Levitt succeeded Rod Woods as Chairman of the Section of Colon and Rectal Surgery.

In June **2005 CT Colonography** was added to the Australian Medicare Benefits Schedule.

During **2005,** Council sought financial advice and determined to proceed with registration with the Australian Taxation Office for the Goods and Services Tax (GST). Consequently **Andrew Hunter** spent countless hours steering the Society though this process and brought it to a successful conclusion.

Society members were delighted to learn that **Graham Newstead** and **Les Bokey** were each awarded with Member of the Order of Australia (AM) in June **2005** Queen's Birthday Honours list. These were tremendous individual achievements and of course the awards also reflect extremely well on our specialty and Society which were mentioned in the citations: Associate Professor Graham Newstead AM: *For service to medicine in the field of colorectal surgery, particularly through the development of the Colorectal Surgical Society of Australasia, the implementation of international specialist surgical training programs, and the promotion of health awareness initiatives;* Professor Elie Leslie Bokey AM: *For service to medicine as a colorectal surgeon and through the establishment of surgical education programs, research, and medical administration.*

The Society Journal Clubs continued to run very successfully throughout **2005** on a monthly basis. **Ian Faragher** and **Bruce Waxman** were instrumental in securing RACS CME approval for 5 points per hour for each evening.

Many Society members travelled to Dublin Ireland in July **2005** for the **Tripartite Meeting.** Apart from an excellent scientific program a highlight of the event was a reception for the Australian and New Zealand surgeons and their partners hosted by surgical colleague **John Heron (Australian Ambassador to Ireland).**

The third **CSSA Triennial Report** was published in **2005** and released at the Tripartite Meeting with a copy in every delegate's satchel. This proved to be an excellent account of the Society's activites of the preceding three years. The report was edited by **Chip Farmer** and **Ian Jones** with expert assistance from Pauline McCredden and Jan Farmer.

Ian Jones, President CSSANZ, presents gift to John Hyland, President ACPGBI – Tripartite, Dublin 2005

The colorectal **Trainees' Education Weekend** was held in McLaren Vale, South Australia in September **2005** coordinated by Andrew Hunter. This weekend is generously sponsored by Johnson and Johnson and provides educational and networking opportunities for the trainees. The Training Board in Colon and Rectal Surgery (Chaired by Phil Douglas) successfully ran a **trial examination** in October **2005** for colorectal trainees. The curriculum for this examination was (i) DCR Journal Issues from July to June (ii) previous three years trainees' weekend papers and (iii) NH&MRC colorectal cancer guidelines. The assessment consisted of set oral and written questions. The Board planned to hold this examination each year in the future and amongst other criteria, candidates require a pass grading in each year to complete the training program.

In October **2005** the annual CME Spring Meeting was held in Brisbane and combined with the Annual Meeting of the Gastroenterological Society of Australia (GESA). The meeting was preceded by an outstanding laparoscopic workshop. Peter Sagar (UK) was the overseas visiting speaker and made a valuable contribution to the meeting. The CSSA AGM was held at this meeting. There was no change to the Council membership. An extraordinary AGM resolved to alter the Society's Constitution to include retired FCSSA member as an additional membership category.

Late **2005** saw the NH&MRC approve the second edition of the Guidelines for the investigation and management of colorectal cancer. This publication continues to form a major component of the colorectal trainees' annual written assessment.

At the CSSA Council meeting in February **2006 Bruce Waxman** presented details of a discussion paper produced by the FCSSA working party proposing criteria for members to be awarded **Fellowship of the Society** with the intention of recipients to place the letters 'FCSSA' after their name. The objective is for this qualification to reflect a level of training and ongoing commitment and demonstration of continuing medical education in the arena of colorectal surgery. The discussion paper suggested the criteria include (i) membership of the Society (ii) compliance with the RACS CPD (iii) participation in the proposed colorectal cancer database (iv) written assessment 5 yearly.

In March **2006 Ms Linda Anderson** was appointed to the position of part time Assistant Secretariat to support Jan Farmer with the office management of the Society in Melbourne.

At this time the College of Surgeons decided to phase out the '3 + 3' surgical training program, largely through a lack of support structure from other specialty groups. During the period of the '3 + 3' surgical training program the TBCRS accepted applicants for the '+3' colorectal training program and were referred to as 'Provisional Trainees'. The return to a two year post FRACS colorectal program allowed for an expansion in the number of training positions throughout Australia, New Zealand and both UK and USA.

During 2006 Society President **Ian Jones** continued discussions with the GE Society regarding the contentious issue of colonoscopy re-certification. The **CSSA Foundation** considered its first application for research funding: a proposal for a randomized trial relating to laparoscopic rectopexy for rectal prolapse. **Jamie Keck** served on the Medical Services Advisory Committee's (MSAC) advisory panel reviewing the Society's application for PTQ anal implant for faecal incontinence. Early in 2007 MSAC concluded its assessment and found that there was not sufficient evidence to support the application for PTQ anal implant therapy to be added to the Medicare Benefits Schedule.

Ian Jones, President CSSANZ, and Phil Douglas, Vice President CSSANZ, with Richard Billingham, Past President ASCRS (centre) – ASCRS Seattle 2006

In May **2006** the RACS Annual Scientific Congress was held in Sydney convened by Pierre Chapuis with Michael Thompson (UK) as the overseas visitor. The **CSSA Media Award** was officially launched at this Congress by Graham Newstead and Ian Jones. The annual award is presented for the best media item relating to colorectal surgery in either print or electronic media.

HISTORY OF COLORECTAL SURGERY IN AUSTRALIA (INCL. CSSANZ) (CONTINUED)

TBCRS Fellows at Trainees' Education Weekend – Couran Cove 2006

The **Australian National Bowel Cancer Screening Program** was launched in August **2006.** The initial program involved sending a faecal occult blood test (FOBT) kit to Australians on their 55th and 65th birthday. If the FOBT is positive, both the individual and their general practitioner are advised and then referred for a colonoscopy along usual lines of referral.

It was also during **2006** that James Young and David Steinberg retired from clinical practice. Both surgeons were highly respected and can reflect on extremely satisfying careers over many years.

In September **2006** the annual colorectal Trainees' Education Weekend was held in Couran Cove Resort, South Stradbroke Island prior to an historic CME Spring meeting in Queenstown New Zealand. Conor Delaney travelled from Cleveland USA to be an excellent visiting speaker in Queenstown, particularly on the topic of laparoscopic colorectal surgery. Other highlights of this meeting were the spectacular surroundings and a superb shipboard welcome reception. At the Society Council meeting Graham Newstead announced his retirement from the position of Executive Director. Over many years Graham has worked tirelessly for the CSSA. He was instrumental in establishing the Society and has held almost every office in the Society. Graham's historic career is highlighted in a feature article elsewhere in this report.

An extraordinary General Meeting of the Society was held in Queenstown in September **2006** to vote on a motion proposed by President Ian Jones and seconded by New Zealander Richard Perry to change in the name of the Society to the **Colorectal Surgical Society of Australia and New Zealand (CSSANZ).** The name change more clearly reflected the Society's mission within both countries and it was particularly appropriate that it occurred on New Zealand soil. The motion was passed unanimously and applauded by those in attendance.

Ian Jones tenure as President of the Society concluded at this meeting and the new Society Council accepted the responsibility of managing the affairs of the Society. **Phil Douglas** was elected President, Chip Farmer Vice President, Richard Perry Secretary and John Lumley Treasurer. Other Councillors elected were Bruce Waxman, Rod Woods, Andrew Luck and Matt Rickard. Both Andrew Hunter and David Lubowski retired from Council at this time and their service to the Society over their terms of office has been outstanding.

Phil Douglas retired from the chairmanship of the TBCRS after many years of diligent service notable for an unprecedented growth in the colorectal training program. **Michael Solomon** was appointed the new chairman of the TBCRS. Other TBCRS members were Ian Jones, Phil Douglas, Andrew Hunter, Andrew Stevenson and Frank Frizelle.

The revised and more user friendly **CSSANZ website (cssanz.org)** went live in November **2006** under the direction of Chip Farmer and designed and hosted by Corporate Image. Society members welcomed the contemporary appearance of the site, together with up to date information. With both public and members' sections, the website continues to be a valuable resource and means of communication for members, colorectal trainees and the general public.

Late in **2006** CSSANZ members gathered at the Sydney Colorectal Surgical Society meeting to record a video of congratulations to **Professor John Nicholls** to mark his retirement from St Mark's Hospital. John played a significant role in the training of a number of Australian and New Zealand colorectal surgeons and he particularly appreciated viewing the 'long distance' sentiments at his Festschrift in London. Phil Douglas concluded the video with awarding John Nicholls an Honorary Life Membership of the CSSANZ.

At this time **Ms Linda Anderson's** term of employment with the Society (Assistant Secretariat) concluded to allow for the Society to advertise and employ a full time Executive Administrator to take the administrative aspects of the Society and Foundation to a new corporate level. Over the course of her nine month service, Linda performed a vital role assisting Jan Farmer in the new Melbourne Society office and Council thanked her for her dedication and wished her well in her future career.

Toward the end of **2006** the Society advertised for the **Executive Administrator's position** and received a number of potentially suitable applicants. The selection panel (Chip Farmer, Rod Woods and Ian Jones) interviewed a short list and recommended to Council that **Ms Liz Neilson** be offered the full time position to commence in early 2007. Liz's work ethic, qualifications (including a Bachelor of Science) and experience in the corporate sector brought to the Society a unique blend and she quickly proved to be one of the Society's most valuable assets. She rapidly absorbed the mission and values of the Society and was able to assimilate the numerous components of the office activities which she has outlined in her the Secretariat Report elsewhere in this Triennial Report. After a period of bringing Liz up to date, **Jan Farmer** completed her two-year appointment as part time secretariat. Jan performed her duties to the highest standards and successfully managed the transition from the 'home office' to a fully operational corporate office.

By **2007** the Training Board in Colon and Rectal Surgery had 18 colorectal trainees in accredited units in Australia and New Zealand in addition to 2 trainees in the UK, one in Cleveland USA and one UK exchange trainee at St Vincent's Hospital, Melbourne.

The Society Council resolved in early **2007** to adopt a selection of the American Society of Colon and Rectal Surgeons (ASCRS) practice parameters with direct links in the members' section of the CSSANZ website. This has evolved into valuable reference for CSSANZ members.

During **2007** the College of Surgeons signalled its intention to establish a **Board of Post Fellowship Education and Training (BPFET)** to accommodate the Training Board in Colorectal Surgery (TBCRS) in addition to other post fellowship programs (eg hand surgery, spinal surgery etc). This proposed Board will allow the TBCRS to have a formal place within the College infrastructure and potentially lead to a service agreement to support the colorectal training program. The College steering committee published a discussion paper which is being examined by Society Council.

Michael Levitt and Russell Stitz – ASC Christchurch 2007

The **2007** College of Surgeons ASC was held in Christchurch New Zealand and convened by Frank Frizelle. **Roland Parc** (Paris, France) was an exciting visiting speaker. A highlight was an interview with Roland conducted by Pierre Chapuis which enlightened the audience on the state of colorectal surgery in France.

From left: Rod Woods, Richard Perry, K Chip Farmer, Phil Douglas, John Lumley, Michael Levitt, Bruce Waxman, Andrew Luck, Matthew Rickard – CSSANZ Council Meeting, Christchurch 2007

The Society Council meeting in **May 2007** resolved to order a supply of Society ties with the new CSSANZ logo. Bruce Waxman (Chair of Membership Committee) tabled a discussion paper on recommendations for criteria for Society membership for applicants who have not completed two full years of post fellowship colorectal training in approved posts. The Society's patient information brochures were all completely revised under Matt Rickard's direction and industry sponsorship secured. Sales of the brochures were noted to be strong. The CSSANZ Journal Clubs continued to be a valued tangible benefit for members and in **2007 Patrick Tan** (Perth, WA) was responsible for the choice of papers to discuss at each monthly meeting. Chip Farmer and Rod Woods were appointed co-editors of the 2005- 2007 CSSANZ Triennial Report with the goal being to publish and distribute the report at the Colorectal Tripartite Meeting in Boston in June 2008. Council nominated several Society members to become part of the Colorectal Cancer Reference Group within the newly established Government sponsored organization **'Cancer Australia'.**

In **2007** the Medical Services Advisory Committee (MSAC) established an advisory panel to review the joint application from the CSSANZ and the College of Radiologists for an MBS Item number for MRI scan for rectal cancer. Chip Farmer served as the RACS and CSSANZ representative on the advisory panel and at the time of publication the assessment is ongoing.

On **18th June 2007** Society members were saddened to learn of the passing of prominent member Assoc Professor Joe Tjandra at 50 years of age, having been diagnosed with large bowel cancer 10 months previously. Joe trained at the Royal Melbourne Hospital and spent two years at the Cleveland Clinic, USA. He was a focus driven individual in both clinical and research environments. This Triennial Report contains a full obituary which serves as a testament to his remarkable and shortened career.

In **September 2007** the TBCRS conducted the first official colorectal trainees' **written assessment examination.** Candidates found the examination particularly difficult but were pleased to learn that all passed successfully. This annual assessment is a pre requisite to completion of the training program.

The 2007 Combined Spring CME meeting was held in Victor Harbor, South Australia and convened by Andrew Luck. **Ronan O'Connell** (Ireland) was an outstanding visiting speaker and the program included an informative session on anticoagulants.

CSSANZ Past President's Pin

At this meeting both CSSANZ Council and Foundation members met to discuss a number of issues. **Graham Newstead** announced his intention to step down from the position of Chairman of the CSSANZ Foundation but to remain a Foundation Board member. **Ian Jones** was duly elected to become the new Foundation Chairman. Revised guidelines for the Foundation were established to allow for twice yearly grant applications and a limit of $100,000 funding per year.

With respect to Society sponsorship, **Andrew Luck** proposed the concept of offering tiered sponsorship incorporating 2 –3 year packages which would cover conference booths, brochure signage, triennial report advertisement etc. The principle was accepted by Council and will be progressed through 2008.

The Society's AGM in September 2007 accepted reports from the various Committees and resolved to increase the annual society subscription by $75(AUD) to $500 (AUD) with a discount to New Zealand members to allow for international exchange rates.

The inaugural **CSSANZ Media Award** was presented to **Peter Overton** in 2007 for a television report on the Australian 60 Minutes program relating to colonoscopy. Graham Newstead and Stephen Bell featured in the report which centred on Peter Overton undergoing a colonoscopy at Cabrini Hospital in Melbourne. Peter received the award at a Sydney CSSANZ Journal Club meeting and graciously donated the $1000 prize to the CSSANZ Foundation for colorectal research.

The CSSANZ **Australian Association of Stomal Therapy Nurses (AASTN) award** was presented to Carolynne Partridge (Tasmania). This award is sponsored by the CSSANZ and the winner selected by the AASTN executive. It comprises return airfare, registration and accommodation at the Spring CME meeting and is designed to foster relations between colorectal surgeons and stomal therapists.

Further award recipients at this time were **Susan Shedda** (Association of Coloproctology of Great Britain and Ireland Travelling Fellowship) and **Toufic El-Khoury** (Notaras Scholarship for 2008).

The Colorectal Surgical Society of Australia and New Zealand now comprises some **162 Members** (including 20 Retired Members) with a further 17 Honorary Memberships being accorded to international visitors of outstanding excellence. The Society enjoys a very close relationship with the Royal Australasian College of Surgeons and is a cooperative partner in the redefinition of the best format for high quality colorectal surgical training within general surgical programs and specialty colorectal training within Australia and New Zealand.

The society has fostered and carried out specialised workshops for its members and has strong ties with colorectal surgical societies and surgeons throughout the world. It has expanded its sphere of interest to include in its membership colorectal surgeons from New Zealand and is actively encouraging close involvement with its Asian colleagues.

Conclusion

After the first 19 years of development of the Colorectal Surgical Society of Australia and New Zealand, the cornerstones of its ideals remain standing as: **TRAINING, STANDARDS, RESEARCH and EDUCATION.**

It is fair to state that the past 60 years have seen a rapid progress in the investigation of colorectal disease, surgical techniques and the development of colorectal surgery as a recognised specialty. The enthusiasm and camaraderie among colorectal surgeons is one of the extraordinary aspects of the specialty. The appointments to academic departments in Australia and New Zealand will ensure advances in research will continue.

CSSANZ President's Medallion

Professors: Les Bokey, Sydney; Frank Frizelle, Christchurch; Yik-Hong Ho, Townsville; Ian Jones, Melbourne; Bryan Parry, Auckland; Cameron Platell, Fremantle; Adrian Polglase, Melbourne; Michael Solomon, Sydney;

Associate Professors: Michael Agrez (retired), Newcastle; Ian Bissett, Auckland; John Cartmill, Sydney; Pierre Chapuis, Sydney; Jonathan Cohen, Brisbane; Roy Fink (retired), Melbourne; David Lubowski, Sydney; John Mackay, Melbourne; Graham Newstead, Sydney; Andrew Renaut, Brisbane; Nicholas Rieger, Adelaide; William Roediger, Adelaide; Margaret Schnitzler, Sydney; David Wattchow, Adelaide; Bruce Waxman, Melbourne; Richard West, Sydney.

Dr Mark Killingback
Sydney

Dr Chip Farmer
Melbourne

GRAHAM LEONARD NEWSTEAD AM

Graham Newstead AM

There is no question that Graham Newstead has made a significant contribution to the Colorectal Surgical Society of Australia and New Zealand, and more broadly to the specialty of colorectal surgery in Australia and internationally. He has held various senior leadership roles in the Society from its foundation in 1988, until 2007.

Graham was born in June 1942. He attended primary and secondary school at Cranbrook School, and completed his final two years of secondary education at Sydney Boys' High School. He then gained entry into the medical course at Sydney University, from which he graduated MB BS at the end of 1965.

He was a junior resident at Prince of Wales and Prince Henry Hospitals in Sydney where he was very keen to undertake a surgical career path. He was appointed general surgical registrar at Prince of Wales and Prince Henry Hospitals in 1968 and completed his training in 1971, attaining his Fellowship of the Royal Australasian College of Surgeons in that year.

Graham met his future wife Cheryl while they were both working at Prince of Wales and Prince Henry Hospitals. They married in 1969. Graham wanted to pursue a career in colorectal surgery and the year after he completed his general surgical training, he and Cheryl departed for the USA where he worked for a short period at the Cleveland Clinic, Ohio. Later that year they moved to London, where Graham took up a position as senior surgical registrar, and research fellow, at the Royal Marsden Hospital. From 1974 to 1975 he was senior registrar at St Bartholomew's Hospital and St Mark's Hospital, where he had the good fortune to work with outstanding colorectal surgeons such as Mr Ian Todd, and Mr HE Lockhart-Mummery. In 1974 he became a Fellow of the Royal College of Surgeons (England) by examination.

In 1975 Graham felt ready to return to Australia to establish a colorectal surgical practice. He was appointed Lecturer in Surgery at the University of New South Wales, at Prince of Wales Hospital, and he soon developed a very busy clinical practice. Colorectal Surgery at Prince of Wales Hospital has continued to develop under his leadership. Graham has always had a passion for teaching, and continues to teach colorectal surgery to both undergraduates and to postgraduates at the University of New South Wales and Prince of Wales Hospital. He is a wonderful teacher and has always had excellent feedback from those he has taught over the years. His contribution to the University of New South Wales, and in particular to research and teaching, has been recognised by his appointment as Conjoint Associate Professor of Surgery.

Graham was one of those responsible for establishing the post-fellowship training program in colorectal surgery. He has had a colorectal trainee, either on the Australasian program or an overseas fellow, working with him and learning from him, since the program started in 1988.

On the 11 November 1988, Graham was one of twenty-five colorectal surgeons who agreed to form the "Australian Society of Colorectal Surgeons" (later changed to the "Colorectal Surgical Society of Australia", then to the "Colorectal Surgical Society of Australasia", then to the current "Colorectal Surgical Society of Australia and New Zealand"). Graham Newstead was elected the first Honorary Secretary, a position he held until September 1995, when he was elected the fourth President of the Society. During his two year term as President he made significant contributions to the enhancing of the training program, the promotion of the specialty of colorectal surgery including standards of practice, and the promotion of the research committee of the Society. He was appointed Executive Director of the Society in 1997, a position he held until 2006. He was appointed the inaugural Chairman of the Colorectal Surgical Society of Australasia Foundation in 2004, a position he held until 2007. He remains a board member of the Colorectal Surgical Society of Australia and New Zealand Foundation. He was also Treasurer of the Section of Colon and Rectal Surgery, Royal Australasian College of Surgeons, from 1987 to 1990, and

GRAHAM LEONARD NEWSTEAD AM (CONTINUED)

then Chairman of the Section from 1990 to 1991. Graham's wisdom and outstanding organisational abilities have been of extraordinary benefit to the Society and Section over the years and the enormity of his contribution to these organisations cannot be overstated.

Graham has held four different research fellowships, has authored or co-authored more than thirty original articles in journals, and has contributed eight chapters in text books. He has delivered over 100 invited lectures, both in Australia and overseas.

He is the Founding Chairman of the International Council of Coloproctology (2003) and is Chairman of the International Advisory Committee of the American Society of Colon and Rectal Surgeons. He has a significant international profile as a colorectal surgeon and has been invited to participate and present at many international meetings of colorectal surgeons and other medical groups. He has been particularly keen to advance colorectal surgery in the developing world and has made a significant contribution to the establishment of scholarships and travelling fellowships for eligible surgeons in these countries. In 1980 he was elected a Fellow of the American College of Surgeons, in 1988 he was elected a Fellow of the Asia Pacific Society of Digestive Endoscopy and in 1993 he was elected a Fellow of the American Society of Colon and Rectal Surgeons. He is an Honorary Fellow of the Association of Coloproctology of Great Britain and Ireland and is an Honorary Member of the Section of Coloproctology, Royal Society of Medicine.

In 2003 he and three colorectal colleagues established "Sydney Colorectal Associates", Australia's first group colorectal surgical partnership. He continues in active clinical practice with this group.

Graham is Chairman of The Colorectal Foundation, which has as one of its roles the raising of public awareness of colorectal disease, and in particular colorectal cancer and its prevention. Graham is incredibly enthusiastic about the expansion of this program.

Graham has contributed to many national and international meetings in an organisational capacity. In particular, he was Secretary of the Fourth World Congress of Coloproctology, held in Sydney in 1990, and was the convenor of the Tripartite Colorectal Meeting in Sydney in 1993. Both meetings were of excellent educational value, great fora for the exchange of ideas and very well attended. Their success was largely due to the significant contribution of Graham Newstead.

Over the years, Graham has been asked to represent colorectal surgeons in dealings with government, both federal and state, and government funded organisations. These include groups such as the National Health and Medical Research Council, the Victorian Anti-Cancer Council, the Australian Medical Examining Council, the NSW State Cancer Council, the Professional Services Review Committee of the Federal Department of Health and the Board of Continuing Professional Development of the Health Insurance Commission. He has made a significant contribution to all these groups, as a result of his wisdom and experience.

Despite such a busy professional life, Graham has always remained a devoted family man. Graham's wife, Cheryl, tragically passed away at a young age in 1996. Graham and their two daughters, Amanda and Rebecca, were obviously devastated at their loss. They shared everything in their lives and were a very close family. The esteem in which Cheryl was held was reflected in the very large number of friends and colleagues that attended her funeral. Both Amanda and Rebecca are now married and Graham has six grandchildren. His new partner, Michelle Newman, and Graham have now been together for some years, and she shares Graham's passion for so many things in life, including family, music and travel.

In 2000, Graham was awarded a "Certificate for Exemplary Service" by the Australian Cancer Network.

In 2005, he was made a Member of the Order of Australia (AM) by the Governor-General of Australia. The citation read "Awarded for service to medicine in the field of colorectal surgery, particularly through the development of the Colorectal Surgical Society of Australasia, the implementation of international specialist surgical training programs, and the promotion of health awareness initiatives".

Graham Newstead has certainly packed a lot into his life so far. Throughout his career he has been an excellent and caring clinician, a committed teacher and researcher, and has made an enormous contribution to the world of colorectal surgery, both in Australia and overseas. His patients, his students, the population in general and many organisations have benefited immensely from his surgical excellence, his wisdom, his enthusiasm and his outstanding organisational capabilities. He may have curtailed some of his activities, but he remains a very busy and a very happy man.

Dr Philip Douglas
President, CSSANZ
Sydney Australia

BINATIONAL COLORECTAL CANCER DATABASE


Dr Andrew Hunter

Through a collaboration between the Colorectal Surgical Society of Australia and New Zealand (CSSANZ), the Research, Audit & Academic Surgery Division (RAAS) of the Royal Australasian College of Surgeons (RACS) and the Molecular Medicine Informatics Model (Bio21:MMIM) project, the Binational Colorectal Cancer Audit has been established. This has faced many challenges in its first 12 months of development; however, significant progress is now being made and, most importantly, rewarded with results.

Patients undergoing resection or treatment for colorectal cancer will be recorded into the auditing system. It will incorporate and link into the successfully implemented multi-disciplinary, multi-institutional medical platform (Molecular Medicine Informatics Model, Bio21:MMIM project) that has been established by an extensive group of Melbourne researchers. The number of participants involved is unlimited.

In Victoria, colorectal cancer data is being collected in public and private hospitals. Collection commenced at Western Hospital in 1999; Austin Hospital, Royal Melbourne Hospital and Melbourne Private in 2003; and Box Hill Hospital, Epworth Eastern, Knox Private Hospital and Peter MacCallum in 2006, all using the ACCORD clinical database (Australian Comprehensive Cancer and Research Database). Cabrini/Monash/Alfred Hospitals have developed a database which will commence collection in early 2008.

