



AMERICAN SOCIETY OF CRANIOFACIAL SURGEONS NEWSLETTER

FALL 2022

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FROM THE PRESIDENT

Members,

I hope this 2022 edition of the ASCFS newsletter finds you healthy, as our nation starts to find some post-pandemic normalcy. Our Society has a number of interesting and challenging issues to tackle over the next year.

Let's start with a few updates. Drs. Singh and Beals did another phenomenal job at the beginning of the academic year with the annual fellow's course - the first in-person course three years. Please see Dr. Singh's full report later in this issue.

Thanks to Lorraine for working with us to hold another successful annual meeting last spring in Ft. Worth.

We look forward to the 2023 Annual Meeting in North Carolina and continue to enjoy our partnership with ACPA. Make sure to book your hotel reservations early so that you enjoy the convenience of staying in the same hotel as the meeting. Visit the ACPA Website for details.

The International Society of Craniofacial Surgery (ISCFS) is also meeting in Seattle September 5-8, 2023. Visit their website for additional details. Richard Hopper is ISCFS President of the ISCFS and as we all know his reputation for putting on great meetings! ASCFS will be hosting a member reception and stay tuned for specific details.



FACE, the Society's new official journal, is developing nicely under the leadership of Dr. Van Aalst. It is very important that we support the journal by reading, citing and sharing with our colleagues. Dr. Van Aalst reports the prospect of obtaining an official PubMed rating.

There are also a few new issues on the horizon. The board is looking to add two new board seats for the coming year. One position will be designated for the acting editor of FACE. It will be important to maintain a healthy relationship between the Society and the editor to maintain alignment between the two organizations as ASCFS's official journal. The second position will be designated as the society's historian to help us keep track of records, past and current leadership, and plans for the future. The addition of these positions will require an amendment to the bylaws by the board of directors, but will not require ratification by the membership.

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President's Message (continued from page one)

We continue to work with the American Society of Pediatric Neurosurgeons (ASPN) to hold a second combined meeting, trying to echo the great success that Richard Hopper pulled off in Hawaii several years ago. Their annual meeting in 2024 will be in Hawaii in late January, early February. I will be working with Dr. Hopper to help organize the event. Expect an update at our annual business meeting in North Carolina.

Now let's get into a little more of a serious discussion. The competitive inroads into the domain of our specialty cannot be any greater than they are today. There are essentially no impediments to other specialties developing post residency fellowships under the banner of craniofacial surgery. Since scope of practice is controlled at the level of individual hospitals, the trainees of these programs will have equal access to the practice of craniofacial surgery at many places across the country. Additionally, the oral surgeons are currently seeking accreditation from the American Board of Medical Specialties (ABMS). Their success would obviously create even more pressure on our specialty. Thanks to the efforts of our Society's board, and especially Joe Williams, we are on a path to formalize craniofacial surgery as an official subspecialty of plastic surgery. Step one was getting all the fellowships organized and enrolled under ASCFS, which was accomplished three years ago. The Society now organizes and monitors the Match annually through the SF Match. We are in the process of completing our third match under this new order. Each fellow that graduated in 2022 under an ASCFS listed program received a certificate indicating successful completion of an ASCFS sanctioned program.

Step two is developing a formal educational curriculum as well as standards for program participation and accreditation by the Society. The goal is to be inclusive and bring everyone up to the standards that we set. The centerpiece of this process is the development of the core curriculum of which we are currently in the midst. I would like for this to be a collaborative process and in this light would like to announce the first annual meeting of program directors at our meeting in North Carolina. Although I anticipate that this will become an annual event, the goal of the first meeting is to work towards a final core curriculum. I have asked Joe Williams to lead the meeting which will be held Thursday afternoon prior to the reception. We will need a few hours to make any significant progress. The program directors meeting is open to all members with an interest in curriculum development, not just program directors.

Our specialty has the knowledge base and skill set to provide the highest level of care for all the diagnoses that affect the form and function of the craniofacial region. Trauma, cancer and congenital deformities of children and adults require and deserve our equal attention, and serve to expand and diversify our base. Our future curriculum should widen the scope beyond our traditional pediatric-focused intracranial procedures to pave the way for the future of our specialty.

So please come to the meeting early and participate. Once the curriculum is established we will have to decide the process and criteria for accreditation of programs into the future. The final step in the process will be syncing the curriculum with ACGME curriculum and potentially submission of an application to ABMS for a Certificate of Added Qualification (CAQ), officially establishing the domain of craniofacial surgery to its founding discipline, plastic surgery.