The full ACCORD (Australian Comprehensive Cancer and Research Database) colorectal database is extensive. A minimum dataset (MDS) was designed with the aim of using the MDS initially and that at a later date those surgeons wishing to contribute further data could do so using the full ACCORD dataset. The Colorectal Cancer minimum dataset was developed using the ACCORD database and the well-established Association of Coloproctology of Great Britain & Ireland (ACPGBI) dataset.

The aim of the collaboration is to create a large dataset containing Australian and New Zealand data for research and quality improvement purposes. This data will be used to advance knowledge and understanding of the optimum treatment for colorectal cancer and help ensure best practice.

An important part of establishing this collaborative audit was the formation and signing of a formal Memorandum of Understanding between all three stakeholders, and this MOU is currently being re-signed for a further three years. In particular, this has addressed funding issues, with significant financial contributions from all three parties.

The initial phase of the audit included gauging the interest of surgeons across Australia and New Zealand and obtaining approval for the activity, in the first instance in South Australia.

To determine the interest of surgeons and assess the number of individual colorectal databases in existence across the states, a registration of interest and other documentation was sent to all colorectal surgeons. This included those surgeons who had public appointments and those in private practice only. Supporting documentation included: the minimum dataset (MDS), data dictionary, patient information sheet, ethics applications, letters to CEO and other relevant documents.

This mailout led to many registrations of interest, with more than 85% of surgeons indicating that they wished to participate in the CSSANZ Colorectal Cancer Database. Those who did not wish to participate indicated that they had existing databases or were involved with other research groups collecting colorectal cancer data.

Approval was sought from the ethics committees so that the activity could be undertaken at the major metropolitan hospitals within South Australia, which included: the Royal Adelaide Hospital, The Queen Elizabeth Hospital, Lyell McEwin Health Services and Flinders Medical Centre.

BINATIONAL COLORECTAL CANCER DATABASE

(CONTINUED)

Other ethics committees were also approached namely the Repatriation General Hospital (approval pending) and the Royal Australasian College of Surgeons (the College). The College ethics committee approved the audit in October of this year. The College also approved the audit activity under the Continuing Professional Development Program (Category One: Surgical Audit and Peer Review). It is expected that the ethics committees of other institutions will be approached as necessary to facilitate the audit activities. Formal notification was received in October 2007 that the audit has been declared under the Australian Government, Commonwealth Qualified Privilege Scheme.

Through regular feedback regarding audit activities to CSSANZ members and other stakeholders, concerns have been adequately addressed prior to the commencement of the audit and this has reduced further delays and interruption. Regular communication will be an ongoing focus for the audit.

With many of the establishment issues resolved, the rollout of the minimum dataset (MDS) to all major metropolitan hospitals in South Australia occurred in July 2007. Data collection has been assisted with the installation of the ACCORD database at the College. The number of records being entered each week is on the rise.

Having successfully established data collection in Adelaide, other states have now been approached to also enter their data. In addition, web-based data entry is being finalised as a preferred option for data collection.

The Colorectal Cancer Audit wishes to enable data linkage/sharing opportunities with existing databases and other sources of data. Those surgeons with existing databases have been approached to participate in the audit where possible. Preliminary investigations have revealed there may be opportunities for data linkage at various levels, particularly within South Australia.

The linkage of data provides an opportunity to improve quality, accuracy and validity of data collection. Discrepancies can be assessed and processes put into place to reduce flawed data as well as data duplication.

Reducing duplication of data has been a consideration of the audit. Examination of responses received from surgeons regarding the audit showed that some surgeons already had existing databases. These surgeons, using the colorectal audit ethics documentation, received approval from their local ethics committees to participate and commence data collection using the MDS. A number of these surgeons will use the MDS to continue their existing data collections as well as the CSSANZ Colorectal Cancer Audit.

The Colorectal Cancer Audit Committee (CCAC) has continued to meet on a monthly basis. These meetings have facilitated discussion and progress in all aspects of the project, including establishment issues, funding, management and research. The committee has provided strategic direction, consistency and dedication, which have enabled the audit to progress.

The Colorectal Cancer Audit Committee will soon be supported by a Research Subcommittee which will focus on the implementation of research projects. This will oversee the utilisation of data collected within the CSSANZ audit and other data collected as part of the MMIM collaboration. Other priorities for the committee are to seek additional funding opportunities and to lead the way in initiating research projects using the prospective data.

Ultimately, the aim of this audit activity is to maintain and improve the surgical practices for the purpose of quality assurance. There will be regular reporting and feedback to surgeons and hospitals, and it is envisaged that this will contribute to the identification of benchmarks, peer review, and development of multicentre research projects.

Through the continued collaborative efforts of CSSANZ, The Royal Australasian College of Surgeons and MMIM, the Colorectal Cancer Audit will continue to work towards achieving this ultimate aim.

Dr Andrew Hunter
Chairman, National Colorectal Cancer Database
Adelaide, Australia

CSSANZ ANNUAL MEDIA PRIZE

An important part of the responsibilities of the CSSANZ is Public Education. Over a number of years the Society has produced educational materials, including informative brochures relating to important colorectal disorders, describing the natural course of specific problems and outlining possible management options.

Some 12,000 new cases of colorectal cancer will be identified each year in Australia alone. It is the most common cancer (other than skin) in Australia and New Zealand, yet is almost completely preventable. As yet there is no universal screening program; the options are still in discussion and cost constraints may mandate a less than ideal result. Public educational activities will help to bring the opportunities for prevention into the consciousness of the Australian and New Zealand populations and to provide some understanding of the relevant risk factors, when to consider them (and what to do about them).

Many other common disorders might also be targets for better public education, including modern management for anal fissure, haemorrhoids and other ano-rectal problems, as well as for inflammatory bowel disorders (such as Crohn's disease and ulcerative colitis) and diverticular disease. However the Society's most important initial target is bowel cancer, in the areas of prevention, detection and management.

The Council of the CSSANZ has decided to offer an annual Media Prize to be awarded for the best published article, television documentary (or segment) or other similar media format, considered by the Media and Public Relations Committee of the CSSANZ to be of optimal benefit to patients in that year. The Committee's recommendations are made to the Council of the CSSANZ who will ratify the decision. Council reserves the right not to make an award in any given year.

The Prize consists of a commemorative plaque and a cash award (initially $1000) from the CSSANZ. To be considered for the award, notification must be made to the CSSANZ Secretariat, Ms Liz Neilson (secretariat@cssanz.org) with evidence of the published articles.

2007 CSSANZ Media Award Winners

First Prize:
Peter Overton and Chris Blackburn, "60 minutes"

After examining all the entries submitted, the Council decided to award this year's prize to Peter Overton and Chris Blackburn from "60 minutes" for their segment in November 2006 on "The Inside Story: Bowel Cancer". In this particular program Peter Overton had a colonoscopy. We felt that the impact of this segment to a diverse national audience was outstanding in terms of awareness and understanding.

Equal 2nd Prize Winners:

- Karen Arnold, The Southland Times New Zealand

  For: A lead page and article on Bowel Cancer

- Cathy O'Leary, West Australian Newspapers Ltd, WA

  For: A series of articles on Bowel Cancer Screening

Recognition Award:

Stephanie Jobson, The Colorectal Foundation

For excellent public awareness programs on bowel cancer prevention

Dr Rodney Woods
Convenor, Media and Public Relations Committee
Melbourne, Australia

2007 Media Award Winner, Peter Overton, with Stuart Pincott and Matthew McNamara

OBITUARY

ASSOCIATE PROFESSOR JOE JANWAR TJANDRA

Joe Janwar Tjandra

Joe died in June 2007 after a ten month battle with bowel cancer. He was only 49 years when diagnosed.

Joe was born in Palembang, Indonesia in 1957 where his father was a trader. He was the youngest of seven children of whom four became doctors. He moved to Singapore for his secondary education and where he first learned to speak English. He then came to Melbourne on a student visa to complete years 11 and 12 at Mentone Grammar School where he was DUX of the school.

He studied medicine at University of Melbourne and the Royal Melbourne Hospital finishing near the top in his final year.

In 1982 he was intern in Mr Alan Cuthbertson's Colorectal Unit at the Royal Melbourne Hospital. His early surgical training was under Professor Les Hughes in Cardiff, Wales where he obtained his FRCS England and FRCSP Glasgow.

Joe returned to Australia in 1987 and did a period of clinical research with Professor Ian McKenzie at the Research Centre for Cancer and Transplantation, University of Melbourne. They worked on monoclonal antibodies hoping to target toxins specifically to cancer cells.

Ironically one of his patients had been the Headmaster of Mentone Grammar. He and Joe presented the research on the current TV programme Quantum. It caused considerable interest at the time. He was awarded a Doctor of Medicine from the University of Melbourne for this research. The following year as Surgical Registrar in the Colorectal Unit he obtained the FRACS.

Further surgical training followed, with Professor John Wong in Hong Kong and two years with Dr Victor Fazio at the Cleveland Clinic USA considered one of the foremost centres in colorectal surgery in the world at present. Before returning to Australia he had one further year with Professor Les Hughes in Cardiff.

On his return to Australia in 1993 he was appointed Colorectal Surgeon to the Royal Melbourne Hospital and Consultant Colorectal Surgeon to the Royal Women's Hospital in 1997. Later in 2002 he was made Associate Professor of Surgery University of Melbourne and in 2005 co-ordinator of the Epworth Gastrointestinal Oncology Centre. Joe worked at a frenetic pace in his clinical work, research, publications and assisting trainees in their development; he developed a huge private practice centred around Epworth, Melbourne Private and Cotham Private Hospitals.

Joe published over 150 peer reviewed scientific papers, had written 70 book chapters and edited 6 books. His pride and joy was the Text Book of Surgery now in the 3rd edition. This book is the prescribed surgical text in most medical schools in Australia and New Zealand.

Joe was frequently a visiting lecturer/professor especially in the Asian Pacific Region but also in the US and Europe. He gave over 200 presentations at surgical meetings.

Joe promoted research with the surgical trainees at the Royal Melbourne Hospital and supervised five post graduate students leading to higher degrees.

Joe was appointed Associate Professor of Surgery by the University of Melbourne for his contribution to surgery in particular the development of innovative techniques in colorectal surgery. He became an international authority on sacral nerve stimulation for faecal incontinence, PTQ® implants and laparoscopic colorectal surgery.

Joe served as editor of the ANZ Journal of Surgery for years and on the editorial board of a number of international journals. Joe convened and organised successful international meetings in colorectal surgery most years since 1994. His last meeting was in February 2007, just four months before his death.

It must be said that not all of Joe's colleagues appreciated his single-minded approach. Some felt that his ambitious nature prevented him from achieving his full potential amongst his peers.

He apparently only slept 3 or 4 hours per night. He was a very focused driven person and the pursuit of his career was his life. He aimed high and got a lot of satisfaction with the many awards and plaques he received.

Joe leaves behind his wife Yvonne and children Douglas, Bradley and Caitlin.

TRAINING BOARD IN COLON AND RECTAL SURGERY

SECTION OF COLON & RECTAL SURGERY, RACS
and
COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

Section Representatives

Philip DOUGLAS
Prince of Wales Hospital
Sydney, New South Wales

Frank FRIZELLE
Christchurch Hospital
Christchurch, New Zealand

Andrew HUNTER
Royal Adelaide Hospital
Adelaide, South Australia

CSSANZ Representatives

Michael SOLOMON
Chairman
Royal Prince Alfred Hospital
Sydney, New South Wales

Ian JONES
Royal Melbourne Hospital
Melbourne, Victoria

Andrew STEVENSON
Royal Brisbane Hospital
Brisbane, Queensland

TRAINING BOARD IN COLON AND RECTAL SURGERY

HISTORICAL PERSPECTIVE

In the mid 1980s it was perceived within the Section of Colon and Rectal Surgery of the RACS that there were diminishing opportunities for good colorectal training overseas, yet there existed within Australia colorectal units that could provide high standard training.

In 1985 a fellowship in colorectal surgery was established at St Vincent's Hospital in Melbourne, and comparison of the workload with four American colorectal units confirmed that there was an adequate case load.

In 1986 Jack Mackay presented a paper at the Melbourne CME on a proposal for a post-fellowship colorectal surgical training, based loosely on the vascular training program within the RACS.

The Section of Colon and Rectal Surgery of the RACS then established a subcommittee to prepare a position paper on post-fellowship training in colorectal surgery in Australasia to be presented to the annual College Meeting in 1987. In the meantime, an informal meeting had been called in Sydney under the chairmanship of Jon Cohen, to prepare guidelines on a training program but agreement was not reached. A subsequent position paper with proposed guidelines was prepared by Andrew McLeish, and this document provided the basis for a proposal which was passed at the Section AGM in Brisbane in 1988 without dissension, although three Fellows abstained.

Subsequently the proposal was refined by A. McLeish, J. Mackay and E. Durham Smith (President of the RACS), and the Section of Colon and Rectal Surgery accepted the proposals for a program in colorectal surgical training at the Section meeting in Wellington in 1988, recognising that there would need to be a reasonable degree of flexibility in the initial years of the program.

The regulations of the Post Fellowship Training Program were formally approved by the Council of the RACS in 1992, and these regulations have been revised and subsequently approved by Council in 1996 and 1998.

In 1996 the TAC was reconstituted to involve equal membership between the Section of Colon and Rectal Surgery of the RACS, and the Colorectal Surgical Society of Australia. Previous Chairmen of the TAC include Jack Mackay, Jim Sweeney, Andrew McLeish, Philip Douglas and currently, Michael Solomon. The Training and Accreditation Committee was re-named the Training Board in Colon and Rectal Surgery (TBCRS) in 2002.

The Post-Fellowship Training Program requires a minimum of two years of training in two one-year terms. A Certificate of satisfactory completion is awarded at the end of the Program. In 1998 the guidelines were altered to allow up to one year of pre-approved overseas training or up to one year of approved research in a colorectal unit.

Over the years the intake into the Program has risen from two per year to about an average of 8-10 per year. To date, 57 surgeons have successfully completed the program and the large majority have been appointed to colorectal units in teaching hospitals.

In 1999 the RACS Council decided to change general surgical training from a four year program to a five year program, with the final two years of training being in a "sub-speciality" of general surgery, such as colorectal surgery. The TBCRS was concerned that the period of training in colorectal surgery would be two years, following the three years of general surgical training, and submitted their concerns to the board in general surgery and the college council. Following representation by members of the TBCRS, the College Council agreed to a three year program in colon and rectal surgery.

Subsequently, the Board in General Surgery and the College Council have decided to revert to the four year training program in General Surgery and this recommenced in 2004. The provisional fellowship training program will continue to be provided until the current trainees appointed to this program have completed their training (in 2008). Specialist colorectal training in Australia and New Zealand will again then only be offered as a post-fellowship program.

Regulations and guidelines for the Post-Fellowship Program are contained elsewhere in this report.

A service agreement for the training of provisional fellows was negotiated between the CSSA and the RACS Council and signed in May 2004. We are currently in the process of negotiating a similar agreement for post-fellowship training. The RACS is currently reviewing the process of all post-fellowship training.

Previously the Certificate of completion of training was issued following submission of satisfactory referees' reports, log books and progress and exit interviews. The TBCRS introduced a more formal yearly assessment of the trainees. This assessment is by written examination of a core syllabus. This assessment was trialled in 2005 and then fully introduced in 2006. All fellows have passed this examination process and the format is constantly under review by the TBCRS.

In 2003 an annual education weekend for trainees was introduced. The first meeting was held in Sydney in 2003, followed by Melbourne in 2004, South Australia 2005, Queensland 2006 and the Hunter Valley NSW in 2007. In 2008 it will be held in New Zealand. This training weekend has been extremely well received by the trainees. Its success is due to the excellent preparation and presentations by the trainees, members of the Training Board and other invited colorectal surgeons. Copies of the trainees' presentations have been circulated to members of the CSSANZ. We are very appreciative of the generous support of Johnson & Johnson Medical for their ongoing sponsorship of these training weekends.

Past Training Board Chairman, Jack Mackay, with current Board Members, Phil Douglas (at back), Andrew Stevenson, Andrew Hunter, Ian Jones and current Chairman, Michael Solomon – Trainees' Education Weekend, Couran Cove 2006

TRAINING BOARD IN COLON AND RECTAL SURGERY

2007 CHAIRMAN'S REPORT

Welcome to an overview of the 2007 year on the Colon and Rectal Training Program for Australia and New Zealand.

1. Fellows

2007

Exited program with interviews during 2007: 8 Fellows

Fellows on Program in 2007:
17 Fellows
(2 overseas and 1 UK exchange)

In July 2007, 21 Fellows were interviewed by the full board over 2 days in Sydney and 12 appointments were made. The number of jobs is determined by the number of available units to train.

2008

First Year Appointees for 2008:
12 Fellows (2 research, 1 Notaras)

Final Year Fellows for 2008:
8 Fellows
(2 overseas, 2 UK exchanges)

The TBCRS has been working with the UK ACGBI to fine tune the overseas exchange program and can report that the ACGBI, after meeting with us, has plans to develop their own equivalent post-fellowship program. Informal exchange programs have been put on hold until this formal program has established itself.

Overseas formal fellowships have been established at St Mark's Hospital in London and the Cleveland Clinic in USA. The TBCRS currently directly fills these positions and the process for application has been formally established by the TBCRS.

Location	2008 Place Available	Fellow
Alfred	Yes	Wakeman, Chris
Auckland	Yes	Muhlmann, Mark
Austin	Yes	Burgess, Adele
Box Hill	Yes	Kozman, Daniel
Christchurch	No	
Concord	Yes	Ranchod, Pravin
Flinders	No	
Fremantle	Yes	Barclay, Karen
Prince of Wales	Yes	Owen, Gareth
Queen Elizabeth	Yes	Lu, Cu-Tai
Royal Adelaide	No	(UK person for 2008)
Royal Brisbane	Yes	Chow, Carina
Royal Melbourne	Yes	Nguyen, Thang Chien
Royal Prince Alfred	Yes	Michael Duff , UK Exchange
St George	Yes	Lutton, Nick
St Vincent's	Yes	Sutherland, Andrew
Western	Yes	Ong, Eugene
Westmead	Yes	Gibson, Katherine
NOTARAS Overseas	St Mark's, UK	Turner, Catherine
NOTARAS Research	RPA	El-Khoury, Toufic
RESEARCH	Christchurch	Tapper, Richard
Cleveland Clinic	USA	Mignanelli, Emilio

2. Units

Accredited Australian Units: 16

Accredited NZ Units: 2

During 2007 Fremantle, WA, was put on temporary hold and formally re-assessed due to a change in consultant staff. Fremantle has been formally reinstated to active and will receive a fellow in 2008.

Westmead Hospital, NSW, applied and was formally inspected. Westmead was approved at the subsequent full TBCRS meeting and will receive their first fellow in 2008.

A list of Accredited Units and Program Directors is provided in a later section of the Triennial Report.

3. Communication

The TBCRS communicates all relevant information by email and on the TBCRS page on the members' section of the CSSANZ website www.cssanz.org.

4. Journal Club

Attendance at local journal clubs is an essential part of training and fellows' contribution at these meetings is very important.

5. Interviews

The Training Board held face to face interviews at the ASC in Christchurch and the CME in Victor Harbour during 2007 to ensure the standards of training were being met and to receive fellows' feedback.

6. Logbooks

The current logbook has been updated by the Board for 2008 and is integral to the assessment of training and the Training Units themselves.

TBCRS Fellows Logbook Audit 2003-2006: average 2 year operative exposure

	TOTAL	OPERATING SURGEON	% OPERATING SURGEON
Major Operations	504	330	67
Minor Operations	330	248	75
Colonoscopy	390		
Laparoscopic Major CR	74	36	51
Rectal CRC TME	70	42	59
Major IBD & pouches	26	16	62
Prolapse Surgery	22	12	52
Sphincter Repairs	8	4	41
TRUS	96	74	76
Anal physiology	94	86	70

7. Trainees' Education Weekend

This year the Trainees' Education Weekend was held in the Hunter Valley on 17-19 August and convened very successfully by Phil Douglas.
All fellows not overseas attended, with the Training Board, 3 previous Chairmen of the Training Board and 2 local colorectal surgeons who had completed the program in recent years, as guest faculty. The format was intense and very busy. We were again delighted to have the sponsorship of Johnson & Johnson for this event. It continues to be successful, with the fellows' contribution both in delivery of presentations and in discussion during the weekend ensuring its ongoing educational and social success. The presentations from this weekend were published as education to all members of the Society.

The best presentation was invited to re-present at the CME in Victor Harbor where an award was given (2007 winner Tim Eglinton).

TRAINING BOARD IN COLON AND RECTAL SURGERY

2007 CHAIRMAN'S REPORT (CONTINUED)

8. Annual Examination

The compulsory TBCRS Annual Exam was held in September. This was a two hour written examination comprising 10 questions and held in the current city of training. This exam is designed to encourage and assess a reading curriculum, rather than operative and clinical care which is assessed by local Program Director's reports to the TBCRS.

The curriculum for the 2007 examination was:

1. NH & MRC ACN Guidelines for Colorectal Cancer 2005 available on website www.nhmrc.gov.au
2. TBCRS Fellows presentations 2005, 2006 and 2007
3. Diseases Colon & Rectum July 2006- June 2007.

All fellows in 2006 and 2007 passed the examination process in October with no fellows required to sit repeat exams.

9. Prizes/Fellowships/Scholarships

Prizes and Fellowships available to the trainees are listed in a later Section of the Triennial Report.

10. Annual Fee for Training/DCR

The annual fee for provision and administration of the Post Fellowship Training in Colon and Rectal Surgery is invoiced at the commencement of each calendar year. Included in this fee for training is online access to the Diseases of Colon and Rectum Journal (DCR).

Personally I would like to acknowledge the significant contribution that the TBCRS, the Program Directors and the Accredited Hospital Units undertake to provide quality specialist colorectal training for fellows.

I would also like to take this opportunity to inform you that Liz Neilson was appointed this year as the Executive Administrator of the CSSANZ and she is the best contact for administrative matters.

If you have any concerns or questions regarding the Training Board, please do not hesitate to contact me, any member of the Training Board or the Secretariat office.

Prof Michael Solomon
Chairman, Training Board in Colon and Rectal Surgery
Sydney, Australia

TRAINING IN COLON AND RECTAL SURGERY

REGULATIONS

Summary of regulations

Post Fellowship training in colorectal surgery is a two year course following completion of advanced training in general surgery and success at the Part II FRACS examination.

These regulations have been approved by the College Council.

1. The Training Board in Colon and Rectal Surgery (TBCRS)

1.1. Membership of the Training Board
The Training Board will be comprised of:

1.1.1. Six members, consisting of three nominated by the Executive of the Section of Colon and Rectal Surgery of the College, and three nominated by the Council of the Colorectal Surgical Society of Australia and New Zealand.

1.1.2. The Censor in Chief (ex officio), or representative.

1.1.3. Any other person(s) co-opted.

1.2. All nominated positions will be elected as required by the Executive of the Section and the Council of the Society respectively. A casual vacancy will be filled by nomination from the respective Section Executive or Society Council.

1.3. Nominations will be forwarded to the secretary of the Training Board by January 1 each year.

1.4. Chairman of the Training Board

1.4.1. The Chairman will be elected by, and from within, the six nominated Board members.

1.4.2. The minimum term of appointment shall be 2 years, with a maximum of 4 years.

1.4.3. The Chairman may be re-elected on an annual basis, after 2 years, to serve no longer than 4 years.

1.4.4. The Chairman is not required to hold executive office in either the Section or Society.

1.4.5. The Chairman will represent the TBCRS on the Board in General Surgery and/or the Committee of the Censor-in-Chief, subject to approval by the latter.

1.5. Secretary of the Training Board

1.5.1. The Secretary shall be elected by and from within the six nominated Board members.

1.5.2. The Chairman may also act as Secretary if agreed to by the Executive.

1.6. Co-opted Person(s)

1.6.1. The Chairman of the Board has the right to co-opt any suitable person to the Committee.

1.6.2. Such appointee will have no voting rights, but will be co-opted for activities such as program site inspections and applicant interviews.

1.6.3. The term of appointment is 3 months, renewable for additional 3 monthly terms if appropriate.

1.7. Training Board Meetings

The Training Board may meet at any time during the year, but will always meet during the Annual Scientific Congress, at which time the office bearers will be appointed.

1.8. Responsibilities of the Board

The responsibilities of the Board are to:

1.8.1. Establish and supervise training in colorectal surgery in Australia and New Zealand.

1.8.2. Prepare and update the syllabus for the Post Fellowship Training Program.

1.8.3. Assist with the syllabus for the three year advanced general surgical training program.

1.8.4. Advise the Censor-in-Chief, the Board in General Surgery, the Executive of the Section of Colon and Rectal Surgery, and the Council of the Colorectal Surgical Society of Australia and New Zealand, on any matter pertaining to training in colorectal surgery.

1.8.5. The Training Board in Colon and Rectal Surgery will abide by any regulations applicable to all Boards, as determined from time to time by the College.

1.9. Funding

Trainees will pay advanced trainee fees to CSSANZ.

2. Training Programs

2.1. The TBCRS will be responsible for the establishment and conduct of the overall training program, including specific training positions within hospitals, in colon and rectal surgery within Australia and New Zealand.

2.2. A Colorectal Unit wishing to participate in the training program will apply to the TBCRS for accreditation. The TBCRS will inspect the Unit prior to accreditation being given. Provisional accreditation may be given prior to the inspection.

2.3. Each Unit with a training program will be required to resubmit application for accreditation each 5 years; further accreditation will be granted only following reinspection of that Unit.

2.4. A Supervisor of colorectal training will be appointed to each program. Nomination of a Supervisor will be requested from the Head of that colorectal unit, and that nomination will then be submitted for approval to the TBCRS. The Supervisor is responsible for the details of the training program, which will be provided to the TBCRS. The Supervisor will also provide a report on the Trainee's progress at the request of the TBCRS, which will be at least annually.

2.5. Training will usually comprise of two twelve month periods.

2.6. A period of overseas training may be credited for up to 12 months as part of the training, preferably undertaken in the second year. Overseas training is encouraged but no overseas training post will have automatic TBCRS recognition. Pre-approval of the overseas training program must be obtained from the TBCRS.

2.7. Up to 12 months research in a colorectal research unit may be approved. Full details of the proposed research must be forwarded in advance to the TBCRS, which will seek appropriate referees' reports prior to approval to commence the project. Final approval for the time spent will be given subject to a satisfactory report from the research project supervisor.

2.8. No retrospective training, either clinical or research, will be approved.

2.9. Each Trainee will submit an annual progress report and log book.

2.10. A minimum of 12 months training outside the city of the 'parent' hospital is essential.

2.11. Trainees will be placed in hospital surgical training programs and be salaried at appropriate Registrar/Fellow rates. It is likely that trainees will be required to participate in general surgical acute rosters.

2.12. In the event that a colorectal training post is not filled by a colorectal Trainee, that position may be occupied by a Trainee in another discipline, eg rural surgery.

2.13. The colorectal training supervisor will liaise with the general surgical supervisor within a hospital to coordinate advanced and provisional fellowship training positions.

3. Application for admission to the Post Fellowship Program

3.1. The applicant must have satisfactorily completed the FRACS examination in general surgery.

3.2. All applicants will be interviewed by a Selection Panel, appointed by the TBCRS, before selection into the program.

3.3. The Selection Panel will be the members of the TBCRS and any person(s) co-opted as required.

3.4. All applicants will be interviewed, assessed and ranked by the Selection Panel. If required the Chairman of the TBCRS will have a casting vote.

3.5. The number of available positions for any forthcoming year will be notified to the applicants at the time of interview.

3.6. Successful applicants will be allocated to training positions by the TBCRS, and where possible, trainees will be placed according to their preference.

3.7. An unsuccessful applicant will be notified by the Chairman of the TBCRS.

3.8. Successful applicants will be notified of their hospital posting as soon as practical.

4. General

4.1. Training is not completed until:

a. Written reports from Supervisors have been received by the TBCRS.

b. Trainee's written reports and log books have been received by the TBCRS.

c. Evidence is presented by the Trainee of a submitted or published publication, and presentation or forthcoming presentation of a paper to an appropriate meeting.

d. The exit assessment has been passed.

4.2. All Trainees will be interviewed annually, usually at the ASC or CME meeting. All Trainees will require annual re-appointment after completing a satisfactory year of training.

4.3. Any changes to the above regulations should be approved by the Council of CSSANZ, Council of the College and/or the Censor-in-Chief.

POST-FELLOWSHIP TRAINING IN COLON AND RECTAL SURGERY IN AUSTRALIA AND NEW ZEALAND

GUIDELINES FOR APPLICANTS

Colorectal Surgical Training in Australia and New Zealand is currently provided through the Post Fellowship Training Program which is administered by the Training Board in Colon and Rectal Surgery (TBCRS). It is a 2 year program with the FRACS a pre-requisite.

The philosophy of the training program has been to foster the development of colon and rectal surgery as a specialty. There is no question that this has been achieved. It is the aim of the Training Program that successful trainees will practice in the field of colon and rectal surgery, and that the principal referee, when nominated (see item 3, page 56), will act as a mentor person, in both assisting in the organisation of training, and importantly, in assisting the trainee to establish themselves in their future career within colon and rectal surgery.

1. Application for the Post Fellowship Training Program

Application in writing should be made to:

Professor Michael Solomon
Chairman
Training Board in Colon and Rectal Surgery
Level 2, 4 Cato Street
Hawthorn, VIC 3122 Australia.
Tel: +61 3 9822 8522
Fax +61 3 9822 8400
Email: secretariat@cssanz.org

Applicants should include:

a. Current curriculum vitae

b. Date and place of attaining the Australasian Fellowship in General Surgery.

c. Names and addresses of three referees, one of whom should be considered as the principal referee.

d. Some indication as to future prospects and aspirations following completion of the training program should be provided. This information would be expected to include details of any proposed overseas training in colon and rectal surgery, and some indication as to the future career of the trainee in Australia and New Zealand.

2. Closing date for Application

This will be advertised in "Surgical News", published by the RACS, and Colorectal Surgical Society Newsletters. It will usually be during April or May the year before training commences.

3. Principal Referee

The nomination of the Principal referee is not an absolute requirement and applications will be considered without prejudice in the absence of a nominated principal referee.

4. Requirements during Training

The trainee will be required to:

a. Keep a detailed logbook of all operative experience, in the format provided by the TBCRS.

b. Take part in an ongoing assessment program.

c. Attend for annual review by the TBCRS at the ASC or CME meeting (or equivalent).

d. With reference to colonoscopy training, the cognitive and technical skills would be in excess of the requirements laid down by the Conjoint committee for Recognition of Colonoscopy Training.

e. Participate in relevant colorectal research projects with preparation of a scientific paper for presentation and publication in a refereed journal.

5. Selection of Trainees

Members of the TBCRS, and co-opted persons as deemed appropriate, will be the selection panel for the Program. The selection panel will consider the applications, "short-list" if necessary, and interview the applicants. All applicants will be notified of the results of their application, in writing, by the Chairman of the TBCRS.

6. Training

The training program as designed for each successful applicant will vary. As much as possible the needs and requests of each trainee will be met, but this will not always be possible. The 2 or 3 years of training will be undertaken in at least 2 different cities, except under exceptional circumstances. A year of overseas training in a pre-approved post or a year of research in an approved research unit is possible during the Program.

7. Supervisors of Training

The supervisors will be appointed by the TBCRS after nomination by the Head of the Colorectal Unit. Their responsibilities will include the structure and supervision of the individual training posts, ensuring that adequate remuneration is provided and ensuring that assessment forms are completed and discussed prior to return to the Chairman of the TBCRS.

8. Certification

At the completion of the program, the TBCRS will review the training and a final interview will be conducted. Successful completion of the Program will be indicated and Certification made by the Section of Colon and Rectal Surgery, RACS and the Colorectal Surgical Society of Australia and New Zealand.

ACCREDITATION OF RESEARCH FELLOWSHIP IN COLORECTAL SURGERY

OBJECTIVES

- To offer training in research methodology, either basic or clinical, in the area of colorectal surgery to colorectal trainees in accredited Australian or New Zealand colorectal research units.
- To accept a maximum of 12 months accreditation towards the Australian and New Zealand Colorectal Training Program.
- The objectives complement the documented objectives of the Training Board in Colon and Rectal Surgery (TBCRS).

CONDITIONS OF APPROVAL

To have one year approved:

1. Prerequisites

1.1. Approval must be sought prospectively through application to the TBCRS.

1.2. Trainee must fulfil documented prerequisites of the TBCRS for training in colorectal surgery.

1.3. Research fellowship must be in a TBCRS accredited colorectal research unit.

1.4. Project must be approved by TBCRS as appropriate to colorectal surgical training.

1.5. Final outcome review of research project by TBCRS.

1.6. Research fellowship year at a different unit to the clinical fellowship years.

2. Prospective Approval

2.1. Approval for accreditation must be sought the year prior to commencing the research fellowship with a combined application to the TBCRS by the trainee and the supervisor of the research fellowship from an accredited colorectal unit.

3. Trainee Approval

3.1. Accepted by the TBCRS as colorectal fellowship trainee.

3.2. Enrolled in 2 year Masters or 3 year PhD program.

4. Accredited Colorectal Research Unit

4.1. TBCRS accredited colorectal unit for clinical fellowship training. Attendance at weekly clinical colorectal meetings and colorectal journal clubs.

4.2. University affiliation for enrolment in Masters or PhD.

4.3. Funded research position.

4.4. Adequate unit research infrastructure, including ongoing projects, past research track record, infrastructure funding to support incidentals and statistician.

4.5. Supervisor of research training.

5. Approved Project

5.1. Submission of research project under NH & MRC grant guidelines to TBCRS for consideration of research scholarship.

5.2. Project suitable for post-graduate degree.

5.3. Fully funded project.

5.4. Colorectal surgeon as at least one thesis supervisor of project.

6. Final outcome review

6.1. Report from supervisor of research training to TBCRS.

6.2. Report from colorectal surgeon as thesis supervisor at completion to TBCRS.

6.3. Report from fellow including success of thesis, publication and presentation emanating from project.

GUIDELINES TO FACILITATE THE DEVELOPMENT OF A HOSPITAL BASED COLORECTAL SURGERY UNIT

1. PREAMBLE

The items covered in these guidelines have been deliberately broad so as to cover as many of the possible scenarios that may exist in a hospital based Colorectal Surgery Unit.

Definitions have been combined with specifications for the interest of simplicity, which provide the basis for minimum standards.

2. SURGICAL AND RELATED STAFF

A Colorectal Surgery Unit would be defined as a clinical team of at least two, but preferably three, surgeons plus related staff.

2.1. Surgeons

The Unit should consist of a Unit Head and at least one other surgeon with the following specifications:

2.1.1. FRACS

2.1.2. Postgraduate colorectal surgery training, either within Australia/ New Zealand and overseas

2.1.3. Postgraduate qualification or a Certificate of Training (or its equivalent) in one or more of the following:

- 2.1.3.1. Colonoscopy
- 2.1.3.2. Anorectal Physiology
- 2.1.3.3. Endorectal Ultrasound
- 2.1.3.4. Surgical Oncology
- 2.1.3.5. Postgraduate Research Degree/Diploma
- 2.1.3.6. Other Postgraduate Qualification eg. management, epidemiology

2.1.4. Member of the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons and Member of the Colorectal Surgical Society of Australia and New Zealand.

2.1.5. Practices either exclusively colorectal surgery at this hospital or as a gastrointestinal surgeon where 80% of the patients managed are in colorectal surgery in this hospital.

2.2. Other Medical Staff

The Unit shall have allocated to it:

2.2.1. An Advanced Trainee in General Surgery or its equivalent and/or a Colorectal Fellow.

2.2.2. An HMO as either an intern (PGY1) or more senior (PGY2 or 3) dedicated to the Unit.

2.3. Stomal Therapist

The hospital shall have an appropriately qualified Stomal Therapist, if not full-time, at least on a regular basis to provide counselling and follow-up.

2.4. Nurse Unit Manager & Staff

The Colorectal Unit should have access to one ward, or part thereof, to serve the majority of the patients admitted to that Unit. Some of the nursing staff on this ward should have a specific interest in colorectal surgery. Ideally, the ward should be shared with the Gastroenterology Unit and/or Gastrointestinal Surgery Units of the hospital.

2.5. Ancillary Staff

The Unit should have available, other allied health professionals to provide a spectrum of care (for example physiotherapy, occupational therapy and medical social worker, pastoral care and liaison psychiatry).

3. THE HOSPITAL AND SUPPORTIVE SERVICES

To support a Colorectal Surgery Unit, the hospital involved should be equivalent size to, at least, a 300 bed metropolitan teaching hospital with availability of the following services:

3.1. Laboratory and Anatomical Pathology with a 24 hour frozen section service.

3.2. Intensive Care Unit and/or High Dependency Unit with the capacity to manage epidural anaesthesia.

3.3. Operating Theatres with a fully staffed recovery room.

3.4. Anaesthetic Department with at least one member of the anaesthetic staff with a particular interest in gastrointestinal surgery, pain management and regional anaesthesia.

3.5. Operating theatre nursing and technical staff with at least one team with a specific interest in Gastrointestinal Surgery and facilities for advanced laparoscopic surgery.

3.6. A purpose built independent Endoscopy Suite or an Endoscopy Suite incorporated in the Operating Theatre with a dedicated Nurse Unit Manager and back-up staff.

3.7. Ancillary colorectal investigation office space and supportive staff available to conduct Endorectal Ultrasound and/or Anorectal Manometry.

3.8. Accident and Emergency Department adequately staffed and with equipment to perform emergency rigid endoscopy.

3.9. Radiological sciences and an accredited imaging department with facilities for x-ray screening, CT scan, Visceral Angiography and Scintillation Scan.

3.10. Oncology and Radiotherapy access either within the hospital, or region for ambulatory care or inpatient radiotherapy and chemotherapy. Specifically the availability of an inpatient consultative service in medical oncology and radiotherapy.

4. SPECIFICATIONS AND FUNCTION OF THE COLORECTAL SURGERY UNIT

4.1. Day Surgery

The hospital should have access to a Day Surgery facility.

4.2. Operating

Each surgeon should have, at least, one half day operating per week dedicated to colorectal surgery.

4.3. Pre-admission Process

The Unit should have access to a pre-admission clinic or similar arrangement to assess elective surgical patients to facilitate same day surgical admissions.

4.4. Outpatient or Private Office Assessment

The Unit should have a dedicated outpatient clinic, with appropriate equipment for minor procedures or for surgeons to assess patients in a private office with similar equipment. Ideally, the surgeons of the Unit will attend the same outpatient clinic or share private office facilities.

4.5. After Hours Cover

The Unit should provide an exclusive or consultative on-call service 24 hours a day, 7 days a week for Accident & Emergency and inpatient emergencies.

4.6. Weekly Ward Rounds and Meetings

The Unit shall meet on a weekly basis to conduct meetings to discuss the patients, protocols or any other business combined at some stage with a visit to the patients (ward round).

4.7. Quality Assurance and Audit

The Unit should be involved in a regular mortality and morbidity meeting, at least on a monthly basis with a six monthly or annual review, and establish a Colorectal Surgery Database. Quality assurance programs (for example Clinical Indicators or quality projects) should become standard and reviewed at the weekly Unit meetings or audit meetings.

4.8. Research

The Unit shall have an interest in research either by encouraging individual research projects within the hospital or collaborating with existing clinical research projects.

4.9. Academic Affiliation

The Unit should have an affiliation with one of the University Medical Schools and be involved in Undergraduate Teaching Programs.

4.10. Basic and Advanced Training in General/ Colorectal Surgery

Members of the Unit should be involved with the RACS activities to encourage surgical trainees in basic and advanced training in General and Colorectal Surgery. Some Units may provide six monthly rotations in Colon and Rectal Surgery for an advanced general surgery trainee. The Unit should also encourage overseas trainees or colorectal surgeons to visit the Unit.

4.11. CME and Recertification

The Unit head should be responsible for ensuring that the Guidelines provided by the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons and the Colorectal Surgical Society of Australia and New Zealand are fulfilled and participate in CME activities.

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ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS

ALFRED HOSPITAL

Colorectal Surgery Unit
Alfred Hospital
Melbourne, Australia

Hospitals involved in program

- Alfred Hospital
- Sandringham Hospital

University affiliation

- Monash University

Colorectal Surgeons (all CSSANZ members)

- Mr Roger Wale – Head of Unit
- Mr Ian Cunningham
- Mr K Chip Farmer – Vice President CSSANZ
- Mr Stewart Skinner
- Mr Peter Carne
- Mr Stephen Bell – Director of Colorectal Training

Operative exposure per year

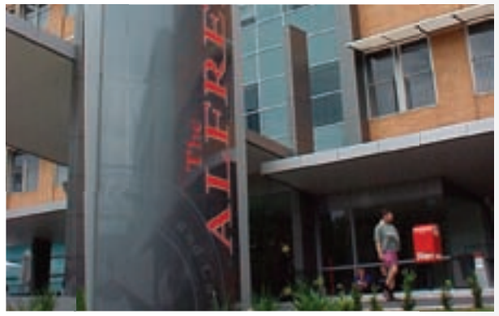
- Major colorectal resections: 180
- Minor Anorectal Procedures: 80
- Transanal Endoscopic Microsurgery: 15

Diagnostic exposure

- Colonoscopy: 380
- Rectal Ultrasound: 50
- Anal Ultrasound: 200
- Anorectal Physiology: 200

Research

- Anal Intra-epithelial Neoplasia
- Rectal Cancer Pathology Reporting
- Faecal Incontinence Projects.



Method of funding

0.8 FTE hospital salary available at Senior Registrar rates.

Expected "on call" roster commitments

Wednesday evenings (5:30pm – 9:30pm) and emergency call back.

Other strengths of unit

- Large tertiary referral base
- Significant colorectal laparoscopic surgery experience
- TEM experience
- Large Anorectal Ultrasound & Physiology experience
- Almost no trauma exposure since revision of roster and addition of AST to the Unit.

AUCKLAND HOSPITAL

Department of Colorectal Surgery
Auckland Hospital, Park Road
Auckland, New Zealand

Hospitals involved in program

- Auckland Hospital
- Mercy Hospital

University affiliation

- University of Auckland

Colorectal Surgeons

- Professor Bryan R Parry
- Mr Arend Merrie
- Assoc Prof Ian Bissett – Head of Unit Director of Training
- Mr Julian Hayes

Operative exposure per year

- Major colorectal resections: 250
- IBD: 50
- Pelvic floor/sphincter repairs: 40
- Laparoscopic procedures: 100
- Minor Anorectal Procedures: 200

Diagnostic exposure

- Colonoscopy 2 lists/week approximately: 250/year
- Anal EMG/pudendal nerve: Fully equipped anorectal physiology laboratory in Department
- Manometry: Fully equipped laboratory in Department
- Endorectal ultrasonography: 40
- Endoanal ultrasonography: 150

Research

- Accredited TBCRS
- Laboratory – fully equipped research laboratory available for Fellow
- Clinical – Clinical research in anorectal physiology, hereditary colorectal cancer techniques of rectal excision and inflammatory bowel disease and systematic reviews.

Method of funding

- Full hospital salary available at Senior Registrar rates

Expected "on call" roster commitments

- One in six

Other strengths of unit

Special interests in surgical treatment of rectal cancer and disorders of the pelvic floor. There is an extensive experience in ileal pouch procedures and inflammatory bowel disease.

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

AUSTIN HOSPITAL

Colorectal Surgical Unit
Austin Hospital, Heidelberg
Melbourne, Australia

Hospitals involved in program
- Austin Hospital
- Repatriation Hospital
- Warringal Private Hospital

University affiliation
- University of Melbourne

Colorectal Surgeons
- Mr Ian Pilmer – Acting Head of Unit
- Mr Andrew Bui – Director of Colorectal Training
- Mr Malcolm Wiley
- Mr. Richard Brouwer

Operative exposure per year
- Major Colorectal Procedures: 250
- Minor colorectal procedures: 200
  These figures do not include private assisting, which is readily available on an adhoc basis at Warringal Private Hospital.

Diagnostic exposure
- Colonoscopy: 450 per year
- Transanal ultrasonography Fortnightly: 40 per year

Research
- Current research includes trials involving adjuvant chemoradiotherapy, stapled haemorrhoidectomy, and the place of P.E.T. in colorectal cancer outcomes and management
- Research opportunities exist with the presence on campus of The Ludwig Institute, The Austin Research Institute, and The University of Melbourne Departments of Surgery and Medicine.

Method of funding
- Remuneration is at full time Registrar rates with overtime available, together with some private assisting fees.

Expected "on call" roster commitments
- The Unit participates in the General Surgery acute rotation with one day a week and one weekend in four. The Unit does the majority of elective colorectal surgery in the hospital and approximately half the acute colorectal surgery.

Strengths of Department
- There is a large fully integrated Cancer Centre on the Austin Campus, and The Radiotherapy Department is situated on the Repatriation Campus
- The Austin Hospital is the largest teaching hospital in Victoria. It is the major tertiary referral centre for North East Melbourne
- Laparoscopic colorectal surgery is now well established in the unit
- Additional experience in pelvic surgery is available through collaborative work with Mercy Hospital for Women in the management of gynaecological malignancy and pelvic endometriosis
- Management of bowel problems in spinal patients in spinal patients within the Victorian Spinal Unit.

BOX HILL HOSPITAL

Department of Colorectal Surgery
Box Hill Hospital, Box Hill
Melbourne, Australia

Hospitals involved in program
- Box Hill Hospital
- Epworth Eastern Hospital
- St Vincent's Private Hospital
- Knox Private Hospital

University affiliation
- Monash University

Colorectal Surgeons
- Mr Frank Chen – Head of Unit
- Mr Rod Woods
- Mr James Keck
- Mr Malcolm Steel – Director of Colorectal Training
- Mr Craig Lynch

Operative exposure per year
- Major Colorectal Procedures: 300
- Rectal Cancer Surgery: 80
- Inflammatory Bowel Disease: 40
- Minor colorectal procedures: 160
- Laparoscopic Colorectal Surgery: 50
- Pelvic floor and sphincter repairs: 10

Diagnostic exposure
- Colonoscopy: 300
- Anorectal Physiology: 80
- Transanal ultrasonography: 80

Research
- Anorectal Physiology Laboratory
- Ongoing research into preoperative staging and multimodality treatment of rectal cancer

Method of funding
- Salary from Box Hill Hospital approx $90,000
- Assisting in Private practice consistently above $50,000
- Financial Support to attend scientific meetings.

Expected "on call" roster commitments
- First call for colorectal surgery at Box Hill Hospital
- Expected availability for assisting in private practice, in regular lists and after hours
- Registrar cover at Box Hill Hospital if desired.

Strengths of Department
- Special interests in rectal cancer and IBD surgery
- Broad tertiary referral practice with exposure to tumour recurrence surgery
- Management of complex postoperative complications
- "Hands on" experience in anorectal physiology and ultrasound
- Laparoscopic colorectal surgery and advanced endoscopic procedures
- Experience in complex endometriosis laparoscopic surgery in conjunction with gynaecologists if desired.

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

CHRISTCHURCH HOSPITAL

Department of Colorectal Surgery
Christchurch Hospital
Christchurch, New Zealand

Hospital involved in program
- Christchurch Hospital

University affiliation
- Christchurch School of Medicine
  Otago University

Colorectal Surgeons
- Prof Professor Frank A. Frizelle – Head of Unit
  Director of Colorectal Training
- Mr John NR Frye
- Mr Greg M. Robertson

Operative exposure per year
- Major Colorectal Resection: 270
- Inflammatory Bowel Disease: 25
- Pelvic floor/sphincter repairs: 20
- Laparoscopic Colorectal Surgery: 40
- Anorectal procedures: 120
- Colon stents: 12

Diagnostic exposure
- Colonoscopy 3 lists/week
- Anorectal Physiology: 90
- Outpatient consults –
  The department sees over 2000/year.

Research
- Laboratory - fully equipped and staffed research lab with animal operating facilities
- Clinical - on going clinical trials and laboratory research. Areas of specific interest include: bowel function in spinal patients, variations in surgical outcome (process V technique), recurrent rectal cancer, AIN, changes in the cardioendocrine responses with surgery following preoperative chemoradiation, diverticular disease and the development of the sheep model in colorectal cancer.

Method of funding
- Full hospital salary available, some private assisting available.

Expected "on call" roster commitments
- One in 5/6 rota. Will have to cover General Surgery when on call.

CONCORD HOSPITAL

Department of Colorectal Surgery
Repatriation General Hospital, Concord
Sydney, Australia

Hospitals involved in program
- Concord Hospital
- Strathfield Private Hospital

University affiliation
- University of Sydney

Colorectal Surgeons
- Professor E Les Bokey – Head of Unit
  Director of Colorectal Training
- A/Prof PH Chapuis
- Mr Anil Keshava
- Mr Matthew Rickard
- Mr Peter Stewart
- Mr Christopher Young

Operative exposure per year at Concord Hospital
- Major colorectal resections: 400
- IBD resections: 60
- Pelvic floor and sphincter repairs: 43
- Ripsteins: 20
- Dynamic anal graciloplasty: 8
- Sphincter repairs: 25
- Laparoscopic colorectal resections, predominantly for benign conditions: 120
- Minor anorectal procedures, necessitating a general anaesthetic: 340

Diagnostic exposure at Concord Hospital
- Colonoscopy, 75% for recognition of training, 20 endoscopic laser procedures: 500
- Anal EMG/pudenal nerve: 249
- Manometry: 261
- Transanorectal ultrasonography: 300
- Flexible sigmoidoscopies: 700
- Continence clinic visitations: 350

Research
- Accredited TBCRS one position/year
- Laboratory
- Clinical

Method of funding
- Hospital salary 100%, 2 positions

On call roster
- One night per week and one weekend in two

Other strengths of Unit

The unit is multi-disciplinary, dealing exclusively with total management of patients with disorders of the large bowel, with particular emphasis on colorectal cancer. IBD and pelvic floor disorders. It is a centre for tertiary referral, treating patients from throughout NSW, interstate and overseas, and offers integrated consultation, diagnosis and management to achieve optimal patient care. A significant number of laparoscopic resections is performed each year.