I want to make a special plea to the membership to use this opportunity in front of us to think broadly. We have often defined our specialty in terms of our ability to treat diseases involving the skull, orbits and skull base. Crouzon and Apert syndromes and craniosynostosis have been at the forefront of our specialty since its inception. But the future will look very different in my opinion. Technological advances in prenatal genetics, diagnosis and care are moving the diagnosis of these disorders into the first trimester. More families are choosing termination. This is something that we have been experiencing in my region over the last decade. A brief google search for any of our syndromic diagnoses brings up the worst phenotypic expression, rarely success stories. I am sure this information bias plus the incredible cost of healthcare today greatly affect how families make their decisions. I predict that we will see fewer classic craniofacial syndromes in the coming years regardless of the current climate around terminations.

So does our future look bleak? Au contraire mon frere. Our specialty has the knowledge base and skill set to provide the highest level of care for all the diagnoses that affect the form and function of the craniofacial region. Trauma, cancer and congenital deformities of children and adults require and deserve our equal attention, and serve to expand and diversify our base. Our future curriculum should widen the scope beyond our traditional pediatric-focused intracranial procedures to pave the way for the future of our specialty.

Additionally we should teach the full armamentarium of plastic surgery skills including microsurgery. Many of our diagnoses are missing tissue. As plastic surgeons we have had great success using free tissue transfer to heal the most severe wounds. In applying these strategies to the craniofacial region our most challenging patients are experiencing a quantum leap in outcomes through our ability to virtually manipulate digital data ("VSP") and then translate the digital plan to the operating room with the help of 3D printing technologies. Craniofacial surgeons should be the masters of this domain now and in the future.

President's Message (continued from page one)

Microsurgery is part and parcel of many residency training programs. Less and less are plastics residents feeling the need to complete a micro fellowship. Nonetheless sewing the vessels is not the important piece, knowledge of successful execution of a free tissue transfer and intimate knowledge of donor sites is. Even if craniofacial surgeons don't actually sew the vessels, partnering with micro surgeons is easy enough to do. Planning cases such that they respect our craniofacial tenets, as well as microsurgery tenets, is where the magic is. Four or five years ago, Dr. McCarthy gave an invited ASCFS lecture in Pittsburgh which highlighted the need to expand our scope and skills. It is time for us to formalize this in our future curriculum.

As Joe Gruss taught me, there is no better way to cut your teeth as a young craniofacial surgeon than facial trauma. Two of our greatest mentors, Joe Gruss and Paul Manson, firmly believed this and mentored decades of fellows along those lines. Facial trauma should not be the sole domain of the ASMS and going forward we should find ways for the ASMS and ASCFS to work together, maybe even toward a single training pathway? Our graduates are much more likely to find jobs needing facial trauma skills than one treating syndromic craniofacial patients. Our focus should be training our mentees to do the work that needs to be done today, not yesterday.

See y'all in North Carolina.
PK

PHOTO HIGHLIGHTS FROM 2022 ANNUAL MEETING



ASCFS Craniofacial Surgery Fellow Course *by Davinder Singh, MD*

The thirteenth annual American Society of Craniofacial Surgeons: Essential Training for Craniofacial Fellows, also known as “Bootcamp”, took place at Barrow Cleft and Craniofacial Center/Barrow Neurological Institute in Phoenix, AZ on August 12-13, 2022. It was co-hosted by Stephen Beals, MD and Davinder J. Singh, MD, who also served as faculty in addition to Chris Forrest, MD, Stacey Francis, MD, Patrick Kelly, MD, Alex Lin, MD, and Mark Urata, MD. Dale Podolsky, MD trialed a new 3D simulator he designed with KLS Martin for craniosynostosis surgery. Twenty-seven fellows attended the course, which consisted of a two-day program with lectures followed by cadaver lab dissection for all major craniofacial osteotomies, virtual surgical planning, and facial nerve dissection. The course was organized into the following modules:

- Module 1: Craniosynostosis: Anterior Cranial Vault Remodeling
- Module 2: LFIII/Monobloc
- Module 3: Facial Nerve and TMJ Exposure
- Module 4: Hypertelorism/Facial Bipartition/Transnasal Wiring
- Module 5: LeFort I
- Module 6: Mandibular Osteotomy/ Genioplasty
- Module 7: Application of Distraction Devices/Cranial Springs

All participants were invited to enjoy social events on both evenings to get an opportunity to interact with one another and faculty. The ASCFS gifted the fellows with the **Atlas of Operative Craniofacial Surgery** and **The Facemaker: A Visionary Surgeon’s Battle to Mend the Disfigured Soldiers of World War I** to begin their careers as Craniofacial Surgeons.