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

FLINDERS MEDICAL CENTRE

Department of General and Digestive Surgery
Flinders Medical Centre
Adelaide, Australia

Hospital involved in program
- Flinders Medical Centre

University affiliation
- Flinders University of South Australia

Colorectal Surgeons
- Dr James Sweeney – Head of Unit Director of Colorectal Training
- A/Professor David Wattchow
- Dr Richard Sarre
- Dr Paul Hollington

Operative exposure per year
- Major Colorectal Procedures: 100 - 150
- Inflammatory Bowel Disease/polyposis etc: 20-30
- Anorectal Reconstructive Procedures: 10-20
- Minor colorectal procedures: 100
- Laparoscopic resections: 20 and increasing

Diagnostic exposure
- Colonoscopy: 150
- Anorectal Physiology and Ultrasound approx: 70

Research
- Ano-rectal physiology projects
- Childbirth and anal sphincter trauma
- Human enteric nervous system project
- Colon cancer genetics - colon cancer and homeotic genes
- Follow up of colorectal cancer.

Method of funding
- Full registrar salary relative to experience with on call allowance and some supplementation from private assisting

Expected "on call" roster commitments
- 2 to 3 covers per week to cover emergency admissions to the Flinders Medical Centre

Specialised Clinics
- Colorectal clinic combining surgery, nursing, stomal therapy, pelvic floor physiotherapy, office procedures
- Fortnightly Multi-disciplinary meeting.

Continuing education
- Weekly combined meeting with Gastroenterology; will be expected to present and be involved in research towards presentation at national/international meetings

Strengths of Unit

The Unit provides an exposure to a wide range of colorectal conditions. There is an appropriate increase in the utilisation of laparoscopic surgery. The Unit, as part of Departmental Policy, has been active in the development of treatment protocols for common colorectal conditions both elective and acute. Despite the agreement on these protocols there is an individual style of management within the Unit structure from which the Fellow and trainees can learn.

The delegated responsibility allows an excellent and invaluable transition from Trainee to Consultant level.

FREMANTLE HOSPITAL

Department of Colorectal Surgery
Fremantle Hospital, Fremantle
Perth, Australia

Hospitals involved in program
- Fremantle Hospital
- St John of God Hospital Murdoch

University affiliation
- University of Western Australia

Colorectal Surgeons
- Mr G. Makin – Head of Unit Director of Colorectal Training
- Mr N. Barwood
- Ms M. Wallace – Senior Lecturer

Operative exposure per year
- Major Colorectal Procedures: 277
- Laparoscopic Colorectal Surgery: 180
- Rectal Cancer Surgery: 40
- Minor colorectal procedures: 146
- Transanal Endoscopic Micro-Surgery: 20
- Inflammatory Bowel Disease: 20

Diagnostic exposure
- Colonoscopy: 300

Research
- Clinical research using large prospective data base. Access to research within the University Department of Surgery. Current research projects include laparoscopic colectomy outcomes, MRI staging of rectal cancers post neo-adjuvant therapy

Method of funding
- Full time salary at senior registrar level, funded by Fremantle Hospital
- Extra funding from private assisting.

Expected "on call" roster commitments
- One in four remote 2nd on call to cover advanced trainee with emergency admissions to Fremantle Hospital

Strengths of Department
- Major laparoscopic colorectal centre
- Good exposure to all aspects of colorectal surgery
- Very busy cancer workload
- Very good experience in colonoscopy and TEMS
- Multidisciplinary Oncology, Gastroenterology, and Radiology meetings
- Multidisciplinary Inflammatory Bowel Disease meetings
- Access to laparoscopic Gynae-oncologists at St John of God Hospital.

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

PRINCE OF WALES HOSPITAL

Department of Colorectal Surgery
Prince of Wales Hospital
Sydney, Australia

Hospitals involved in program
- Prince of Wales Hospital
- Prince of Wales Private Hospital
- Sydney Children's Hospital
- Royal Hospital for Women

University affiliation
- University of New South Wales

Colorectal Surgeons (all CSSANZ Members)
- Dr Philip Douglas - Head of Unit, Director of Colorectal Training, President CSSANZ, Member Training Board in Colon and Rectal Surgery (CSSANZ/RACS)
- Assoc Prof Graham L. Newstead, AM - Past President CSSANZ, Chairman, International Council of Coloproctology
- Dr Shing Wong

Operative exposure
- Major colorectal resections: 200-250
- IBD resections: 20
- Major anal and transrectal operation: 60-80
- Minor anorectal procedures: 500-600

Diagnostic exposure per year
- Colonoscopy: 1400
- Anorectal physiology/endoanal ultrasound: 150-200

Research

Both clinical and laboratory including collaborative programs within affiliated campus hospitals and St George Hospital. Large prospective data base available. Funded research assistants. Current research projects include rectal anastomotic techniques, AIN, paediatric anal physiology studies, haemorrhoidal treatment techniques, tumour markers, adjuvant treatment for rectal CA, management of faecal incontinence.

Method of funding

Salary at senior registrar level, funded as a specialist Fellowship position by Prince of Wales and Prince of Wales Private Hosptials. Extra funding from private assisting.

Expected "on call" roster commitments

Responsibility and availability for interesting after-hours colorectal work. Some support for public hospital general surgical cover may be required (additional funded).

Strengths of Department
- Good exposure to all aspects of colorectal surgery
- Very good experience in colonoscopy, anorectal procedures, anal physiology and ultrasound
- Affiliation with Women's Hospital provides experience in management of pelvic malignancy, endometriosis and complex pelvic floor disorders
- Affiliation with Children's Hospital provides experience in congenital and paediatric colorectal conditions
- Multidisciplinary Oncology Clinic
- Laparoscopic work
- Management of bowel problems in spinal patients.

ROYAL ADELAIDE HOSPITAL

Department of Colorectal Surgery
Royal Adelaide Hospital
Adelaide, Australia

Hospital involved in program
- Royal Adelaide Hospital

University affiliation
- University of Adelaide

Colorectal Surgeons
- Mr James Moore – Head of Unit Director of Colorectal Training
- Mr Andrew Hunter
- Mr Matthew Lawrence
- Dr Michelle Thomas

Operative exposure per year
- Major colorectal resections: 250-275
- IBD: 40
- Pelvic floor/sphincter repairs: 10-15
- Laparoscopic procedures: 25-30
- Minor anorectal procedures: 200-250
- TEM: 15
- Significant exposure to private practice operating (assisting)

Diagnostic exposure
- Colonoscopy: 400
- Anal EMG/pudendal nerve: 25
- Manometry: 50
- Transanal ultrasonography: 100

Research

This unit is extensively involved in a number of ongoing research activities including a prospective audit of colorectal cancer surgery, molecular biologic aspects of CRC (especially MSI), randomised controlled trials of treatments for anal fissure and the role of PET/CT in CRC staging. Both pre and post fellowship trainees are expected to participate in the unit's research activities.

Method of funding
- The Fellow is funded at Senior Registrar levels as per the SA Salaried Medical Officers Enterprise Bargaining Agreement. Supplementary income is available through regular private operating assisting

Expected "on call" roster
- One in four

Other strengths of Unit
- The unit forms one part of the Northern Colorectal Unit (in conjunction with TQEH and Lyell McEwin) creating an active academic and clinical attachment

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS

(CONTINUED)

ROYAL BRISBANE HOSPITAL

Department of Colon & Rectal Surgery
Royal Brisbane Hospital, Bowen Bridge Road
Herston, Queensland, Australia

Hospitals involved in program

- Royal Brisbane Hospital
- Wesley Hospital
- North West Private Hospital
- Holy Spirit Northside Hospital

University affiliation

- Department of Surgery
  University of Queensland

Colorectal Surgeons

- Dr Andrew RL Stevenson – Head of Unit
  Director of Training, Member of TBCRS
- Dr Russell W Stitz – Past President
  Royal Australasian College of Surgeons (RACS)
- Dr John W Lumley – Honorary Treasurer
  CSSANZ
- Dr David Clark
- Dr Damien Petersen
- Dr Simon Sui

Operative exposure per year for the Fellow (approximate figures)

- Major colorectal resections: 340-400
- Laparoscopic Resections: 150-200
- Pelvic Floor/sphincter repairs: 35 -50
- Minor anorectal procedures: 140
- Rectal Cancer / TME: 50
- Major IBD & Pouches: 25-30

Diagnostic exposure

- Colonoscopy: 1 list per week, approximately 100/year
- Anorectal manometry, pudendal nerve studies and endoanal/endorectal ultrasound: fully equipped laboratory at Northwest Private Hospital – up to 900 patients per year having anorectal physiology available to Fellow depending on level of interest of the trainee.

Research

- Accredited TBCRS
- Clinical research in laparoscopic colorectal surgery, pouch surgery, colorectal cancer and incontinence. Participation in ALCCaS trial (Australasian multicentre randomised trial colon cancer: laparoscopic versus open).

Method of funding

- Lecturer position, Department of Surgery, University of Queensland
- Private assisting
- On call payments as VMO.

Expected "on call" roster commitments

One in five or six.

Other strengths of unit

Special interests in development and application of laparoscopic techniques in the treatment of colorectal disorders. Extensive experience in ileal pouch procedures and inflammatory bowel disease. Also colonic pouches for rectal cancer, sacral nerve stimulators and prosthetic augmentation.

The colorectal unit also has a second training Fellow from overseas who has a similar operative experience and logbook numbers as the TBCRS Fellow. Both Fellows are intimately involved in a 3-day workshop in laparoscopic colorectal surgery held every 4 weeks, including use of fully equipped skills centre and virtual reality simulators.

ROYAL MELBOURNE HOSPITAL

Department of Colorectal Surgery
Royal Melbourne Hospital, Parkville
Melbourne Australia

Hospital involved in program

- Royal Melbourne Hospital

University affiliation

- University of Melbourne

Colorectal Surgeons

- Professor Ian Jones – Head of Unit
  Chairman CSSANZ Foundation
- Mr Ian Hayes – Director of Colorectal Training
- Mr Ian Hastie
- Ms Susan Shedda – Research Director

Operating Caseload

- Major Colorectal Resection: 175 (50% laparoscopic)
- Anorectal, other: 200

Colonoscopy

Each Unit member has a colonoscopy list and roster would allow Fellow access to 1.5-3 lists per week ie 8-15 cases per week.

Anorectal Physiology

Weekly endorectal ultrasound list supplemented by manometry. Plans to substantially upgrade service and equipment in 2008.

Unit Strengths:

- Significant laparoscopic surgical caseload
- Strong emphasis on management of colorectal cancer with links to Melbourne Comprehensive Cancer Centre and partners including Ludwig Institute of Cancer Research
- Major role in colorectal cancer clinical data and tumour tissue collection through CSSANZ/MMIM database with substantial research/publication activity. Fellows expected to participate in research project during the year under supervision of Ms Shedda.

On call Roster:

- Appointment of the Fellow is to the Consultant Staff of the Division of Surgery (appropriate general surgery specialist registration and medical indemnity insurance as a specialist is a condition of employment)
- The Unit participates in the on call general surgery receiving roster which includes a substantial workload in trauma. The Fellow will share receiving duties for the Unit in 24 hour shifts as the on call consultant surgeon supported by a registrar. This equates to approximately 6 to 9 receiving days for each 3 month roster period
- In addition to these duties the Fellow is expected to undertake ward rounds on weekends alternating with the registrar.

Funding:

Melbourne Health is reviewing the funding of this position. A base salary of ~$100,000 is likely and will be supplemented by on call payment for receiving days (~$300 weekdays, $600 weekends) and recall at ~ $100 per hour. Fee for service payments apply to after hours work when not on call. Significant fee for service private assisting available.

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

ROYAL PRINCE ALFRED HOSPITAL

Department of Colon & Rectal Surgery
Royal Prince Alfred Hospital
Sydney, Australia

Hospital involved in program
- Royal Prince Alfred Hospital

University affiliation
- University of Sydney

Colorectal Surgeons
- Dr Anthony Eyers – Head of Unit
- Prof Michael Solomon – Director of Colorectal Training
- Dr Christopher Young
- Dr Caroline Wright
- Dr Christopher Byrne

Operative exposure
- Major Colorectal Procedures: 500
- Inflammatory Bowel Disease: 20 pouches
- Crohn's resections: 30
- Pelvic floor surgery: 50-100
- Laparoscopic Colorectal Surgery with RCTs (80-100) cancer, IBD, pelvic floor, rectal endometriosis
- Minor colorectal procedures (GA): 280

Diagnostic exposure
- Colonoscopy: 4 colonoscopy lists/week in unit with >500 cases per year
- Anal EMG 2-4 lists/week: 200 cases
- Anal manometry 2-4 lists/week: 200 cases
- Endoanal/Endorectal Ultrasound for cancer, inflammatory, pelvic floor: 250 cases

Research
- Masters of Surgery by coursework (evenings) available during clinical fellowship year or full time MS attached to SOuRCe (Surgical Outcomes Research Centre)
- Notaras 3 year academic colorectal fellowship: 1. Funded research year at SOuRCe with MS at University of Sydney 2. Clinical fellowship year at RPAH 3. Overseas fellowship year.

Funding
- Full hospital salary available

On Call roster

No general surgery on call. Colorectal surgeons take first call for colorectal emergencies and contact fellow only for interesting surgical procedures

Other strengths of unit

The colorectal unit is multi-disciplinary and has close ties with gastroenterologists in the clinical treatment and research of inflammatory bowel disease, medical oncologists and radiation oncologists in the treatment and research of colorectal cancer and recurrent rectal cancer surgery and gynaecologists in the treatment and research of pelvic floor and continence disorders, endometriosis and advanced gynae malignancy. All surgeons perform laparoscopic surgery, both hand assisted and full laparoscopic with international trials and publications in rectal prolapse, colorectal cancer and IBD. Access to Cancer Family Clinic. Clinical research complements the wide tertiary referral.

ST GEORGE HOSPITAL

St George Hospital, Gray St, Kogarah
Sydney, Australia

Hospitals involved in program
- St George Hospital
- Hurstville Community Private Hospital
- St George Private Hospital
- Sutherland Hospital

University affiliation
- University of New South Wales

Colorectal Surgeons
- Dr Denis King
- Assoc Prof David Lubowski
- Dr Shevy Perera
- Dr Steven Gan

Operative exposure
- Major colorectal resections: 350
- IBD: 40
- Pelvic floor, sacral nerve stimulation: 40
- Laparoscopic colectomy: 50
- Minor anorectal: 300

Diagnostic exposure
- Colonoscopy: 1200
- Anorectal physiology: 400 studies
- Weekly Biofeedback program

Research
- Ongoing clinical research including anorectal and colonic physiology

Funding
- $140,000 per annum funded via St George Hospital salary and private funding

On Call roster

Permanent on-call for colorectal at St George and Sutherland hospitals, including all weekends.
One night per week on call for general surgery (excluding upper GI, vascular, breast, haematemesis and melaena where there are separate rosters).

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

ST VINCENT'S HOSPITAL

St Vincent's Hospital, Victoria St, Fitzroy
Melbourne Australia

Hospitals involved in program
- St Vincent's Public Hospital
- St Vincent's Private Hospital
- Peter MacCallum Cancer Institute

University affiliation
- University of Melbourne

Colorectal Surgeons (all CSSANZ members)
- Mr Rodney Woods – Head of Unit
- Assoc Prof John Mackay
- Mr James Keck
- Mr Michael Johnston – Director of Colorectal Training
- Mr Alexander Heriot

Operative exposure per year
- Major Colorectal Procedures: 304
- Rectal Cancer Surgery: 60
- Inflammatory Bowel Disease: 65
- Minor colorectal procedures: 149
- Laparoscopic Colorectal Procedures: 118
- Pelvic floor: 34
- TEM: 5

Diagnostic exposure
- Colonoscopy: 330
- Anorectal Physiology: 50
- Endoanal and endorectal Ultrasound: 50

Research

Laboratory Animal research centre available to fellow

- Laboratory, anorectal physiology laboratory, access to animal laboratory at Bernard O'Brien Institute
- Current research interests include staging of rectal cancer, effects of chemo-radiation, infliximab for Crohn's disease and technical aspects of anal sphincter repair.

Clinical
- Pouch surgery, functional and fertility
- Impact of multidisciplinary care in cancer and inflammatory bowel disease
- Colorectal endometriosis surgery
- PTQ for incontinence
- Management of intestinal fistulae
- Stoma Closure techniques
- Pain management after laparoscopic surgery.

Method of funding
- St Vincent's Public and Private Hospitals: approximately $80,000
- Assisting in Private practice >$40,000

Expected "on call" roster commitments
- Registrar general surgery cover every 3rd Monday night and every 3rd Friday
- Some after hours private assisting
- Occasional consultant emergency on call – depending on level of seniority.

Strengths of Department
- Close affiliation with gastroenterology department with large inflammatory bowel disease referral base leading to excellent operative exposure and research opportunities
- Affiliation with uro-gynaecologists at Mercy Hospital for Women and Royal Women's Hospital as primary colorectal care providers, with great exposure to pelvic floor problems
- All active members in laparoscopic surgical practice at an advanced level.

THE QUEEN ELIZABETH HOSPITAL

Department of Colorectal Surgery
Queen Elizabeth Hospital
Adelaide, Australia

Hospital involved in program
- The Queen Elizabeth Hospital

Colorectal Surgeons
- Mr Peter Hewett – Head of Unit, Director of Colorectal Training Program
- Assoc Prof Nicholas Rieger
- Mr David Rodda

Operative exposure per year
- Colorectal resections: 150
- Laparoscopic colorectal procedures: 100
- Minor anorectal procedures: 150 - 200

Diagnostic exposure
- Colonoscopy – 3 lists /week minimum 500
- Anal manometry: 20
- Endoanal and endorectal ultrasound clinics 20 patients/yr

Research

This unit has a strong emphasis on clinical research. Ongoing projects include the coordination of the Australasian Multicentre Prospective Randomised study of Laparoscopic versus Conventional Surgical Treatment of Colon Cancer (follow-up only now occurring), Quality of Life Analysis in Rectal Cancer. Use of VSL3# after ileostomy closure. Use of pain busters in fast track postoperative recovery. Randomised trials involving adjuvant chemotherapy in colon cancer. These projects are conducted within the structure of the Adelaide Northern Colorectal Unit which involves the Colorectal Surgical Departments of The Queen Elizabeth Hospital, Royal Adelaide Hospital and Lyell McEwin Hospital. Joint meetings between these departments are held each month. In addition, numerous studies based on molecular alterations of colorectal cancer are underway in conjunction with molecular biology groups at the IMVS and the Basil Hetzel Institute of Research at

The Queen Elizabeth Hospital.

Funding

Senior registrar hospital salary with on-call allowance and supplementation with private operative assisting.

On Call roster

One in four remote call to cover emergency admissions at The Queen Elizabeth Hospital.

Specialised clinics
- Combined oncology, radiotherapy & surgical clinic for the treatment of anal & rectal cancer
- Faecal Incontinence Clinic and PR Bleeding Clinic.

Continuing education

The Fellow will be expected to present regularly at Unit meetings and journal clubs and to attend at least one national or international meeting for which funding may be provided.

Other strengths of Unit

Extensive exposure in surgical procedures for colorectal cancer, faecal incontinence, inflammatory bowel disease and rectal prolapse.

ACCREDITED AUSTRALIAN AND NEW ZEALAND SURGERY UNITS
(CONTINUED)

WESTERN HOSPITAL

Colorectal Surgery Unit, Western Hospital
Melbourne, Australia

Hospitals involved in program
- Western Hospital
- Sunshine Hospital

University affiliation
- University of Melbourne

Colorectal Surgeons
- Mr Stephen McLaughlin – Head of Unit
- Mr Ian Faragher – Director of Colorectal Training
- Mr Iain Skinner
- Mr Matthew Croxford

Operative exposure per year
- Major Colorectal Procedures 150

Diagnostic exposure
- Colonoscopy: Each week, there are three colonoscopy lists at Western Hospital, with a further two colonoscopy lists at Sunshine Hospital (affiliated). Depending on rostering, at least three of these can be made available to the trainee with the potential for trainee to be involved in four to five hundred procedures per annum
- Endorectal ultrasound and physiology are performed by the colorectal unit.

Research
- There are opportunities for research in the Dept of Surgery laboratories

Method of funding
- Salary from Western Health

Expected "on call" roster commitments
- Approximately 1 in 6

Strengths of Department
- The trainees are exposed to a busy tertiary referral colorectal unit with a large clinical caseload particularly in colorectal cancer.

WESTMEAD HOSPITAL

Westmead Hospital, Westmead
Sydney, Australia

Hospital involved in program
- Westmead Hospital

University affiliation
- University of Sydney

Colorectal Surgeons
- Dr Grahame Ctercteko – Head of Unit, Director of Colorectal Training
- Dr Peter Loder
- Dr Nimalan Pathma-Nathan
- All are members of CSSANZ, Section of Colon and Rectal Surgery, RACS and Sydney Colorectal Surgical Society.

Operative exposure per year
- Major Colorectal Procedures: 250
- Rectal Cancer Surgery: 75
- Inflammatory Bowel Disease: 40
- Minor colorectal procedures: 300
- Laparoscopic Colorectal Surgery: 75
- Pelvic floor and sphincter repairs: 40

Diagnostic exposure
- Colonoscopy: 400
- Anorectal Physiology: 150
- Transanal ultrasonography: 400

Research
- Ongoing clinical research in unit

Method of funding
- Paid as Senior Registrar with call back and unrostered overtime payments (via Resident Support Unit)

Expected "on call" roster commitments
- Fellow cover for General Surgery Consultant 1 day of week and every 5-7 weekends
- Colorectal cover working hours

Strengths of Department
- Weekly MDT
- Weekly US and Physiology Clinic
- Weekly Colorectal Outpatient Clinic.

PRIZES, FELLOWSHIPS AND SCHOLARSHIPS

MARK KILLINGBACK RESEARCH PRIZE

Section of Colon & Rectal Surgery, Royal Australasian College of Surgeons (RACS)

DrMark Killingback

Background

MARCUS JAMES KILLINGBACK, A.M., MBBS (Syd), MS (Hon), FRCS (Ed), FRCS (Eng), FRACS, established a reputation as a leader in the development of colorectal surgery as a specialty in Australia over the last 25 years.

He made significant contributions to the development of colon and rectal surgery by setting an exemplary standard in his own clinical practice, in research and publications, in presentations to honoured societies both nationally and internationally, and more particularly, in establishing the CSSA of which he was the inaugural honorary secretary and later Chairman, subsequently becoming the President of the Colorectal Surgical Society of Australia.

One important feature of his involvement in colorectal surgery has been to encourage young Australian surgeons to take up the challenge of establishing a practice in colorectal surgery. It was therefore appropriate to honour Dr Killingback's contribution to colorectal surgery by creating a prize in his name.

Specifications of the Prize

The funding of the prize comes from the revenue of the Section of Colon and Rectal Surgery, RACS. Advanced general surgical trainees, colorectal trainees and colorectal surgeons who have completed their Fellowship in the previous 5 years are eligible. The prize is awarded to the presenter (who is the principal author) of the best free paper presented at the Annual Scientific Congress of the Royal Australasian College of Surgeons (Section of Colon and Rectal Surgery program). The inaugural Mark Killingback Prize was presented at the ASC in Melbourne in 1996. The prize is a return economy airfare, accommodation, and the registration fee to the Annual Meeting of the American Society of Colon and Rectal Surgeons. The winner is to present the paper at the ASCRS meeting (podium presentation), if deemed appropriate by the judges and the Section Executive.

Selection

The best presentation will be selected by the current Chairman of the Section of Colon and Rectal Surgery, RACS, or nominee, and the current President of the Colorectal Surgical Society of Australia and New Zealand, or nominee. Other judges may be appointed at the discretion of the Chairman and President.

A selection score sheet is used so that the selection of the prize is objective and quantitative. In the event of a tie, the casting vote in such a situation will be made by the Chairman of the Section of Colon and Rectal Surgery, RACS.

Mark Killingback Prize winners

1996 - Michael Solomon, University of Sydney

1997 - Bruce Stewart, University of Melbourne

1998 - Arend Merrie, University of Otago

1999 - Andrew Luck, University of Adelaide

2000 - Arend Merrie, University of Otago

2001 - Ian Lindsay, University of Oxford

2002 - Tania Edwards, University of Sydney

2003 - Justin Evans, Royal North Shore Hospital

2004 - Michelle Thornton, University of NSW, St George Hospital

2005 - Michelle Thomas, University of Adelaide

2006 - Cuong Duong, Peter MacCallum, Melbourne

2007 - Iain Thomson, University of Queensland

PRIZES, FELLOWSHIPS AND SCHOLARSHIPS

ACPGBI TRAVELLING FELLOWSHIP

Association of Coloproctology of Great Britain and Ireland (ACPGBI)

This travelling fellowship (generously sponsored by the ACPGBI) was announced at the Tripartite Meeting in Melbourne 2002 to foster relations between young Australian and New Zealand colorectal surgeons and their colleagues in Great Britain and Ireland. The recipient is provided with return airfare and accommodation to the ACPGBI annual conference and the opportunity to visit several colorectal units in the host countries.

Guidelines

Principle

Must not compromise Mark Killingback Prize (MK), and would not be the same recipient.

Eligibility

Colorectal Trainee, or within 2 years of completion of colorectal training.

Selection Criteria

1. Applicants must have an accepted abstract for the MK prize at that year's ASC.
2. Invite application for Fellowship including:
   - 250 words on why the individual should be awarded the fellowship
   - What units in the UK he/she would like to visit
   - What else he/she could/would present, if asked
3. Assessment of presentation at ASC, by TBCRS
4. Presentation and involvement at Trainees' Education Weekend.

The decision re recipient would be made by the Training Board at the Trainees' Education Weekend and announced at that time, for travel the following year.

ACPGBI Recipients

2003	Anil Keshava
2004	Elizabeth Murphy
2005	Michelle Thomas
2006	Francis Lam
2007	Susan Shedda

PRIZES, FELLOWSHIPS AND SCHOLARSHIPS

COVIDIEN COLORECTAL RESEARCH FELLOWSHIP

Training Board in Colon and Rectal Surgery, Colorectal Surgical Society of Australia and New Zealand and Section of Colon & Rectal Surgery, RACS

RESEARCH SCHOLARSHIP IN COLORECTAL SURGERY
SPONSORED BY COVIDIEN (FORMERLY TYCO HEALTHCARE PTY LTD)

A research scholarship in colorectal surgery has been created by the CSSANZ and the Section of Colon and Rectal Surgery, RACS and will be administered through the Training Board in Colon and Rectal Surgery (TBCRS).

Objectives

To encourage research and experience in colorectal research for a post-fellowship trainee.

To support colorectal research in accredited colorectal units by providing scholarship support of research fellows.

Prerequisites

1. Australian or New Zealand colorectal trainee
2. Enrolment in Masters or PhD
3. Training Board accredited Clinical Training Unit
4. Training Board accredited Colorectal Research Unit
5. At least one CSSANZ accredited colorectal surgeon research supervisor

Duration of Scholarship

12 months maximum. Subsequent years to be funded from peer-reviewed granting agencies and colorectal research unit and second year support only in exceptional circumstances.

Accreditation

12 months maximum accreditation for the Australian and New Zealand Colorectal Training Program.

Stipend

$20,000 scholarship to research fellow and $5,000 support to colorectal research unit for support of the project.

Application Procedure

Initial application to the Training Board in Colon and Rectal Surgery prior to the ASC in the year prior to planned project.

1. Curriculum vitae
2. One page research project proposal
3. Planned colorectal research unit
4. Planned higher degree and university
5. Planned supervisor of research and thesis committee

Second round application after invitation from TBCRS.

1. Full research proposal and protocol in NHMRC guidelines (10 copies) submitted to TBCRS by 1 August.
2. Written support of research supervisor of colorectal unit
3. Written guarantee by supervisor of training of colorectal unit to limit clinical work < 10 hrs/week.

Scholarship Selection

Training Board research selection committee including representative from CSSANZ, Section and an external reviewer.

Deadline for Applications

Initial application May 1, Second round invited proposals August 1, Notification of successful applicant October 1.

Covidien (Tyco) Research Fellowship Recipients:

2001	Matthew Rickard
2003	Ned Abraham
2004	Michelle Thomas
2006	Francis Lam

PRIZES, FELLOWSHIPS AND SCHOLARSHIPS

MITCHELL J NOTARAS FELLOWSHIP IN COLORECTAL SURGERY

Training Board in Colon and Rectal Surgery, Colorectal Surgical Society of Australia and New Zealand and Section of Colon and Rectal Surgery, RACS, University of Sydney and Royal Prince Alfred Hospital

The Mitchell J Notaras Fellowship in Colorectal Surgery was established in 2003 following a generous donation to the University of Sydney by a colorectal surgeon and graduate of the University, Dr Mitchell J Notaras FRCS FRCS(E) FACS.

Dr Notaras did his undergraduate training at the University of Sydney and resident training at the Royal Prince Alfred Hospital in Sydney before continuing his surgical training in the United Kingdom. He subsequently progressed to be a Consultant Surgeon in the United Kingdom where he specialised in colorectal surgery. He was the first to describe lateral internal sphincterotomy and taught such international figures as Parks at St Mark's, Goligher in Leeds and Goldberg in Minnesota the procedure which they rapidly adopted. Dr Notaras has published widely and travelled extensively around the world as an invited guest lecturer in colorectal surgery.

This Fellowship offers clinical training in academic colorectal surgery both in Australia and in international colorectal units as well as training and expertise in colorectal research including the enrollment in a higher degree. It is aimed at a young surgeon interested in pursuing an academic colorectal surgical career.

The 3 year Fellowship is administered through the University of Sydney under the supervision of the Training Board in Colon and Rectal Surgery. It is offered every 2 years.

The inaugural Notaras Fellow, Dr Chris Byrne, commenced his fellowship in 2004 and completed his research and Masters into "patient preferences and surgical decision making in inflammatory bowel disease" under the supervision of Professor Michael Solomon at the University of Sydney.

Conditions of Award

1. The Fellowship is advertised every two years through the Training Board in Colon and Rectal Surgery.

2. Applicants must have been accepted into the Post Fellowship Colorectal Training Program of the Training Board in Colon and Rectal Surgery of the Colorectal Surgical Society of Australia and New Zealand and the Section of Colon and Rectal Surgery, RACS and must indicate in the application for the training program whether they also wish to be considered for appointment as the Notaras Fellow.

3. The Training Board submits a shortlist of ranked suitable applicants to a University of Sydney Notaras Colorectal Fellowship Committee appointed by the Dean of the Faculty of Medicine. This Committee may award or not award the Notaras Colorectal Fellowship with or without further interview.

4. Applicants must demonstrate an interest in colorectal research and a future direction in academic colorectal surgery as well as a desire to obtain further training overseas.

5. Acceptance of the Fellowship is dependent on the applicant enrolling in an appropriate higher degree in the Faculty of Medicine at the University of Sydney.

6. The Fellowship is tenable for three years and the program is overseen by the Training Board in Colon and Rectal Surgery. The following sequence of years is able to be varied from Fellow to Fellow:

Year 1

The Notaras Fellow will spend the first year based at Royal Prince Alfred Hospital Colorectal Research Department and The Surgical Outcomes Research Centre (SouRCe) and be enrolled in a higher degree in the Faculty of Medicine at the University of Sydney. Funding for Year 1 will be a $50,000 postgraduate scholarship paid to the Notaras Fellow through the University of Sydney as a tax free stipend. A contribution of $20,000 will also be made available to the RPA Colorectal Research Department & SouRCe to support the work of the Notaras Fellow.

Year 2

In Year 2 the Notaras Fellow will be appointed to a position at Royal Prince Alfred Hospital as a Training Board clinical fellow. This position is funded by RPAH.

Year 3

The Notaras Fellow will spend Year 3 in an internationally recognised academic colorectal surgical unit in a position funded by the surgical unit involved, with a contribution of $25,000 from the Notaras Colorectal Fellowship to support the work of the Notaras Fellow. A $10,000 travel grant will be paid to the Notaras Fellow.

7. All publications arising from research conducted with the assistance of the Notaras Colorectal Award must include suitable acknowledgement of the University of Sydney and the Notaras Colorectal Fellowship.

Notaras Fellowship Recipients:
2004 Christopher Byrne
2006 Catherine Turner

PRIZES, FELLOWSHIPS AND SCHOLARSHIPS

TRAINEE PRESENTATION PRIZE

Training Board in Colon and Rectal Surgery, Colorectal Surgical Society of Australia and New Zealand and Section of Colon and Rectal Surgery, RACS.

All trainees present a paper at the Annual TBCRS Trainees' Education Weekend. The best presentation is selected by the Board.

The winner receives a $1000 travel stipend to present the paper at the following annual CME.

2007 Recipient:

Tim Eglington

PRIZES, FELLOWSHIPS AND SCHOLARSHIPS

INTERNATIONAL COUNCIL OF COLOPROCTOLOGY (ASCRS) TRAVEL SCHOLARSHIP

AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS

Purpose:

To provide opportunities for further education for colorectal surgeons in training by attendance at an annual scientific meeting of the American Society of Colon and Rectal Surgeons. The Scholarships are intended for those who are undertaking colorectal surgical training within an accredited colorectal training program or whose colorectal training is being undertaken in a colorectal specialist unit in a country in which the specialty is still in development but in which there is a national society or specialist grouping for the purposes of supervision and support.

Eligibility:

The candidate should:

- Have completed general surgical training and be currently involved in a program of specialized colorectal surgical training.
- Be able to demonstrate a commitment to a practice in specialized colorectal surgery.
- Have a guarantee of one third funding support from within his/her national colorectal society, organization or acceptable specialized group.
- Be available to undertake the Scholarship at the next meeting of the ASCRS.

The candidates are encouraged to submit a podium or poster presentation for consideration for inclusion in the program for the meeting.

Selection Process:

The candidate should:

- Be proposed in writing by the current President or official nominee (such as Secretary) of the relevant National Society of the country of origin or the country in which he/she is training or by the senior colorectal surgeon in the national specialty grouping (essential), and in which the matching (one third) funding support is guaranteed.
- A further reference of recommendation is required from the Chairman of the Department in which the candidate is currently working.
- Provide current and complete curriculum vitae.
- Write a letter stating background, ambitions within colorectal surgery, his/her need for the Scholarship and benefits which might result from the award.

The applications will be

- Reviewed by Council of ICCP and those recommended for selection referred to Council of ASCRS for confirmation.
- Matching guarantees will be confirmed before final offers are made.

The Scholarships:

- Currently, each award will be funded to a (maximum) total value of $US 3000 on a matching arrangement. This will consist of (up to) $US2000 provided by the ASCRS provided the amount is matched by $US1000 derived through the applicant's (home) national colorectal society. Thus ASCRS will provide funding on a 2:1 basis. Confirmation in writing will be required from the (national) organization.
- Purpose is to assist with expenses to attend the next annual scientific meeting of the ASCRS.
- The Registration fee for the meeting will be waived.
- A one year subscription to Diseases of the Colon and Rectum will be provided (if the applicant does not already have access).

Responsibilities of recipients:

- Use the award to attend the meeting in the year in which it is awarded. In general the Scholarship will not be considered transferable.
- Provide a written report on the benefits of the experience (to include any suggestions) within one month following the meeting.
- Consider submitting a podium or poster presentation for possible inclusion in the program for the meeting.

Caveats:

- The Council of the ASCRS is the determining authority. In any year, the Executive of ICCP may recommend awarding a lesser number of Scholarships and modification of the funding to be offered.
- The reports provided by the recipients may be published in the Newsletter of the ASCRS.

For further information go to www.fascrs.org and follow the link to International or contact Graham Newstead, Chairman, International Council of Coloproctology, grahamnewstead@sydneycolorectal.com.au

CSSANZ FOUNDATION

Background:

- The CSSA Foundation Pty Ltd was incorporated (in NSW) on 30 March 2004, (ACN 108 556 207). A Corporate Key # was issued for the security of records of the Company.
- The Company was accorded Research Industry status, ie. Tax exemption for the Company (the Foundation) and donations to the Company to be tax deductible to donors.
- The Company has a unitary Shareholder (to ensure the affairs and funds of the Foundation remain under the control of the shareholder). That shareholder is the (membership of the) Colorectal Surgical Society of Australia and New Zealand.
- The name of the Company was changed in 2006 to the Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd.
- Recommendations for appointment to the Board and the Research Committee are made by Council of CSSANZ to the Annual General Meeting of the Society for ratification, from time to time as required.
- The responsibilities of the Board are to manage the affairs of the Company (the Foundation), including solicitation of research funds, to approve recommendations for research projects made by the Research Committee and to control and monitor the allocation of resources.
- The Research Committee consists of nominees of considerable research standing in the (colorectal) community as approved by the Federal Department of Health and recommended as such to the Australian Tax Office to ensure the Research Industry status is maintained.

Assoc Professor Graham Newstead AM retired as (Founding) Chairman in October 2007 but remains on the Board. The Board is comprised of senior colorectal surgeons but might ultimately include other appropriate members of the community.

The Board now consists of Professor Ian Jones (Chairman), Dr Andrew Luck (Honorary Secretary CSSANZ), Dr John Lumley (Honorary Treasurer CSSANZ), Dr Philip Douglas (President CSSANZ), Professor Frank Frizelle (Chairman, Section of Colon and Rectal Surgery, RACS), Dr K Chip Farmer (Vice President CSSANZ), Dr Rodney Woods and Assoc Professor Graham Newstead.

Dr Peter Hewett has retired as (Founding) Chairman of the Research Committee after steering the Committee through its formative three years. Assoc Professor Pierre Chapuis has taken on the role of Chairman and leads a Committee consisting of Professor Frank Frizelle (Christchurch NZ), Dr Julian Hayes (Auckland NZ), Dr Peter Hewett (Adelaide), Dr Alan Meagher (Sydney), Professor Cameron Platell (Perth), Assoc Professor Margaret Schnitzler (Sydney) and Assoc Professor David Wattchow (Adelaide).

A summary of activities for 2005-7 follows:

Administrative

- Responsibilities and Principles were elaborated and adopted to ensure more optimal management of the business of the Foundation.
- An expansion of the membership of the Research Committee was recommended and approved by the Board so as to ensure an appropriate pool of evaluators for future analysis of research submissions.
- Administrative responsibilities were undertaken by CSSANZ Secretariat under a budgeted contractual arrangement.
- The name change from CSSAF to CSSANZF occurred at the end of 2006.
- All CSSANZ members were notified by letter and in the newsletter about the availability of funding for research projects.
- The Research Committee developed a standardized approach for rating of projects and added a preliminary ethics step to the assessment criteria for Research projects.
- The composition of Board Membership was defined.

Funding

- Methods and opportunities for fund-raising were explored, including from within membership of CSSANZ (with positive early results).
- The Section of Colon and Rectal Surgery, RACS gifted significant funds to the CSSANZ Foundation with a second $150,000.
- Johnson and Johnson Medical donated $450,000 in the form of an unrestricted grant for future research projects in three annual grants.
- A program of corporate (and other) approaches was proposed.
- A total of $500,000 will be placed with the RACS investment funds program, leaving over $100,000 to accommodate current annual funding commitments.

Projects

- 2006: Approval was given to support Professor Michael Solomon's multi-centre Laparoscopic Rectopexy trial for one year – the first supported project by the Foundation. This trial was original funded in the amount of $60,000 for 1 year, half of these funds having already been provided, but slow accrual has required revision of various aspects of the project.
- 2007: Professor Cameron Platell's project on Survival Outcomes in Stage II Colon Cancer was approved for one year in the amount of $29,250 salary + $6,000 consumables for the first 6 months (being half the amount requested for one year), the balance to be provided after acceptance of a satisfactory progress report by end February 2008.
- 2007: A/Prof Ian Bissett's NZ Faecal Incontinence study was approved for one year in the amount of $30,000, with $15,000 provided initially, the second $15,000 to be provided following acceptance of a satisfactory progress report by end February 2008.

Principles for Assessment and Funding of Research Projects

These important principles were developed and are summarised as follows:

- Build a corpus of funds in an attempt to (ultimately) "live" on the interest (to fund projects), rather than by using capital (as far as is possible).
- Continue to encourage project funding to keep faith with membership and researchers whilst actively canvassing corporate (and other) funds providers.
- Discourage specific purpose funds where possible.
- An objective document enabling appraisal and formal grading of research proposals is mandatory for the evaluation of all submitted projects.
- A decision on the funds available for each year will be made by the Board at the CME with approvals on funding for recommended projects occurring at the CME & ASC.
- With knowledge of funds available, the Research Committee will recommend approvals for project funding, will grade proposals and make recommendations regarding priorities, the amounts and intervals of funding.
- The Board will receive the Research Committee's recommendations and has the right (and responsibility) to modify (or reject) funding recommendations, but will generally rely on its recommendations; funding is generally for one year but may be extended for good reason and when funds permit; all projects must show acceptable progress; in principle, agreed funds will be released in only aliquots to be determined by the Chairman of the Research Committee and in consultation with the Board based on evidence of satisfactory progress.

Summary and the Future

- The CSSANZF constitution has been developed and the company is approved as a charitable entity with Research Industry status; the principles of management for Board and Research Committee are in place; a moderate level of assets (and their management) is now secure and (three) research projects are in progress.
- The independence of the CSSANZ Foundation is paramount, whilst ensuring ultimate control by the membership of the CSSANZ.
- The primary responsibility of CSSANZF is support for colorectal research. Medical industry is most important but it is essential to seek corporate funding, in addition to donations from (affluent) patients and bequests from both members and patients.

Having agreed initially to take on the responsibility of forming the CSSA(NZ) Foundation until such time as the organisation and its processes were at appropriate and satisfactory stages of development, it is now an opportune time to have passed on the Chairmanship of CSSANZF into the most capable hands of Prof Ian Jones, Past-President of CSSA(NZ).

We remain in a state of development (which I know will continue exponentially) and I am sure we will continue to enthuse our membership, colleagues, corporate fraternity and the public with our activities. The initial developments and the revisions as outlined should hopefully go some way to making the process appear and be more efficient and thus more attractive to potential research groups.

Graham Newstead
Chairman, CSSANZ Foundation 2004-2007
Sydney, Australia

COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND FOUNDATION

DONATION FORM

I wish to make a tax deductible gift to the **Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd** to be used for Colorectal Research.

I would like to donate:

○ $100 ○ $250 ○ $1000 ○ $5000

Other $ _____

○ I would like more information about making a bequest through my Will, to Colorectal Research, through the Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd.

My personal details

Title: _____ First Name: _____ Surname: _____

Address: _____

_____

Telephone (B/H) _____ (A/H) _____

○ I enclose a cheque/money order payable to the:

Colorectal Surgical Society of Australia and New Zealand Foundation Pty Ltd

○ Please charge my credit card for the amount indicated above:

○ Mastercard ○ Visa

Card No: __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiry: ____ / ____

Cardholder's Name: _____

Signature: _____ Date: _____

Please send your donation to:

CSSANZ Foundation Pty Ltd
C/- CSSANZ Secretariat
Level 2, 4 Cato St, Hawthorn, VIC 3122

Ph: +613 9822 8522 Fax: +613 9822 8400
Email: secretariat@cssanz.org

RESEARCH COMMITTEE REPORT

Chairman
Dr Peter Hewett

Department of Surgery
University of Adelaide
The Queen Elizabeth Hospital,
Adelaide

Committee:
Professor Frank Frizelle (New Zealand)
Dr Andrew Luck (South Australia)
Professor Cameron Platell (Western Australia)
Dr Andrew Stevenson (Queensland)
Dr Malcolm Wiley (Victoria)

HISTORICAL PERSPECTIVE

The Research Committee of the Colorectal Surgical Society of Australia was established at the Annual General Meeting of the Society at Sanctuary Cove on Thursday, September 7, 1995.

The fundamental aim of the Society is to improve standards of colorectal surgery, and such standards are maintained by a combination of good training, peer review, audit and research. It is therefore logical that the Society should have a Research Committee. A Research Committee maintains the credibility of the Society in a profession where clinical and laboratory research is essential to the gaining of new knowledge and to question existing dogma.

AIMS AND OBJECTIVES

1. To establish an executive infrastructure of Chairman and Secretary to act as a focus for all members of the Society for communication and establishment of protocols.
2. To foster the scientific endeavour of members of the Society, to encourage new frontiers in colorectal surgery and to question existing dogma.
3. To encourage colorectal fellows and advanced trainees in Colorectal Units to undertake research projects in the field of colorectal surgery, and support the Section of Colon and Rectal Surgery of the Royal Australasian College of Surgeons in providing a prize for high quality research papers presented by colorectal Fellows and advanced trainees.
4. To encourage the development of multi- centred studies, audits and trials within and between Colorectal Surgical Units in Australia and New Zealand.
5. To report on a regular basis to the Executive and members of the Society and to provide information on progress of existing trials and studies in which members of the Society may be involved.
6. To encourage the establishment of research funds to enable trainee and trained colorectal surgeons to initiate surgical research and

RESEARCH COMMITTEE REPORT
(CONTINUED)

eventually to develop a credibility with research fund granting bodies, such that the Society is seen as a body fostering research in Australia.

7. To disseminate to members of CSSANZ knowledge of ongoing research projects in Australia and New Zealand.

PAST TRIENNIUM AND FUTURE DIRECTIONS

The Research Committee of the CSSANZ was first established in 1995 to coordinate and promote academic research into colorectal disorders within the framework of the CSSANZ. In the Research Committee report within the 1995-1998 Triennial Report it was stated that the ultimate goal of any research body will be to facilitate randomised controlled trials in colorectal surgery.

The Research Committee was restructured in September 2003. Current membership is Chairman: Peter Hewett (South Australia), Frank Frizelle (New Zealand), Andrew Luck (South Australia), Cameron Platell (Western Australia), Andrew Stevenson (Queensland) and Malcolm Wiley (Victoria). The committee meets twice a year to review projects.

The current study which has been promulgated through the committee is as follows:

- Trial of parastomal mesh at time of surgery as a prevention of parastomal hernia formation. (Luck A, Hewett P.)

The committee has worked with a number of individuals and organizations in reviewing projects that would involve CSSANZ membership. These projects are often in the form of questionnaires or involvement in clinical studies.

The Research Committee reports to the CSSANZ Council but there are opportunities for it to assist the CSSANZ Foundation which has been created to raise funds specifically for colorectal research. Johnson & Johnson have committed $450,000 over three years to support this goal. The financial commitment provided will allow research projects promoted and promulgated through the research committee to be funded after approval by the Foundation Board Research Committee. The intention is to provide initial funding for a project to begin and accrue patients with further funding to be sought from governmental or non government agencies. It is hoped that this will allow multicentered Australian and New Zealand trials based on the model of the ALCCaS trial.

The above mentioned ALCCaS trial has been running since 1998 and has finalised recruitment (602 patients in February 2005).

In summary, coordination of research activities by the committee will expand with a greater emphasis on clinical trials during the next triennium. The committee will look forward to working with the CSSANZ Foundation and our supporters in industry to achieve the goal of facilitating randomised controlled trials in colorectal surgery.

Peter Hewett
Chairman, Research and Development Committee
Adelaide, Australia

CSSANZ JOURNAL CLUBS

Members of the Colorectal Surgical Society of Australia and New Zealand and their trainees gather together over a dinner meeting each month to critically review 3 recently published colorectal articles. Interesting cases are then presented by one of the Colorectal Surgeons. These meetings occur concurrently across Australia and New Zealand and the same papers are discussed. Five cities – Adelaide, Brisbane, Melbourne, Sydney and Perth - commenced this novel event in January 2001. The journal club concept was widened to include centres in Newcastle and New Zealand in 2003 and Tasmania in 2008.

Journal selection is done on a rotating basis with each state selecting articles for a calendar year. Critical appraisal at each centre is standardised with scientific review of intent, methods, statistical analysis and outcome. The presentations and rigorous debate that ensue are highlights of the evenings. To have such widespread participation – New Zealand to Perth and Hobart to Brisbane, ensures all surgeons and trainees keep up to date with the changing face of colorectal surgery. Even the selection of the papers for discussion warrants debate from some when the society gathers.

Meetings such as this ensure the CSSANZ remains a close knit fraternity, with participants enhancing their knowledge base in the company of their colleagues.

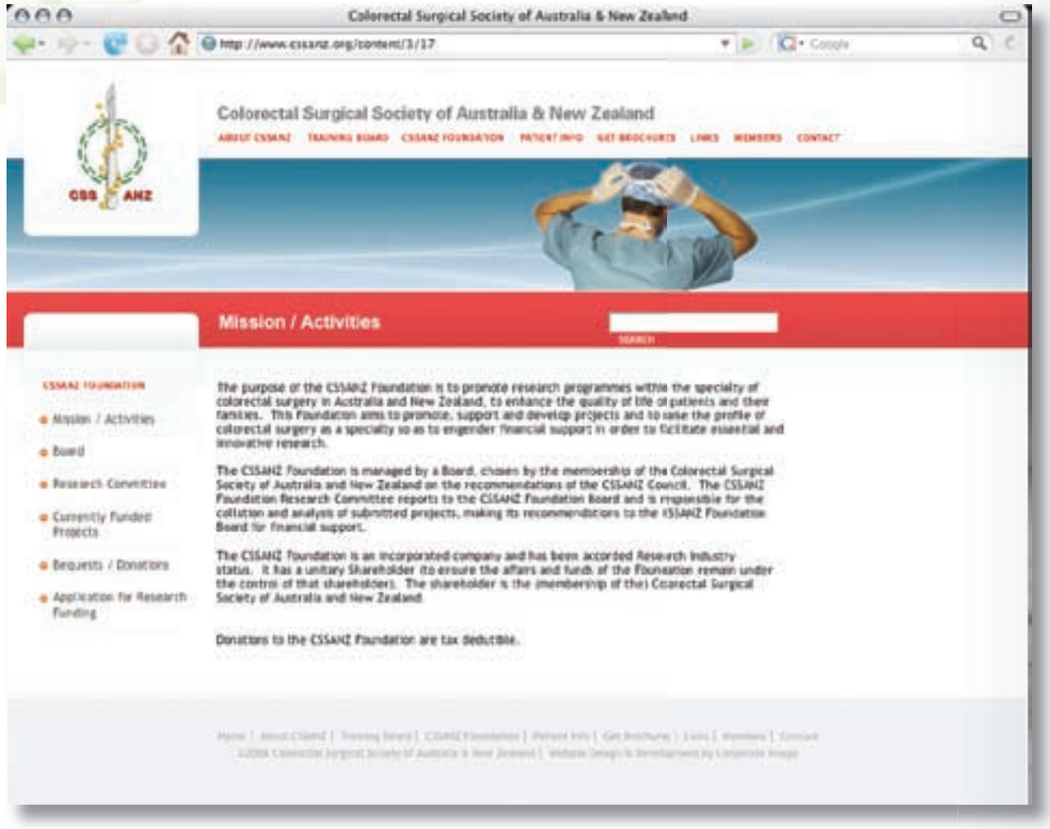
The CSSANZ is grateful for the support and sponsorship of Johnson & Johnson Pty Ltd which has enabled the Journal Club concept to develop throughout Australia and New Zealand.