KLS Martin supported the course, and both KLS Martin and Stryker provided equipment for the lab.

We look forward to holding the course again on August 11-12, 2023 in Phoenix, AZ for the 2023-24 Class of Craniofacial Fellows.



An Update from the Fellowship Committee by Joseph Williams

Two goals were completed in 2022:

1. Endorsement of all qualified fellowship programs by the ASCFS (29/30). These programs were identified on the webpage and supported by a certificate from the Society to the fellows.
2. Creation of a restructured database for case log input.



2022

1. Certificate

Endorsed certificates from the ASCFS should have been received by your fellow upon completion. Please have your former fellow contact Lorraine or myself if they did not receive their certificate.

2. Database

The initial database was extensive and detailed. The goal was to capture the entirety of cases that were being experienced by our fellows. This database is still available and remains accessible for programs to use.

The revised database is now also available under the "Curriculum Administration" webpage (<https://ascfs.org/Professionals/members/Curriculum/admin.cgi>) and has been reorganized to provide larger silos that capture surgical case types. This database will be used to create criteria levels for current and new programs by utilizing a broader range of categories.

It is our intent to review the case logs after input from the 2022-2023 fellowship class. It is very important that your fellow input their case logs accurately. A reminder that the databases are blinded to all but myself and the individual programs.

3. Match Participation

a. A reminder to all participating programs. Once committed to the process through the SF match, programs and applicants are obligated to stay involved to completion. No official offerings may be given or accepted prior to match day. Any early offerings are a violation of both the SF match rules and those of the Society (<https://ascfs.org/Professionals/match/program-director-rules.cgi>) The committee is in the process of determining the appropriate response from the ASCFS of violating this agreement in the future. A communication will be sent to the programs.

b. "Withdraw from the Match"- Historically, programs have had the option to officially withdraw from the match. The decision is communicated through the society webpage list of programs as a courtesy for applicants and to maintain transparency. This decision is now complicated by the fact that one of the requirements for Society endorsement is participation in the match. The committee is exploring a formal process that would maintain the flexibility for occasional non-participation while fulfilling the obligations to the Society.

Considerations for 2023

1. Non-operative educational elements

a. Formal Recommendations will be made regarding a program's didactic structure. Most of these elements are already incorporated (M&M sessions, indications conference, Grand rounds, journal club).

b. National educational opportunities

i. **CF bootcamp** -remains a key element of CF fellowship teaching.

ii. **ASMS lectures** -Master calendar of ASMS online lectures and topics

iii. **Potential Fellow-run national journal club**

2. Syllabus

A common reading library of topics that should expose fellows to core materials will continue to be pushed forward. To this end we will have an organizational meeting of all program directors at the Annual ACPA meeting.

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Fellowship Committee Update (continued from previous page)

Program Directors Meeting

Our President, Patrick Kelley, has asked that program directors and all interested parties meet once a year to share ideas, discuss aspects of fellowship training etc. The meeting will be scheduled during the annual ACPA meeting and will have an agenda containing topics related to fellowship program criteria, organization of a teaching syllabus and how our programs impact the direction and future of our specialty. This will be an important meeting and I hope everyone at the ACPA will participate. We are exploring the option of virtual attendance.

ASCFS: The Role of the Sentinel Society

As discussed by Patrick in the introduction and by many others, we face challenges to our identity as a specialty. This is a reflection of our own growth, external challenges and the need for more standardized training and oversight. These challenges are requiring us to reflect on how we define ourselves as a discipline and the implications of that identity for our training programs.

At the 35 year mark, the ASCFS has found itself responsible for the preservation of a subspecialty that is much more extensive than what defines our membership criteria. One of

the more important duties of our Society is the oversight of our training program. A review of our fellowship case content showed that our strengths lie not only in correction of complex congenital deformities of the face but includes but not limited to the broad spectrum of cleft care, facial trauma and even pediatric and adult facial microsurgery. To better communicate who we are and what we offer to the healthcare community, we will need to find a

way to be more broadly defined, both in name and credentialing. The ASCFS should remain the sentinel society of our discipline but perhaps find ways to be inclusive of our sister organizations including the AAPPS and the ASMS in the area of fellowship training. Our fellowship committee will begin to explore how we can capture the entirety of our discipline through more official relationships as it involves fellowship endorsements and teaching.

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