Dr Matthew Rickard
National Journal Club Convenor
Sydney, Australia

State Journal Club Convenors:

Dr Phil Douglas, NSW
Dr Stephen Smith, Newcastle
Dr Ian Faragher, VIC
Dr Stephen White, QLD
Dr Andrew Hunter, SA
Dr Patrick Tan, WA
Dr Carey Gall, TAS
Prof Frank Frizelle, New Zealand

CSSANZ WEBSITE



The Society's new website has been active for most of the past 12 months and CSSANZ members have found it easy to navigate. According to the hosting service provider, the site is proving to be very popular.

A significant advantage of the new site is the capability for Liz Neilson in the Society office to make instant changes to the content whenever required.

The website's Home page contains a 'Latest News' box to alert members of conference dates and other recent information.

The Members' section features dates of Journal Club meeting dates, highlights of council meetings, and important information for Colorectal Trainees.

A recent addition to the Members' section is a list of Practice Guidelines relating to colorectal practice.

Council sees the website becoming an increasingly valuable resource for both members and the public. Suggestions are welcome and should be addressed to me via the Society office. Those without a password wishing to access the Members' section should email a request to Liz Neilson in the Society office.

The website address is www.cssanz.org

Dr K Chip Farmer
Website Convenor
Melbourne, Australia

CSSANZ SECRETARIAT

In 2005 the CSSANZ Secretariat relocated to a commercial office in the Melbourne suburb of Hawthorn, with Jan Farmer responsible for the running of the Secretariat. In her thoroughly organised manner, Jan created a functional environment equipped to handle the multitude of tasks. In 2006 the Councillors decided to employ Linda Anderson as an assistant to Jan, whose part-time hours were increasing rapidly.

Over time it became apparent that the Secretariat needed a full time staff member and in looking towards future needs, the Council decided to alter the scope of the role and employ a full time manager. Linda finished in late 2006 and Jan in early 2007, when Liz Neilson took over as Executive Administrator. Liz brings extensive business and administration experience to the Secretariat, having worked previously in both corporate and small business sectors.

The Secretariat provides administration for the Society, the Foundation, the Foundation Research Committee and the Training Board in Colon and Rectal Surgery. It provides a vital communication link between these Boards and Committees to all members and fellows.

During 2007 some significant changes in the Secretariat have been:

- Development of extensive monthly reporting and budget monitoring on a wider range of items.
- Review of all patient brochures by Councillors for currency and consistency in presentation and layout. An annual sponsorship has been arranged by Council for each of the brochures and all brochures have been restocked.
- Update of Journal club budgeting and administration to provide more detailed monitoring information. The Journal Club Meeting in most states now meets Australian Taxation Office rulings for an education and training event.

In addition, the Secretariat has been involved with the in-house design of member newsletters, promotional material design and sponsorship liaison for the 2007 Spring CME, as well as the routine day to day tasks.

The Secretariat has a diverse and busy workload, and efficiency is critical. Development of the role and improvement in processes will be ongoing to allow the Secretariat to manage future change.

Liz Neilson
Executive Administrator
Melbourne, Australia

CSSANZ MEMBERS' RESEARCH ACTIVITIES 2005-2007

RESEARCH GRANTS

Bissett I.

2007 University of Auckland PBRF Allocation ($8,570); University of Auckland Postgraduate ($1,000); HRC ($1,397,629); CSSANZ Foundation ($30,000). Population Prevalence of Faecal Incontinence.

Bokey EL.

2005-2006 Cancer Institute NSW Clinical Fellowship Program, 2006 – "Proteomics and Colorectal Cancer Project" with Dr F Lam, Dr C Chan, Prof EL Bokey ($120,000). Duration: 2 years.

2006 Sanofi-Aventis Sponsorship for: "Use of novel protein biomarkers to improve therapy of colorectal cancer" Prof EL Bokey, Prof S Clarke ($82,500). Duration: 1 year.

2007 Translational Program Grant- the Sydney collaborative for research into proteomic technology for CRC (SCRIPT). Cancer Institute NSW ($3,745,500). Duration: 5 years.

Chapuis PH.

2005-2006 Cancer Institute NSW Clinical Fellowship Program, 2006 - "Proteomics and Colorectal Cancer Project" with Dr F Lam, Dr C Chan, Prof EL Bokey ($120,000).

2005-2007 Surgeon Scientist Scholarship - 2005 (duration for up to 3 years) - awarded by the RACS - "The application of proteomics in colorectal cancer diagnosis, staging and treatment", with Dr F Lam (PhD candidate) and collaborators, Prof EL Bokey and Dr C Chan. ($42,000: Note 25% of the value of the scholarship to be self-funded).

2007-2012 Cancer Institute NSW Translational Program Grant – the Sydney collaborative for research into proteomic technology for CRC (SCRIPT). ($3,745,500) over 5 years.

Hayes JL.

2005 Richard Stewart Scholarship, University of Otago ($10,000).

Hewett P.

2005 Johnson and Johnson Pty Ltd: Purchase of Laparoscopic Surgical Simulator ($40,000).

2005 Mazda Foundation Grant: Purchase of Laparoscopic Surgical Simulator ($40,000).

2005 The University of Adelaide Faculty of Health Sciences Travel Grant ($1,000).

2007 ($79,750), 2006 ($69,750), 2005 ($79,750) - NH&MRC Grant 349381. Australasian Randomised Clinical Trial comparing laparoscopic and open surgical treatment of colon cancer: follow-up.

Ho Y-H.

2006 Queensland Cancer Fund. Veitch C, Ho Y-H, Farmer J, Campbell N, Howat A. Experiences of colorectal cancer and oncology services: a rural/urban comparison to identify locational differences ($101,575).

2005 James Cook University Program Grant . Ho Y-H, Raasch B, Salleh S, Butner P. The Clinicopathological Significance of Telomerase Activity in the Pathogenesis of Colorectal & Skin Cancer ($25,000).

2005-2007 Parkes Bequest. Ho Y-H, Buttner P, Harrison SL, Lam A, Raasch B, Garbe C. North Queensland Centre for Cancer Control & Research – molecular epidemiology of non-melanoma skin cancer ($285,000).

Makin G.

2006 NHMRC (458755) - CIB. The role of SPARC in colorectal cancer. Dr Ian Lawrance, Professor E Helene Sage. www.uiadev.com/survey ($507,000).

Merrie A.

2005 Genesis Oncology Fund: The Colorectal Cancer Patients' Journey – A pilot study. University of Auckland, Department of Oncology and Department of Surgery.

McMurrick P.

Awarded by Johnson and Johnson: Establishment of a browser based multi-institutional collaborative colorectal neoplasia Database ($50,000).

Newstead GL.

2005 Various donations to The Colorectal Foundation: (Bowel Cancer Prevention and Research projects), Baxter and TIMP ($150,000).

2006 Corporate and other donations for the Australian Bowel Cancer Prevention Campaign ($350,000).

2005-7 Research Funds for the CSSANZ Foundation: Johnson and Johnson ($450,000), Section of Colon and Rectal Surgery, RACS ($300,000).

Platell C.

2005-2007 NHMRC – AI. WA Bowel Health Study. Heyworth, Fritschi, Iacopetta, McCaul, Crawford - Genetic and environmental risk factors for colorectal cancer: anatomic site specificity ($500,000).

2006 NHMRC (458755) - CIB. The role of SPARC in colorectal cancer. Dr Ian Lawrance, Professor E Helene Sage. www.uiadev.com/survey ($507,000).

2007 Colorectal Surgical society of Australia and New Zealand Foundation (8/2007) – Survival outcomes in patients with Stage II Colon Cancer ($35,250).

2007 NHMRC (479205) – CID. The Western Australian Safety and Quality of Surgical Care Project: Improving the Safety, Quality and Provision of Surgical Care ($428,664).

Solomon MJ.

2005-2007 Hewett P, Stevenson A, Solomon MJ. Australasian randomised clinical trial comparing laparoscopic and open surgical treatment of colon cancer: Follow-up. NH & MRC Grant 349381 (2005 - $79,750; 2006 - $69,750; 2007 - $79,750).

2005-2006 Butow PN, Dunn S, Alaf G, King M, Mason C, Meiser B, Solomon MJ, Stockler M, Tattersall M, White K. NSW Psycho-Oncology Cooperative Research Group.

Cancer Institute NSW Research Infrastructure Grants ($180,000 total).

2005-2007 Simes J, Stockler D, Goldstein D, Solomon MJ, Friedlander M. Infrastructure support for AGITG & ANZGOG through the NHMRC Clinical Trials Centre - A NSW led initiative. Cancer Institute NSW Research Infrastructure Grants (2005 $535,759; 2006 $586,320; 2007 $641,036).

2005-2007 Armstrong B, Spigelman A, Leong D, O'Connell D, Ackland S, Chapuis P, Dent O, Kneeborne A, Salkeld G, Solomon MJ, Young JM. The NSW Colorectal Cancer Care Survey. Cancer Institute of NSW Patterns of Care Studies (2005 $172,000; 2006 $232,933; 2007 $196,236).

2005 Solomon MJ, Hewett P, Hunter A, Young JM. The Australasian Colorectal Cancer Network. National Institute of Clinical Studies (NICS) Seeding Grant ($10,000).

2006 Young CJ, Salkeld G, Young JM, Solomon MJ, Faragher I, Frizelle F. Project Grant: Surgery versus stent insertion for the management of non-curable large bowel obstruction. University of Sydney Bridging Grant ($23,000).

2006 Randomised controlled trial of laparoscopic resection rectopexy compared with fixation rectopexy for rectal prolapse. CSSANZ Foundation ($92,500).

2007-2009 Young JM, Butow P, Solomon MJ, Salkeld G, White K. NSW Cancer Institute HSR Program Grant. Improving the patient's journey: effectiveness and cost effectiveness of remote access cancer care coordination (2007 $500,000, 2008 $500,000, 2009 $500,000).

2007-2009 Young CJ, Young JM, Solomon MJ, Faragher IG, Frizelle FA. NHMRC Project Grant: Improving the quality of life for people with incurable large bowel obstruction: RCT of colonic stent insertion. (2007 $55,400; 2008 $55,400; 2009 $81,525).

2007 – 2008 Solomon MJ, Young JM. Cancer Surgery Trials Unit. Cancer Institute NSW Clinical Trials Establishment Grant ($84,900).

Tjandra JJ.

Friends of Melbourne Colorectal Service Grant.

Medtronic Educational Grant to establish Asia-Pacific Training Centre in Pelvic Floor Surgery.

Wattchow DA.

2006 Clinicians' Special Purpose Fund – Grant to establish a medical PhD programme ($140,000).

2007 Pfizer Neuroscience Grant: DeFontgalland, Brookes, Costa, Wattchow ($55,000).

Young CJ.

2006 University of Sydney Bridging Support Grant -In connection with ARC/NHMRC Grant Application: Surgery versus stent insertion for the management of non-curable large bowel obstruction ($23,000).

PEER – REVIEWED PUBLICATIONS IN COLORECTAL SURGERY

BY CSSANZ MEMBERS 2005 – 2007

1. Case Reports

Dyer EJ, **Faragher IG**.
Computed tomography finding of portal venous gas in a patient who survived mesenteric infarction.
ANZ J Surg 2005;75(5):363-4.

Omundsen M, **Dennett ER**.
An unusual case of small bowel obstruction in a 56-year old woman.
ANZ J Surg 2005;75(10):923-924.

Frizelle FA, Colls BM.
Hyponatremia and seizures after bowel preparation: report of three cases.
Dis Colon Rectum 2005;48(2):393-6.

Hemmings CT, **Frizelle FA**.
Carcinosarcoma of the anus: report of a case with immunohistochemical study and literature review.
Pathology 2006;38(3):264-7.

Lam KY, **Ho Y-H**.
Primary squamous cell carcinoma of the rectum in a patient on immunosuppressive therapy.
Pathology 2006;38:74-6.

Lee J, **Mackay J**, **Steel M**, **Keck J**, **Chen F**.
Perforated rectal cancer associated with neoadjuvant radiotherapy - A report of 4 cases.
Dis Colon Rectum 2006;49(10):1629-32.

Da Costa G, Ng B, Kociumbas I, **Wong S**.
Herniation of caecum through the foramen of Winslow.
Australasian Radiology 2007;Oct;51:B152-4.

2. Colonoscopy

Keating JP, Memon S.
Colonoscopic extraction of a giant appendicolith.
Gastrointest Endosc 2005;61:292-3.

Platell C, Salama P, **Barwood N**, **Makin G**.
Performing a colonoscopy 12 months after surgery for colorectal neoplasia.
ANZ J Surg 2005;75:282-285.

Pearson S, Maddern GJ, **Hewett P**.
Interacting effects of preoperative information and patient choice in adaptation to colonoscopy.
Randomized Controlled Trial.
Dis Colon Rectum 2005;48:2047-54.

Tjandra JJ, Chan MKY, Tagkalidis P.
Oral Sodium Phosphate (Fleet TM) is a superior colonoscopy preparation to PicoprepTM (sodium picosulfate-based preparation).
Dis Colon Rectum 2006;49:616-20.

Tan JJY, **Tjandra JJ**.
What is the optimal bowel preparation for colonoscopy – a meta-analysis.
Colorectal Dis 2006;8:247-58.

Tjandra JJ, Chan MKY.
US Gastroenterology Review on: Oral sodium phosphate as a colonoscopy preparation.
Touch Briefings 2007:March;Issue1.

Renaut AJ, Raniga S, **Perry RE**, Guilford L, **Frizelle FA**.
A randomized controlled trial comparing the efficacy and acceptability of phospo-soda buffered saline (Fleet®) with sodium picosulphate/ magnesium citrate (Picoprep®) in the preparation of patients for colonoscopy.
Colorectal Dis 2007;Sep 14.

PEER – REVIEWED PUBLICATIONS IN COLORECTAL SURGERY

BY CSSANZ MEMBERS 2005 – 2007 (CONTINUED)

3. CR Cancer

(a) Practice Parameters

Tjandra JJ, Kilkenny JW, Buie WD *et al*.
Practice parameters for the management of rectal cancer.
Dis Colon Rectum 2005;48:411-23.

McMurrick P.
Bowel cancer: a guide for the GP.
Aust Fam Physician 2006;35:192-7.

Polglase AL.
Colorectal Cancer – MIMMS Disease Index article update.
Revised April 2007.

McMurrick P.
How to treat: bowel cancer.
Australian Doctor 2007;Nov 29-36.

(b) Surgery

Tjandra JJ, **Israel L**.
Local excision of rectal cancer – A clinical decision making.
Sem Colorectal Surg 2005;16:47-55.

Heriot AG, Tekkis PP, Darzi A, **Mackay J**.
Surgery for local recurrence of rectal cancer.
Colorectal Dis 2006;8:733-47.

Ho Y-H.
Techniques for restoring bowel continuity and function after rectal cancer surgery.
World J Gastroenterol 2006;12:6252-60.

Tekkis PP, Smith JJ, **Heriot AG**, Darzi AW, Thompson MR, Stamatakis JD.
On behalf of the Association of Coloproctology of Great Britain and Ireland - A national study on lymph node retrieval in resectional surgery for colorectal cancer.
Dis Colon Rectum 2006;49:1673-83.

Heriot AG, Tekkis PP, Constantinides V, Paraskevas P, Nicholls RJ, Darzi A, Fazio VW.
A comparison of colonic reservoirs versus straight coloanal anastomosis following anterior resection – a meta-analysis.
Br J Surg 2006;93:19-32.

Aziz O, Constantinides V, Tekkis PP, Athanasiou T, Purkayastha S, Paraskeva P, Darzi AW, **Heriot AG**.
Laparoscopic versus open surgery for rectal cancer – a meta-analysis.
Ann Surg Oncol 2006;13:413-24.

Chapuis PH, Lin B, Chan C, Dent OF, **Bokey EL**.
Risk factors for tumour present in a circumferential line of resection after excision of rectal cancer.
Br J Surg 2006;93:860-5.

Tilney HS, Tekkis PP, Sains PS, Constantinides VA, **Heriot AG**.
Association of Coloproctology of Great Britain and Ireland. Factors affecting circumferential resection margin involvement after rectal cancer excision.
Dis Colon Rectum 2007;50:29-36.

Tilney HS, Lovegrove RE, Purkayastha S, Sains PS, Weston-Petrides GK, Darzi AW, Tekkis PP, **Heriot AG**.
Comparison of colonic stenting and open surgery for malignant large bowel obstruction. Surg Endosc 2007;21:225-33.

Watt AM, **Faragher IG**, Griffin TT, **Rieger NA**, Maddern GJ.
Self-expanding metallic stents for relieving malignant colorectal obstruction: a systematic review. Ann Surg 2007;246:24-30.

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PEER – REVIEWED PUBLICATIONS IN COLORECTAL SURGERY

BY CSSANZ MEMBERS 2005 – 2007 (CONTINUED)

Frizelle FA, Barclay M.
Constipation in Adults. In: Chapter in Clinical Evidence. Volume 13.
BMJ publishing, London UK June 2006.

Frizelle FA, Barclay M.
Constipation in Adults. In: Clinical Evidence. Volume 12.
BMJ publishing, London UK Dec 2005.

Frizelle FA, Barclay M.
Constipation in Adults. In: Clinical Evidence. Volume 11.
BMJ publishing, London UK June 2005:557-66.

Frizelle FA.
Introduction. In: Peter Cartwright (ed). Coping with Diverticulitis.
Publisher Sheldon Press 2007.

Frizelle FA, Barclay M.
Constipation. In: Best Treatment.
BMJ Publishing, London UK 2006.

Lynch AC, Frizelle FA.
Bowel function following spinal cord injury. In: LC Weaver (ed). Brain Research.
Elsevier Science, The Netherlands 2006.

Newstead G.
Complications of Colonoscopy. In: Fazio VW, Church JM, Delaney CP (eds). Current Therapy in Colon and Rectal Surgery (2nd Ed).
Elsevier 2005: 529-34.

Tjandra JJ.
Solitary rectal ulcer syndrome. In: Fazio VW, Church JM, Delaney CP (eds). Current therapy in colon and rectal surgery (2nd Ed).
Elsevier Mosby, Philadelphia, 2005;135-8.

Tjandra JJ.
Small bowel obstruction. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:159-64.

Tjandra JJ.
Mesenteric vascular disease. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:171-8.

Tjandra JJ.
The appendix and Meckel's diverticulum. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:179-84.

Tjandra JJ.
Tumours of the small bowel. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:185-190.

Tjandra JJ.
Colorectal cancer and adenoma. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:191-210.

Tjandra JJ.
Diverticular disease of the colon. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:211-8.

Tjandra JJ.
Inflammatory bowel disease . In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:219-232.

Tjandra JJ.
Radiation injuries to the small and large bowel. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:233-8.

Tjandra JJ.
Enterocutaneous fistula. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:239-44.

Tjandra JJ.
Rectal prolapse. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:245-50

Tjandra JJ.
Intestinal stomas. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:251-6.

Bokey L, Chapuis P, Tjandra JJ.
Anal and perianal disorders. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:257-72.

Tjandra JJ, Collins JP.
Breast Surgery. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:273-292.

Tjandra JJ.
Faecal incontinence. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:569-72.

Tjandra JJ.
Rectal bleeding. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:573-576.

Tjandra JJ.
Peritonitis and intra-abdominal abscess. In: Tjandra JJ, Clunie GA, Kaye AH, Smith JA (eds). Australasian Textbook of Surgery.
Blackwell Sci, Melbourne, 2006:593-6.

Books:

Tjandra JJ, Clunie GJA, Kaye A, Smith JA.
Textbook of Surgery (3rd ed).
Blackwell Sci, Oxford. 2006.

16. Letters, Editorials and Commentaries

Platell C.
Author's reply: Randomized clinical trial of bowel preparation with a single phosphate enema or polyethylene glycol before elective colorectal surgery. (Br J Surg 2006;93:427-433).
Br J Surg 2006;93:1147-8 [Epub ahead of print].

Frizelle FA.
Writing Medicolegal reports.
BMJ 2004 (Rapid response)
http://bmj.bmjjournals.com/cgi/eletters/329/7478/1353 also published in print form.

Frizelle FA.
Negligence of medical experts: Issues in writing medicolegal reports must be considered.
BMJ 2005;330:1027.

Frizelle FA.
The importance (and cost) of editorial independence. (Editorial)
NZ Med J 2006 Mar 10;119(1230):U1893.

Byrne CM, Solomon MJ.
Old vs New St Mark's Score Author's Reply. (Letter to Editor)
Dis Col Rectum 2007;50 No 10.

Byrne CM, King DW, Perera DS.
Does Rectal Washout During Anterior Resection Prevent Local Tumor Recurrence? (Letter to Editor)
Dis Col Rectum 2005;48, No 1:172-3; author reply 173-4, Jan.

Bokey EL, Chapuis PH, Dent, OF.
Recurrence after Total Mesorectal Excision. (Letter to Editor)
Dis Colon Rectum 2005;48:1323-24.

Chapuis PH, Slim K.
Digest of articles published in the Annales de Chirurgie 2004, Issues 1-10.
ANZ J Surg 2006;76:190-92.

Chapuis PH, Slim K.
Digest of articles published in the Annales de Chirurgie 2005; Issues 1-10 and 2006; Issues 1-5.
ANZ J Surg 2006;76:1121-24.

PEER – REVIEWED PUBLICATIONS IN COLORECTAL SURGERY

BY CSSANZ MEMBERS 2005 – 2007 (CONTINUED)

Yeap B, **Platell C**, Ferrari P.

Apparent addison's disease following ileostomy. (Letter)

Nephrology 2005;10:531-532.

Young CJ.

Book Review:

Surgical and Medical Treatment In Art. Emery AEH and Emery MLH (2006). Pathology 2006:38(5):478.

Bissett I.

Good news for patients with colorectal cancer? (Comment. Editorial)

NZ Med J 2005;118(1210):U1330, Feb 25.

Frizelle FA.

Peer review of NZMJ articles: issues raised after publication of the viewpoint article on Janet Frame.

NZ Med J 2007;Oct 26th;120.

URL http://www.nzma.org.nz/journal/120-1264/2788/content.pdf

Frizelle FA.

Commentary.

Colorectal Dis 2007 Jul;9(6):501-2.

Frizelle FA.

Response to Salamol and asthma in New Zealand. Robin Taylor, Julian Crane, John Kolbe, NZMJ 2006.

URL http://www.nzma.org.nz/journal/119-1245/2328/

Frizelle FA.

Lawyers and letters (Editorial)

NZMJ 2005.

URL http://www.nzma.org.nz/journal/118-1222/1664/content.pdf

Ghose J Watson AJ, **Frizelle FA**.

Malignant transformation of high-grade anal intraepithelial neoplasia. Scholefield JH, Castle MT, Watson NF. (Letter to Editor)

Br J Surg 2005;92(9):1133-6 E-Pub BJS 2005.

Salkeld G, Young JM, **Solomon MJ**.

Consumer choice and the National Bowel Cancer Screening Program (Editorial).

Med J Aust 2006; 184:541 - 542.

Tjandra JJ.

Commentary on endoanal ultrasound in the assessment of patients with fecal incontinence. In: GA Santoro, G Di Falco. Benign Anorectal Diseases – diagnosis with endoanal and endorectal ultrasonography.

Springer-Verlag Italia 2006;127-8.

Tjandra JJ.

Treatment of fecal incontinence – commentary. In: Ratto C, Doglietto GB (eds). Fecal incontinence: diagnosis and treatment.

Springer-Verlag 2007;October.

INTERNATIONAL PRESENTATIONS AND LECTURES

2005-2007

Bissett IP.
Tripartite Colorectal Meeting.
Evaluation of knowledge and anxiety levels of patients visiting the pelvic floor clinic. Coolen JC, Florisson JM, Bissett IP, Parry BR.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
A novel model used to compare water-perfused and solid state manometery. Coolen JC, Florisson JM, Bissett IP, Parry BR. Poster.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
An anatomically accurate computational model of the pelvic floor and anal canal. Bissett IP, Noakes KF, Pullan AJ, Cheng LK. Poster.
Dublin, Ireland, July 2005.

Bokey EL.
World Congress of Coloproctology & Pelvic Diseases – Innovation & Current Debates – Italian Unitarian Coloproctology Society (SIUCP).
Session – Rectal Cancer: Comparison of Techniques and Results – Ultralow Rectal Cancer – Round Table discussion.
Rome, Italy, June 2005.

Byrne CM.
Tripartite Colorectal Meeting.
Patient Preferences for Surgical Treatment Options in Inflammatory Bowel Disease. Byrne CM, Solomon MJ, Young J, Selby W.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Long Term Follow-up After RCT and Subsequent Rectopexies at RPAH from 1994-2004. Byrne CM, Smith SR, Solomon MJ, Young J, Eyers AA, Young CJY, Merlino C.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Short Term Results after Biofeedback Treatment for Faecal Incontinence – results of 513 patients. Byrne CM, Solomon MJ, Rex J, Young J, Heggie D, Merlino C.
Dublin, Ireland, July 2005.

Chapuis PH.
Tripartite Colorectal Meeting.
Risk factors for residual tumour in a circumferential line of resection after excision of the rectum for cancer.
Dublin, Ireland, July 2005.

Frizelle FA.
Tripartite Colorectal Meeting.
Invited speaker. Emergency colorectal surgery.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Endoscopic and histological changes seen in ileum following exposure to true faecal stream Frye J, Mears L, Frizelle F, Williams N. Poster.
Dublin, Ireland, July 2005.

Hayes JL.
Tripartite Colorectal Meeting.
Meta-analysis of outcomes of laparoscopic colectomy for cancer. Hayes JL, McLeay EH. Colorectal Disease, 2005;7 (Suppl. 1),11.
Dublin, Ireland, July 2005.

Heriot A.
American Surgical Association Annual Meeting.
Adjuvant radiotherapy is associated with increased sexual dysfunction in patients undergoing resection for rectal cancer – a predictive model. Heriot A, Tekkis PP, Neary P, Fazio VW, Lavery I.
Palm Beach FL, USA, April 2005.

Tripartite Colorectal Meeting.
Adjuvant radiotherapy is associated with increased sexual dysfunction in patients undergoing resection for rectal cancer – a predictive model. Heriot A, Tekkis PP, Neary P, Fazio VW, Lavery I.
Dublin, Ireland, July 2005.

American Society of Colon and Rectal Surgeons.
Phenotypic factors can predict the risk of proctectomy after total colectomy and ileorectal anastomosis for patients with familial adenomatous polyposis (FAP) - A multifactorial model. Tekkis PP, Heriot A, Gallagher M, Nicholls R, Fazio VW, Phillips R, Church J.
Philadelphia, USA, May 2005.

INTERNATIONAL PRESENTATIONS AND LECTURES

2005-2007 (CONTINUED)

Hewett P.
First International Colorectal Surgery Forum and Fourth National Symposium of Sphincter Saving Procedure in Rectal Cancer.
Laparoscopic Surgery for Colorectal Cancer.
Tianjin, China, November 2005.

Jinan Surgical Symposium.
An update of the treatment of faecal incontinence.
Jinan, China, September 2005.

Tripartite Colorectal Meeting.
Laparoscopic resection of splenic flexure lesions, in the left lateral position. Video presentation.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Implantation of Ethylene-vinyl-alcohol copolymer (EVOH) into the anal intersphincteric plane for the management of faecal incontinence: A Pilot Study.
Dublin, Ireland, July 2005.

Ho Y-H.
Laparoscopic Colorectal Surgery Workshop, Selayang Hospital.
Principles of Laparoscopic Colorectal Surgery (Plenary lecture) and live televised demonstrations (of laparoscopic right hemicolectomy and abdominoperineal resection for advanced cancer).
Kuala Lumpur, Malaysia, November 2005.

Department of Surgery, Jichi University.
Invited Lecture: Laparoscopic colorectal surgery.
Omiya, Japan, September 2005.

11th convention of the Japanese Society for colorectal and anal function disorders.
Plenary lecture. Functional outcome of colonic J-pouch and coloplasty in rectal cancer surgery.
Tokyo, Japan, September 2005.

11th convention of the Japanese Society for colorectal and anal function disorders. Invited Presentation: Anorectal biofeedback for bowel dysfunction after rectal cancer surgery.
Tokyo, Japan, September 2005.

Management of hemorrhoids with preservation of the anal cushions – the scientific evidence to date.
Indonesia, May 2005.

Siriraj Hospital.
Live demonstrations – laparoscopic high anterior resection and laparoscopic extended right hemicolectomy. Laparoscopic Colectomy (Meet the experts and live demonstration).
Bangkok, Thailand, March 2005.

Siriraj Hospital.
Laparoscopic Total Mesorectal Excision (Lap TME). Laparoscopic Colectomy (Meet the experts and live demonstration).
Bangkok, Thailand, March 2005.

Siriraj Hospital.
Experience in Laparoscopic colectomy and vessel sealing. Laparoscopic Colectomy (Meet the experts and live demonstration).
Bangkok, Thailand, March 2005.

Keshava A.
Tripartite Colorectal Meeting.
A comparison between surgical training in the United Kingdom and Australia. Keshava A, Tytherleigh MG, Renwick A, Chapuis PH.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Surgical management of pilonidal sinus disease. An audit of five years experience using Karydakis Flap repair. Keshava A, Young CJ, Rickard MJFX.
Dublin, Ireland, July 2005.

10th Congress of Asian Federation of Coloproctology.
Non-Surgical Means of Defunctioning Bowel – Prospective Cohort Trial of the Zassi Bowel Management Tube at Concord Hospital. Keshava A, Renwick AA, Pilley A, Stewart P.
Singapore, March 2005.

10th Congress of Asian Federation of Coloproctology.
Stapled haemorrhoidectomy – video presentation. Keshava A, Tytherleigh MG, Young CJ.
Singapore, March 2005.

10th Congress of Asian Federation of Coloproctology.
Surgical management of Pilonidal Sinus disease. An audit of five years experience using Karydakis Flap repair. Keshava A, Young CJ, Rickard MJFX.
Singapore, March 2005.

Lumley J.
Samsung Medical Centre Colorectal Conference.
Laparoscopic surgery for cancer - the past, present and future.
Korea, 2005.

Parry BR.
Tripartite Colorectal Meeting.
Evaluation of knowledge and anxiety levels of patients visiting the pelvic floor clinic. Bissett IP, Coolen JCG, Florisson JMG, Parry BR.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
A novel model used to compare water – perfused and solid state manometery. Bissett IP, Florisson JMG, Coolen JCG, Plank LD, Parry BR. Poster.
Dublin, Ireland, July 2005.

Platell C.
Tripartite Colorectal Meeting.
A Clinical Trial Evaluating Bowel Preparation with either a Single Phosphate Enema or Polyethylene Glycol before Elective Colorectal Surgery.
Dublin, Ireland, July 2005.

St Mark's Hospital, Visiting Lecturer.
A Clinical Trial Evaluating Bowel Preparation with either a Single Phosphate Enema or Polyethylene Glycol before Elective Colorectal Surgery.
Harrow, UK, July 2005.

Solomon MJ.
Tripartite Colorectal Meeting.
Opening Plenary Lecture.
Dublin, Ireland, July 2005.

Tjandra JJ.
International Colorectal Disease Symposium.
Invited Speaker. Optimising Outcome of Rectal Cancer.
Hong Kong, 2005.

International Colorectal Disease Symposium.
Invited Speaker. What is the Optimal Technique for a Sphincter Repair.
Hong Kong, 2005.

International Colorectal Disease Symposium.
Invited Speaker. Pelvic Floor Anatomy Revisited.
Hong Kong, 2005.

10th Congress of Asian Federation of Coloproctology.
Invited Speaker. Workshop on Sacral nerve stimulation and Endorectal Ultrasound.
Singapore, March 2005.

10th Congress of Asian Federation of Coloproctology.
Invited Speaker. Faecal Incontinence – new options.
Singapore, March 2005.

American Society of Colon and Rectal Surgeons.
Sacral neuromodulation in patients with fecal incontinence: a randomized controlled study on efficacy and quality of life.
Philadelphia, May 2005.

American Society of Colon and Rectal Surgeons.
Laparoscopic-assisted high anterior resection: intra-corporeal anastomosis vs open anastomosis: a case-controlled comparison.
Philadelphia, May 2005.

American Society of Colon and Rectal Surgeons.
Benefits of injectable silicone biomaterial for fecal incontinence due to internal sphincter dysfunction is sustained at 12 months: a randomized trial.
Philadelphia, May 2005.

American Society of Colon and Rectal Surgeons.
Preoperative chemoradiation for rectal cancer causes prolonged pudendal nerve terminal motor latency.
Philadelphia, May 2005.

INTERNATIONAL PRESENTATIONS AND LECTURES

2005-2007 (CONTINUED)

Tripartite Colorectal Meeting.
Position statements on follow-up for colorectal cancer.
Dublin, Ireland, July 2005.

European Society of Coloproctology First Annual Meeting.
Invited Speaker. Injectable therapy for faecal incontinence.
Bologna, Italy, 2005.

European Society of Coloproctology First Annual Meeting.
Invited International Panel on: Training in Colorectal Surgery.
Bologna, Italy, 2005.

Second Joint Meeting of European Council of Coloproctology and European Association of Coloproctology.
Invited Lecturer.
Bologna, Italy, 2005.

China Association of Surgeons 15th Annual Meeting, Satellite Symposium.
Invited Speaker. New Technology in Colorectal Surgery.
Jinan, China, 2005.

4th Jakarta Digestive Week.
Invited Speaker. Preoperative staging for rectal cancer.
Jakarta, Indonesia, 2005.

4th Jakarta Digestive Week.
Invited Speaker. Laparoscopic Surgery for rectal cancer – is it safe?
Jakarta, Indonesia, 2005.

4th Jakarta Digestive Week. Invited Speaker.
PPH in the treatment of hemorrhoids: complication and long-term result.
Jakarta, Indonesia, 2005.

4th Jakarta Digestive Week.
Invited Expert Panel & Surgeon. Rectal cancer.
Jakarta, Indonesia, 2005.

7th Asia Pacific Congress of Endoscopic Surgery.
Invited Lecturer.
Hong Kong, 2005.

Wattchow DA.
Tripartite Colorectal Meeting.
A randomised controlled trial comparing followup of patients with colon cancer by general practitioners or surgeons. Wattchow DA, Lewis M, Weller D, McGorm K, Pilotto L, Esterman A, Hammett Z.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Prolonged followup of women with childbirth induced trauma to the anal sphincter mechanism. Lewis M, Rieger N, Voyvodic F, Schloithe A.
Dublin, Ireland, July 2005.

Digestive Disease Week.
Small Intestinal Lymphangiectatic Cysts, a Possible Cause of a False Positive Capsule Endoscopy. Martin JE, Wattchow D, Coleman M, Fraser R.
Chicago, USA, May 2005.

Wong SW.
Tripartite Colorectal Meeting.
Fibrin or flap for anal fistula. Wong SW, Keck J, Chen F, Woods R.
Dublin, Ireland, July 2005.

Young CJ.
10th Congress of Asian Federation of Coloproctology.
Video presentation of stapled haemorrhoidectomy – steps to safe firing. Keshava A, Tytherleigh MG, Young CJ.
Singapore, March 2005.

10th Congress of Asian Federation of Coloproctology.
Karydakis flap repair for pilonidal sinus. Keshava A, Young CJ, Rickard MJFX.
Singapore, March 2005.

Tripartite Colorectal Meeting.
Long term follow-up after RCT of open vs laparoscopic rectopexy and subsequent rectopexies. Byrne CM, Solomon MJ, Eyers AA, Young CJ, Young JM, Smith S.
Dublin, Ireland, July 2005.

Tripartite Colorectal Meeting.
Karydakis flap repair for pilonidal sinus. Keshava A, Young C, Rickard MJFX – Poster.
Dublin, Ireland, July 2005.

Bokey EL.
Cleveland Clinic, Florida 17th Annual International Colorectal Disease Symposium.
An International Exchange of Medical and Surgical Concepts.
Guest Professor.
Session: Complex challenges in Anal and Rectal Cancer Surgery. Lecture: The Effect of Anastomotic Leakage on Survival and Recurrence.
Fort Lauderdale, USA, February 2006.

Cleveland Clinic, Florida 17th Annual International Colorectal Disease Symposium.
Session: Laparoscopy for Colorectal Carcinoma: A Global Perspective of Trials and Data. Lecture: Australia and New Zealand.
Fort Lauderdale, USA, February 2006.

Cleveland Clinic, Florida 17th Annual International Colorectal Disease Symposium.
Session: Cost Containment and Patient Safety – Are They Compatible? Lecture: Does Surgical Training Compromise Outcome?
Fort Lauderdale, USA, February 2006.

Heriot A.
Association of Coloproctology, Surgeons of Great Britain and Ireland.
Factors affecting survival following surgery for recurrent rectal cancer. Heriot AG, Woods RJ, Ngan S, Tekkis PP, Mackay J.
Gateshead, UK, July 2006.

Ho Y-H.
35th World Congress of the International College of Surgeons.
Plenary Lecture. Challenges in laparoscopic ultra-low anterior resection.
Pattaya, Thailand, October 2006.

35th World Congress of the International College of Surgeons.
Symposium session. Challenges in laparoscopic colectomy: Tips and pitfalls.
Pattaya, Thailand, October 2006.

35th World Congress of the International College of Surgeons.
Plenary lecture. Challenges in faecal incontinence.
Pattaya, Thailand, October 2006.

Jiansu Hospital, Nanjing Medical College.
Invited Lecture: Laparoscopic large bowel surgery: ultra-low anterior resection.
Nanjing, China, September 2006.

Perkimpunan Dokter Spesialis Bedah Indonesia.
Invited Keynote Lecture: Management of haemorrhoidal disease – how by the general practitioner and when by the specialist.
Wilayah Jakarta (Ikabi Jaya). Jakarta, Indonesia, August 2006.

Lumley J.
Singapore General Hospital.
Laparoscopic Surgery – the future.
Singapore, 2006.

Newstead GL.
Korean Society of Coloproctology.
Invited Lecturer.
Seoul, Korea, 2006.

Solomon MJ.
European Society of Coloproctology.
International Visitor and Plenary Lecture - Inaugural meeting.
Lisbon, Portugal, October 2006.

Stitz RW.
Japanese College of Surgeons.
Laparoscopic Colorectal Surgery – The Challenge of Training.
Kanazawa, Japan, June 2006.

The PNG Medical Symposium.
Educational Outreach - Leaving Footprints Address.
September, 2006.

INTERNATIONAL PRESENTATIONS AND LECTURES

2005-2007 (CONTINUED)

Thompson-Fawcett M.
International Society of University Colon and Rectal Surgeons Biannual Meeting.
Conservative management of faecal incontinence.
Istanbul, Turkey, June 2006.

Tjandra JJ.
Singapore Colorectal Week.
Invited Surgeon & Speaker. Laparoscopic colorectal surgery for cancer.
Singapore 2006.

Singapore Colorectal Week.
Invited Surgeon & Speaker. Sacral neuromodulation for faecal incontinence.
Singapore 2006.

American Society of Colon and Rectal Surgeons.
Long-term results of injectable silicone biomaterial for passive fecal incontinence – a randomized trial.
Seattle, USA, June 2006.

American Society of Colon and Rectal Surgeons.
Reinjection of injectable silicone biomaterial (PTQTM) is not as effective as the initial injection.
Seattle, USA, June 2006.

American Society of Colon and Rectal Surgeons.
Systematic review on PPH stapled hemorrhoidectomy.
Seattle, USA, June 2006.

American Society of Colon and Rectal Surgeons.
Follow up after curative resection of colorectal cancer – a meta-analysis.
Seattle, USA, June 2006.

American Society of Colon and Rectal Surgeons.
Invited Speaker. Optimal therapy of Fecal incontinence.
Seattle, USA, June 2006.

American Society of Colon and Rectal Surgeons.
Invited Speaker. Breakfast session – Pelvic floor testing – when is it useful?
Seattle, USA, June 2006.

4th Malaysian Colorectal Conference.
Invited Surgeon & Speaker. Laparoscopic colorectal surgery Workshop.
Kuala Lumpur, Malaysia 2006.

Malaysian Colorectal Workshop.
Live Surgery Demonstration: Laparoscopic Anterior resection.
2006.

Malaysian Colorectal Workshop.
Live Surgery Demonstration: Laparoscopic Total Colectomy.
2006.

Chinese Society of Colorectal Surgery - Inaugural National Meeting.
Invited Plenary Lecture. New technology and colorectal surgery.
China 2006.

Seoul International Symposium for Proctology.
Invited Speaker. Evaluation & treatment of pelvic floor disorder.
Seoul, Korea, 2006.

Seoul International Symposium for Proctology.
Invited Speaker. Injection therapy for anal incontinence.
Seoul, Korea, 2006.

Cleveland Clinic.
Invited Keynote Speaker - Chairman's Oration.
Uptake of new technology in Colorectal Surgery.
Cleveland, USA, 2006.

Wattchow DA.
Digestive Disease Week.
Mapping gene expression along the anterior-posterior axis of the adult human colon. LaPointe L, Dunne R, Worthely D, Molloy P, Wattchow D, Young G.
Los Angeles, USA, May 2006.

Association of Coloproctology, Surgeons of Great Britain and Ireland.
Perineal approach to repair of a perineal hernia with mesh. Appleton B, Carr G, Wattchow DA.
Gateshead, UK, July 2006.

Bokey EL.
International Colorectal Disease Symposium.
Session – Multi-modality treatment for colorectal cancer: what constitutes an optimal therapy?
Lecture: Results of surgery for rectal cancer.
Hong Kong, January 2007.

9th Postgraduate Course in Surgical Oncology–Schwerpunkt Symposium 2007 (Swiss Society of Surgery in collaboration with CAO and ACO).
Guest Professor. Lecture: Session: Colorectal Cancers – Effects of anastomotic leakage on survival and recurrence.
Biel/Bienne, Switzerland, May 2007.

9th Postgraduate Course in Surgical Oncology – Schwerpunkt Symposium 2007.
Lecture: Session: Colorectal Cancers – Does surgical training impact outcome?
Biel/Bienne, Switzerland, May 2007.

11th Congress of Asian Federation of Coloproctology.
Guest Professor. Co-Chair: Symposium 1: Laparoscopic Rectal Cancer Surgery (5 speakers).
Tokyo, Japan, September 2007.

11th Congress of Asian Federation of Coloproctology.
Lecture: Luncheon Seminar 2: Current Status of Laparoscopic Colorectal Cancer Surgery in Australia.
Tokyo, Japan, September 2007.

ASEAN Society of Colorectal Surgeons – 3rd International Scientific Congress.
Guest Professor: Plenary Session 1: Lecture: Chemotherapy in Colorectal Cancer.
Singapore, November 2007.

Chapuis PH.
11th Congress of Asian Federation of Coloproctology.
Participant in Symposium: Problems in sphincter saving operations for low rectal cancer - anastomotic leakage.
Tokyo, Japan, September 2007.

11th Congress of Asian Federation of Coloproctology.
Participant in Symposium: Functional disorders of the anorectum.
Tokyo, Japan, September 2007.

Chew S.
2nd Tri Nations Meeting.
Invited speaker: Hand-assisted Laparoscopic Colectomy, Obstructed Defaecation. Current Topics in Gastroenterology.
Mauritius, March 2007.

Frizelle FA.
Association of Coloproctology of GB & Ireland.
Extended Radical Resection – The Choice For Locally Recurrent Rectal Cancer.
Glasgow, Scotland, July 2007.

American Society of Colon and Rectal Surgeons.
Extended Radical Resection – The Choice For Locally Recurrent Rectal Cancer.
St Louis, USA, June 2007.

Heriot A.
American Society of Colon and Rectal Surgeons.
The impact of 18-FDG positron emission tomography-computed tomography (PET-CT) on the staging and management of advanced primary rectal cancer. Heriot A, Davey K, Drummond E, Hogg A, Milner A, Mackay J, Hicks R.
St Louis, USA, June 2007.

American Society of Colon and Rectal Surgeons.
Extended radical resection – the choice for locally recurrent rectal cancer. Heriot AG, Byrne CM, Lee P, Dobbs B, Tilney H, Solomon MJ, Mackay J, Frizelle F.
St Louis, USA, June 2007.

INTERNATIONAL PRESENTATIONS AND LECTURES

2005-2007 (CONTINUED)

Association of Coloproctology of GB & Ireland.
The impact of 18-FDG positron emission tomography-computed tomography (PET-CT) on the staging and management of advanced primary rectal cancer. Heriot A, Davey K, Drummond E, Hogg A, Milner A, Mackay J, Hicks R.
Glasgow, Scotland, July 2007.

Association of Coloproctology of GB & Ireland.
Extended radical resection – the choice for locally recurrent rectal cancer Heriot AG, Byrne CM, Lee P, Dobbs B, Tilney H, Solomon MJ, Mackay J, Frizelle F.
Glasgow, Scotland, July 2007.

Hewett P.
Surgical Leaders Summit.
Short-term Outcomes of the Australasian, Multi-Centre, Prospective, Randomised, Clinical Study comparing Laparoscopic and Conventional Open Surgical Treatments of Colon Cancer in Adults. The ALCCaS Trial. Presented on behalf of the ALCCaS trial group by Peter Hewett.
Beijing, China, June 2007.

Ho Y-H.
11th Congress of Asian Federation of Coloproctology.
Laparoscopic rectal cancer surgery. Symposium presentation.
Tokyo, Japan, September 2007.

11th Congress of Asian Federation of Coloproctology.
Problems in sphincter saving surgery for rectal cancer. Symposium presentation.
Tokyo, Japan, September 2007.

Sir Run Run Shaw Hospital, Linda Loma Medical Centre, Zhejiang University.
Invited Lecture: Laparoscopic extended low anterior resection for rectal cancer.
Hangzhou, China, September 2007.

Sir Run Run Shaw Hospital, Linda Loma Medical Centre, Zhejiang University.
Invited Lecture: Laparoscopic restorative proctocolectomy.
Hangzhou, China, September 2007.

Sir Run Run Shaw Hospital, Linda Loma Medical Centre, Zhejiang University.
Invited Lecture: Laparoscopic anterior resection for sigmoid diverticulitis.
Hangzhou, China, September 2007.

Gu-Lou Hospital (previously Macklin Hospital), Nanjing University.
Invited Lecture: Laparoscopic total mesorectal excision.
Nanjing, China, September 2007.

Gu-Lou Hospital (previously Macklin Hospital), Nanjing University.
Invited Lecture: Laparoscopic total proctocolectomy with ileo-anal pouch anastomosis.
Nanjing, China, September 2007.

Jones IT.
Meeting of the Asian Federation of Coloproctology.
Total Mesorectal Excision for Rectal Cancer.
Tokyo, September 2007.

Lumley J.
St Vincents Colorectal Symposium.
Laparoscopic Transverse Colectomy.
Korea, June 2007.

Newstead GL.
Asian Federation of Coloproctology.
Invited Lecturer.
Tokyo, Japan 2007.

Parry BR.
Surgical Leaders Forum.
Rectal Surgery in New Zealand.
Beijing, PR China, 2007.

Solomon MJ.
National Cancer Centre & National Cancer Hospital.
Guest Professor and Plenary Lecturer.
Tokyo, Japan, February 2007.

Association of Coloproctology of GB & Ireland.
Invited International Plenary Lecture.
Glasgow, Scotland, July 2007.

Canadian Association of Colon & Rectal Surgery and Canadian Association of General Surgery.
Philip Gordon Lecture.
Toronto, Canada, September 2007.

Thompson-Fawcett M.
European Society of Coloproctology.
Bacteria not commonly associated with human faeces implicated in etiology of pouchitis. Thompson-Fawcett M, Tannock W, Lay C, Baladjay L, Daynes C, McLeod RS.
Malta, September 2007.

Tjandra JJ.
5th Malaysian Colorectal Conference.
Invited Speaker. Anastomotic leaks – Implications and salvage.
Kuala Lumpur, Malaysia, 2007.

5th Malaysian Colorectal Conference.
Invited Speaker. Assessment and surgical options for faecal incontinence.
Kuala Lumpur, Malaysia, 2007.

5th Malaysian Colorectal Conference.
Invited Speaker. Sacral nerve stimulation – video presentation.
Kuala Lumpur, Malaysia, 2007.

5th Malaysian Colorectal Conference.
Invited Speaker. Surveillance strategies for Stage II or III colorectal cancer.
Kuala Lumpur, Malaysia, 2007.

5th Malaysian Colorectal Conference.
Invited Speaker. What's happening down under - colorectal training and accreditation.
Kuala Lumpur, Malaysia, 2007.

5th Malaysian Colorectal Conference.
Invited Speaker. Solitary rectal ulcer syndrome – is there hope?
Kuala Lumpur, Malaysia, 2007.

Wattchow DA.
St. Mark's Hospital Grand Round.
The relevance of neuroscience to surgery.
London, UK, April 2007.

Gastroenterology Grand Round,
University of Bologna.
Surgical dabblings in Neuroscience.
Bologna, Italy, May 2007.

AWARDS 2005-2007

Bokey EL.

2005 Member of the Order of Australia – A.M.

For service to medicine as a colorectal surgeon and through the establishment of surgical education programs, research, and medical administration.

Byrne CM.

2006 Dr Bernard Lake Award from Faculty of Medicine, University of Sydney for publication: Telephone vs Face-to-Face Biofeedback for Fecal Incontinence – comparison of two techniques in 239 patients.

Frizelle FA.

2007 Fellowship of the New Zealand Medical Association for service to medicine in New Zealand.

2006 The NZ Association of General Surgeons Award for Clinical Teaching (The Sumner Award).

Hayes JL.

2004-2006 McKenzie Repatriation Fellowship, University of Otago, Dunedin NZ (inaugural recipient).

Newstead GL.

2005 Member of the Order of Australia – A.M.

For service to medicine in the field of colorectal surgery, particularly through the development of the Colorectal Surgical Society of Australasia, the implementation of international specialist surgical training programmes, and the promotion of health awareness initiatives.

Perry RE.

2006 Certificate of Outstanding Service, Royal Australasian College of Surgeons.

Stitz RW.

2007 Member, Court of Honour, Royal Australasian College of Surgeons.

HISTORICAL APPENDIX

DEVELOPMENT OF AUSTRALIAN AND NEW ZEALAND COLORECTAL UNITS

Year	
1948	Rectal Clinic Sydney Hospital
1970-83	Colorectal Unit – Sydney Hospital (Edward Wilson Colorectal Unit 1973)
1978	Colorectal Clinic St Vincent's Hospital, Melbourne
1979	Concord Hospital, Sydney
1980	The Austin Hospital, Melbourne
1981	Royal Melbourne Hospital, Melbourne
1983	Royal Adelaide Hospital, Adelaide
1984	St Vincent's Hospital, Sydney
1988	Royal Brisbane Hospital, Brisbane
1989	Royal Prince Alfred Hospital, Sydney
	St Vincent's Hospital, Melbourne
1990	Princess Alexandria Hospital, Brisbane
1991	John Hunter Hospital, Newcastle
1992	St George Hospital, Sydney
	Sir Charles Gairdner Hospital, Perth
1995	Prince of Wales Hospital, Sydney
	The Alfred Hospital, Melbourne
	Auckland City Hospital, Auckland
1996	Queen Elizabeth Hospital, Adelaide
	Westmead Hospital, Sydney
1999	Monash Medical Centre, Melbourne
	Western Hospital, Melbourne
	Box Hill Hospital, Melbourne
2000	Christchurch Hospital, Christchurch
2001	Frankston Hospital, Melbourne
	Royal Perth Hospital, Perth
2002	Flinders Medical Centre, Adelaide
	Royal North Shore Hospital, Sydney
	Fremantle Hospital, Fremantle
	North Shore Hospital, Auckland
2004	Wellington Hospital, Wellington
	Middlemore Hospital, Auckland
2006	St John of God Hospital, Perth

HISTORICAL APPENDIX

POST FELLOWSHIP TRAINEES IN COLORECTAL SURGERY

Year	
1988/1989	P Douglas
1989/1990	A Hunter
1990/1991	J Keck
1991/1992	A Meagher, P Stewart
1992/1993	W Adams, P Hewett, J Moore
1993/1994	F Chen, J Lumley
1994/1995	P Allen, H Nguyen, C Platell
1995/1996	J Keating, C Young,
1996/1997	A Stevenson, B Stewart
1997/1998	B Draganic, N Rieger
1998/1999	-
1999/2000	J Evans, I Hayes, A Luck, C Wright
2000/2001	I Bissett, N Pathma-Nathan, D Perera, M Rickard, R Simpson, M Steel, M Wiley,
2001/2002	N Barwood, S Bell, S Chew, E Dennett, M Johnston
2002/2003	P Carne, J Hayes, M Lawrence, C Lynch, A Merrie, E Murphy, D Petersen, M Thornton
2003/2004	C Byrne (Notaras Fellow), P Hollington, L Israel, S Lolohea, S Pincott, S Smith, M Von Papen, S Wong
2004/2005	G Guest, M Thomas
2005/2006	J Frye, R Gett, B Meade, R Varghese, J Warusavitarne, R Winn
2006/2007	T Eglington, J Ellis-Clark, S Gan, J Jarvis, F Lam, P Lee, W Teoh, C Turner (Notaras Fellow)
2007/2008	C Chow, N Lutton, E Mignanelli, P Ranchod, A Sutherland

PROVISIONAL FELLOWSHIP TRAINEES IN COLORECTAL SURGERY

2003/2004/2005	R Brouwer, C Gall, A Keshava
2004/2005/2006	S Shedda
2005/2006/2007	I Al-Alawi, D Tonkin, M Warner

HISTORICAL APPENDIX

ST MARK'S HOSPITAL 1896-2007

AUSTRALIAN AND NEW ZEALANDERS APPOINTED TO SURGICAL POSTS

Appointed	Name	From
1896	John E Barrett	Melbourne
1897	Arthur M Cudmore	Adelaide
1907	Joseph B Dawson	Migrated to Glenelg
1910	Archibald C Magarey	Adelaide
1921	Clement Chapman	Sydney
1923	John Whittaker	Melbourne
1928	Leslie Le Souëf	Perth
1929	TB Seed	Melbourne
1929	Thomas O Sayle	Melbourne
1930	John G Sandrey	Sydney
1931	HA Body	Melbourne
1931	Bert W Nairn	Perth
1937	Robert Officer	Melbourne
1937	Thomas H Ackland	Melbourne
1941	Frederick W Connaughton	Melbourne
1947	T Edward Wilson	Melbourne
1949	Edward SR Hughes	Melbourne
1949	Graeme L Grove	Melbourne
1950	James S Guest	Melbourne
1952	John W Graham	Sydney
1956	Robert I Mitchell	Sydney
1956	Solomon Levitt	Perth
1958	A Brian Vivien	Perth
1960	Raymond M Hollings	Sydney
1960	Mark Killingback	Sydney
1960	John G Smith	Sydney
1962	Bruce Fox	Melbourne
1963	Anthony BG Carden	Melbourne
1963	H Reginald McGee	Brisbane
1965	Brian T Collopy	Melbourne
1966	Mitchell J Notaras	Sydney
1969	Roy I Fink	Melbourne
1969	Kerry Larkin	Rockhampton
1971	J Campbell Penfold	Melbourne
1971	Brian W Smith	Melbourne
1972	Samuel Sakker	Sydney
1973	Ian Fielding	Sydney
1975	Russell W Stitz	Brisbane
1977	Adrian Polglase	Melbourne
1978	Tim Wilson	Sydney
1979	Anthony A Eyers	Sydney
1986	David Lubowski	Sydney
1990	Michael Levitt	Perth
1991	Graham Clarke	Melbourne/ Perth
1991	Chip Farmer	Melbourne
1993	Peter B Loder	Sydney
1994	Paul J Sitzler	Melbourne
1996	Stewart Skinner	Melbourne
1997	Matthew Morgan	Sydney
1999	Michael Mar Fan	Brisbane
1999	Greg Makin	Perth
2001	Tamaris Hoffman	Melbourne
2002	David Lloyd	Tasmania
2002	Paul Hollington	Adelaide
2004	Matthew Lawrence	Adelaide
2005	Chris Byrne	Sydney
2006	Janindra Warusavitarne	Sydney
2007	Darren Tonkin	Adelaide

HISTORICAL APPENDIX

CLEVELAND CLINIC FOUNDATION 1960-2007

AUSTRALIAN AND NEW ZEALANDERS APPOINTED TO SURGICAL FELLOW POSITIONS

Appointed	Name	From
1960	Alan Cuthbertson	Melbourne
1971	Malcolm Stuart	Sydney
1973	Malcolm G Goldsmith	Sydney
1974	Victor W Fazio	Sydney
1974	Ian Cunningham	Melbourne
1976	Ian C Lavery	Brisbane
1977	Terence W O'Connor	Sydney
1978	Peter J Zelas	Sydney
1978	John Collins	Melbourne
1979	John R Mackay	Melbourne
1980	Christopher Hadgis	Sydney
1980	Paul E Anseline	Newcastle
1983	John D Leslie	Melbourne
1983	John R Oakley	Adelaide
1984	Ian T Jones	Melbourne
1984	Richard Sarre	Adelaide
1985	Grahame C Ctercteko	Sydney
1986	Rodney J Woods	Melbourne
1988	Matthew J McNamara	Sydney
1991	Joe J Tjandra	Melbourne
1992	K Chip Farmer	Melbourne
1994	John Cartmill	Sydney
1996	Frank Chen	Melbourne
1996	Graham Hool	Sydney
1999	Christopher J Young	Sydney
2001	Malcolm Steel	Melbourne
2002	Craig Lynch	Christchurch
2003	-	
2004	-	
2005	-	
2006	Susan Shedda	Melbourne
2007		

HISTORICAL APPENDIX

MAYO CLINIC

AUSTRALIAN AND NEW ZEALANDERS APPOINTED TO COLORECTAL FELLOW POSITIONS

Overseas training and experience in colorectal surgery for Australian and New Zealand surgeons has a long and interesting history. To their credit these surgeons have invariably performed to a high standard. This report includes details of those who have held surgical appointments at three well known centres of excellence. It is intended to document past appointments to other prestigious overseas clinics and members of the Society will be requested to make such details available. Such information will therefore recognise the importance of training centres for example in Boston, Minneapolis, New Orleans, New York, Toronto (Canada), Basingstoke, Birmingham, Leeds, London and Oxford.

1978	G Thynne
1983	Michael Agrez
1989	Andrew Bell
1990	Richard Perry (NZ)
1993	Eva Juhasz (NZ)
1994	Frank Frizelle (NZ)
1994	Alan Meagher
1997	Paul McMurrick
2003	Peter Carne

HISTORICAL APPENDIX

CHAIRMEN: SECTION COLON AND RECTAL SURGERY, RACS

Year of Election		Year of Election	
1963	A Lendon	1990	GL Newstead
1964	GMW Clemons	1991	AR McLeish
1965	BW Nairn	1992	AR McLeish
1966	GL Grove	1993	R Stitz
1967	GL Grove	1994	R Stitz
1968	MK Smith	1995	J Mackay
1969	AF Hunter	1996	J Mackay
1970	D Lane	1997	J Oakley
1971	TE Wilson	1998	J Oakley
1972	JDH Muir	1999	I Jones
1973	S Levitt	2000	I Jones
1974	J Heslop	2001	J Sweeney
1975	MK Smith	2002	J Sweeney
1976	AM Cuthbertson	2003	R Woods
1977	MT Theils	2004	R Woods
1978	M Davis	2005	M Levitt
1979	M Killingback	2006	M Levitt
1980	JDH Muir	2007	F Frizelle
1981	JR Davidson		
1982	P Ryan		
1983	P Ryan		
1984	D Hoffmann		
1985	D Hoffmann		
1986	S Levitt		
1987	J Cohen		
1988	M Stuart		
1989	M Stuart		

INAUGURAL MEETING OF THE PROCTOLOGICAL SECTION OF THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

28th May 1963

PROGRAM

Lesions of the anus simulating simple fissure
RM Hollings

Non - specific inflammatory lesions of the anus other than ulcerative colitis
TH Ackland

The obscure case of bleeding per rectum
D Lane

Management of the complications of volvulus of the sigmoid colon
JH Pryor

Recurrent volvulus of sigmoid colon in a young patient
NA Myers

Ernest Miles and the Gordon Hospital
CH Lawes

Treatment of pilonidal sinus
ESR Hughes

Is aortoileopelvic lymphadenectomy concomitant with resection for cancer of the left colon and rectum a worthwhile procedure?
HE Bacon (Philadelphia)

Combined anaesthesia for haemorrhoidectomy
G Houseman

Gas cysts of the colon and rectum
J Guest

Case report: volvulus of caecum: pneumatosis coli
L Sisley

Cyst of the rectum, probably due to implantation and showing metaplasia of its epithelium
E Wilson

The use of the colon for replacement in surgery
E MacMahon

Sarcoma of the rectum
T F Moran (Seranton, USA)

Comparative results following the Miles' operation anterior resection and the pullthru in terms of mortality, morbidity and long term survivals
HE Bacon (Philadelphia, USA)

Bowel function following pull through resection of the rectum for carcinoma
AM Cuthbertson

Twelve cases of Crohn's disease presenting with steatorrhoea, obstruction or as a colon lesion
WE King, DJ Fone

Necrotising colitis
M Killingback

A case of ulcerative colitis presenting with features difficult to differentiate from multiple polyposis
M Smith

Solitary sigmoid diverticulitis
P Ryan

Presentations of papillary tumours of rectum and colon
G Pestell

Tension pneumoperitoneum
J Buntine

Modification of the Thiersch operation
S Levitt

Constipation caused by redundant colon and indication for colectomy
IA Hamilton

Film
Routine anorectal and sigmoidoscopic examination with differential diagnosis
MR Hill (Los Angeles, USA)

SECTION OF COLON AND RECTAL SURGERY, RACS

ANNUAL GSM/ASC MEETINGS

Year	Venue	Visitor
1963	Melbourne	HE Bacon (Philadelphia, USA)
1964	Hobart	-
1965	Sydney	-
1966	Perth	-
1967	Melbourne	AM Veale (Dunedin, NZ)
1968	Adelaide	-
1969	Auckland	-
1970	Brisbane	-
1971	Sydney	HE Lockhart-Mummery (London, UK)
1972	Hobart	B Brooke (London, UK)
1973	Singapore	J Remington (Rochester, NY, USA)
1974	Perth	I Todd (London, UK)
1975	Queenstown	-
1976	Adelaide	M Veidenheimer (Boston, USA)
1977	Melbourne	A Parks (London, UK)
1978	Kuala Lumpur	R Turnbull (Cleveland, USA),
		O Beahrs (Rochester, MN, USA)
1979	Surfers Paradise	M Adson (Rochester, MN, USA)
1980	Sydney	P Hawley (London, UK)
1981	Hobart	V Fazio (Cleveland, USA)
1982	Christchurch	S Goldberg (Minneapolis, USA)
1983	Hong Kong	J Alexander-Williams (Birmingham, UK)
1984	Melbourne	F Gall (Erlangen, Germany), H Abcarian (Chicago, USA)
1985	Sydney	R Beart (Rochester, MN, USA)
1986	Adelaide	P Hawley (London, UK)
1987	Perth	D Johnston (Leeds, UK)
1988	Brisbane	D Rothenberger (Minneapolis, USA)
1989	Melbourne	M Keighley (Birmingham, UK)
1990	Wellington	L Smith (Washington DC, USA)
1991	Sydney	Z Cohen (Toronto, Canada)
1992	Canberra	J Northover (London, UK),
		Stan Goldberg (Minneapolis, USA)
1993	Adelaide	M Killingback (Sydney, Australia)

SECTION OF COLON AND RECTAL SURGERY, RACS

ANNUAL GSM/ASC MEETINGS (CONTINUED)

1994	Hobart	R McLeod (Toronto, Canada)
1995	Perth	D Schoetz (Boston, USA)
1996	Melbourne	EL Bokey (Sydney, Australia)
1997	Brisbane	N Mortensen (Oxford, UK)
1998	Sydney	H Stern (Ottawa, Canada)
1999	Auckland	G Hill (Auckland, NZ)
2000	Melbourne	J Church (Cleveland, USA)
2001	Canberra	B Wolff (Rochester, MN, USA)
2002	Adelaide	R Stitz (Brisbane, Australia)
2003	Brisbane	R Madoff (Minneapolis, USA)
2004	Melbourne	R Phillips (London, UK)
2005	Perth	Sir Ara Darzi (London, UK)
2006	Sydney	M Thompson (Portsmouth, UK)
2007	Christchurch	J Church (Cleveland, USA)

CSSANZ/SECTION OF COLON AND RECTAL SURGERY, RACS

ANNUAL CME MEETINGS

Combined with CSSANZ since 1997

Year	Venue	Title	Guest Lecturer
1963	Sydney	Large Bowel Obstruction	E Muir (London, UK)
1975	Melbourne	Colostomy Today	
1984	Adelaide	Techniques in Colorectal Surgery	A Li (Hong Kong)
1985	Brisbane	Controversies in Colorectal Surgery	I Lavery (Cleveland, OH, USA)
1986	Melbourne	What's new in the World of Colorectal Surgery?	V Fazio (Cleveland, OH, USA)
			N William (London, UK)
1987	Sydney	Complications in Colorectal Surgical Practice (with SCSS)	G Ekelund (Malmo, Sweden)
1988	Wellington	Costs in Colorectal Surgery	P Schofield (Manchester, UK)
1989	Adelaide	Colorectal Update	M Corman (Santa Barbara, USA)
1990	Sydney	WORLD CONGRESS OF COLOPROCTOLOGY	
1991	Brisbane	Spring Meeting	S Nivatvongs (Rochester, MN, USA)
1992	Melbourne	Colorectal Disease in 1992	D Jagelman (Fort Lauderdale, USA)
1993	Sydney	TRIPARTITE MEETING	
1994	McLaren Vale (SA)	Spring Continuing Education Meeting	Robin Phillips (London, UK)
1995	Sanctuary Cove (QLD)	Spring CME	B Wolff (Rochester, MN, USA)
1996	Sydney	Spring CME (with SCSS)	N Williams (London, UK) *Options for Faecal Incontinence and Total Anorectal Reconstruction**
1997	Sydney	Combined Australian Colorectal Conference (with SCSS and CSSA)	L Pahlman (Uppsala, Sweden) *Preoperative Adjuvant Treatment for Rectal Cancer**
			R Billingham (Seattle, USA) *Developing Consensus on Best practice and Outcome Management #*
1998	Adelaide	Spring CME (with CSSA)	P Finan (Leeds, UK) *Functional Results of Restorative Surgery forRectal Cancer**
			J Fleshman (St Louis, USA) *Familial Cancer Syndromes – Recent Developments #*

CSSANZ/SECTION OF COLON AND RECTAL SURGERY, RACS

ANNUAL CME MEETINGS (CONTINUED)

Combined with CSSANZ since 1997

1999	Twin Waters (QLD)	Spring CME (with CSSA)	F Seow-Choen (Singapore) *Laparoscopic Surgery for Rectal Cancer**
2000	Hobart	Combined Meeting (with CSSA and GESA)	R McLeod (Toronto, Canada)
2001	Dunsborough (WA)	Spring CME (with CSSA)	D Bartolo (Edinburgh, UK *Emergency Colonic Resection**
2002	Melbourne	Tripartite Meeting	M Killingback (Sydney) *The History of the Tripartite Meetings**
2003	Sydney	Combined Australasian Colorectal Conference (with SCSS & CSSA)	I Findlay (Glasgow, UK) *Rectal Prolapse – What Operation and for whom?**
			D Wong (USA) *Current trends in the management of advanced abdominal disease#*
2004	Sanctuary Cove (QLD)	Spring CME (with CSSA)	J Milsom (USA *Laparoscopic Surgery for Colorectal Cancer**
			J Campbell (Brisbane) *Development of Autologous Blood Vessels#*
2005	Brisbane	Spring CME (with CSSANZ and GESA)	P Sagar (Leeds, UK) *Options and outcomes for advanced pelvic disease**
			R Stitz (Brisbane) *Specialisation in General Surgey – An opportunity not a Threat#*
2006	Queenstown	Spring CME (with CSSA)	C Delaney (Cleveland, USA) Laparoscopic CR Surgery
			F Griffin (Otago, NZ) *Emerging Diseases#*
2007	Victor Harbor (SA)	Spring CME (with CSSANZ)	P R O'Connell (Dublin UK) *Strictures in Crohn's Disease**
			A Gallus (Adelaide) *Prevention and management of deep venous thrombosis and pulmonary embolism#*

* ESR Hughes Lectures # CSSANZ Oration

SYDNEY COLORECTAL SURGICAL SOCIETY

ANNUAL SCIENTIFIC MEETINGS

Year	International Guest	Edward Wilson Lecture
1983	-	-
1984	I Todd (London, UK)	-
1985	M Veidenheimer (Boston, USA)	-
1986	E Salvati (Plainville, USA)	Office and Day Surgery Management of Anorectal Disease
1987	B Gathright (New Orleans, USA)	Rescue and Reconstructive Surgery – The Tertiary Referral Problem
1988	T Muto (Tokyo, Japan)	A New Aspect on the Pathogenesis of Colorectal Carcinoma
1989	H Abcarian (Chicago, USA)	Civilian Colonic Trauma
1990	S Goldberg (Minneapolis, USA)	Education in Colorectal Surgery
1991	A Gerard (Brussels, Belgium)	Adjuvant Radiotherapy in the Treatment of Rectal Cancer
1992	-	-
1993	-	TRIPARTITE MEETING
1994	P Gordon (Montreal, Canada)	Stapling in Colorectal Surgery: Pitfalls and Complications
1995	Hak-Su Goh (Singapore)	Practical Implications of Molecular Genetics
1996*	I Kodner (St Louis, USA)	Surgical Management of Crohn's Disease
1997† Cancer	R Parc (Paris, France)	The Place of the Colonic Pouch in Surgery for Rectal
1998	S Wexner (Ft Lauderdale, USA)	Surgical Variables in Rectal Cancer Surgery
1999	J Pemberton (Rochester, MN, USA)	Rectal Cancer: The Mayo Experience
2000	-	OLYMPIC GAMES
2001	J Monson (Hull, UK)	Laparoscopic Surgery for Colorectal Cancer
2002	-	TRIPARTITE MEETING
2003†	C van de Velde (Leiden, Netherlands)	Pre-operative radiotherapy plus TME: 5- year Dutch data
2004 century	J Northover (London, UK)	Rectal carcinoma: 20th century lessons for the 21st
2005	-	TRIPARTITE MEETING
2006	B Moran (Basingstoke, UK)	Recent advances in pre-operative MRI imaging, neo-adjuvant treatment and operative management of rectal cancer – a European perspective
2007	N Mortensen (Oxford, UK)	Surgery in IBD – conservation and reconstruction

* Combined with Section RACS CME

† Combined with Section RACS CME and CSSA

COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

APPLICATION FOR MEMBERSHIP

(Please complete all components and include a current CV)

SURNAME: _____ TITLE: _____

FIRST NAMES: _____ DOB: _____

MAILING ADDRESS: _____

_____

EMAIL ADDRESS: _____

TELEPHONE: _____ (Home) _____ (Work)

_____ (Mobile) _____ (Fax)

TRAINING

- Primary Degree (Year): _____
- Other Degrees/Diploma (Institution/Year): _____
- College Fellowship (Year): _____

- Colorectal Fellowship: _____

Year 1: _____

Year 2: _____

Year 3: _____

Other: _____

- Certificate of Completion of CSSANZ Training Program (Date) (Enclose copy of Certificate)

_____

- Other Colorectal Skills (Indicate Certificate or Institution)

  Colonoscopy: _____

  Anorectal Manometry: _____

  Endorectal Ultrasound: _____

  Advanced Laparoscopy: _____

  Other: _____

- Other Postgraduate Courses/Diplomas: _____

_____

_____

- Postgraduate Research Projects: _____

_____

- Academic Diplomas/Degrees: _____

_____

- Colorectal Honours (Awards/Prizes): _____

_____

CURRENT APPOINTMENTS

- Public Hospital: _____

_____

_____

- Status of Appointment:

  ○ VMO ○ STAFF ○ ACADEMIC

- Style of Unit:

  ○ GENERAL ○ GASTROINTESTINAL ○ COLORECTAL

- Position in Unit:

  ○ HEAD ○ DEPUTY ○ MEMBER

- University Appointment: _____

_____

_____

- Private Hospitals: _____

_____

_____

COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

APPLICATION FOR MEMBERSHIP (CONTINUED)

(Please complete all components and include a current CV)

- Year commenced in Consultant Colorectal Practice: _____

_____

- References (2 must be current CSSANZ Members and please include Email address):

1. _____

_____

_____

2. _____

_____

_____

3. _____

_____

DECLARATION: (Please read extract from Constitution attached)

I have read the requirements for membership of the Colorectal Surgical Society of Australia and New Zealand and believe my training, experience and current practice are commensurate with the principles outlined. In particular, I have a commitment to colorectal surgery and support its development as an officially recognized specialty.

Signature:_____ Date: _____

Please send your completed form to the following address with full Curriculum Vitae (including a separate list of colorectal publications and scientific papers delivered) and the names, addresses, telephone numbers and email addresses of three referees, two of whom are CSSANZ Members.

Colorectal Surgical Society of Australia and New Zealand
Level 2, 4 Cato Street
Hawthorn, VIC 3122

Tel: +61 3 9822 8522 **Fax:** +61 3 9822 8400
Email: secretariat@cssanz.org

REQUIREMENTS FOR CSSANZ MEMBERSHIP

ORDINARY MEMBERSHIP

1. a. A commitment to colorectal surgery and support of colorectal surgery as a specialty

b. Majority of practice in colorectal surgery after a minimum of 3 years beyond advanced training

c. A recognized period of training in colorectal surgery (not less than 2 full years*)

d. A hospital appointment in colorectal surgery

OR

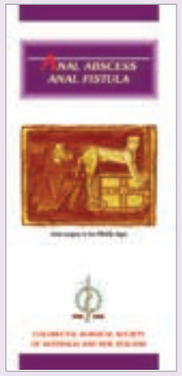
2. Provided a. and b. are met, an extensive experience in and a demonstrable contribution to colorectal surgery.

PROVISIONAL MEMBERSHIP

As for criterion (1) for Ordinary Membership but where colorectal surgery has NOT been practiced for a minimum of three years beyond completion of a satisfactory programme of advanced training. Reviewed annually.

*The Society limits its membership to Surgeons who have demonstrated a commitment to the specialty of colorectal surgery and have undergone a recognised programme of training in colorectal surgery. Where the period of colorectal training is less than two years, special conditions apply and can be found in the Membership Section of the Society's website (www.cssanz.org).

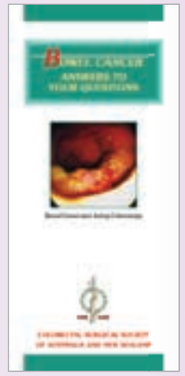
CSSANZ PATIENT INFORMATION BROCHURES



1 Anal Abscess/Anal Fistula

2. Anal Fissure

3. Bowel Cancer – After my operation, what check ups should I have



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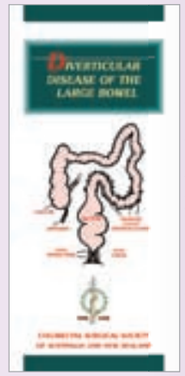

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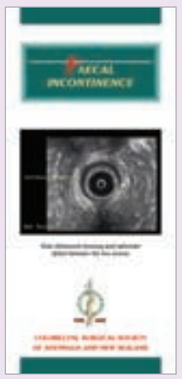

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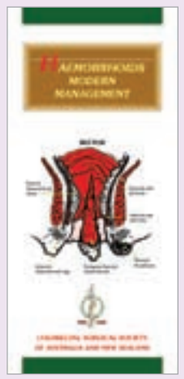

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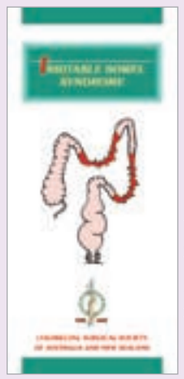

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