MIS Goes Virtual
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Register for Virtual SLS MIS 2020</td>
</tr>
<tr>
<td>2</td>
<td>Celebrating 30 Years of SLS</td>
</tr>
<tr>
<td>4</td>
<td>JSLS Article Spotlight</td>
</tr>
<tr>
<td>5</td>
<td>JSLS Abstract Supplement</td>
</tr>
<tr>
<td>6</td>
<td>Renew Your Membership Today!</td>
</tr>
<tr>
<td>8</td>
<td>MIS at Your Fingertips</td>
</tr>
<tr>
<td>9</td>
<td>Fellowship Spotlight</td>
</tr>
<tr>
<td>10</td>
<td>Earn CME Credit Online</td>
</tr>
<tr>
<td>11</td>
<td>Member in the News</td>
</tr>
<tr>
<td>12</td>
<td>News You Can Use</td>
</tr>
</tbody>
</table>

This Newsletter is Interactive. Look for the
THE SOCIETY OF LAPAROSCOPIC & ROBOTIC SURGEONS
ANNUAL MEETING 2020

VIRTUAL SLS MIS 2020
THE FUTURE OF MIS

AUGUST
26 - 27

SEPTEMBER
2 - 3 | 9 - 10 | 16 - 17

SURGERY • GYNECOLOGY • UROLOGY • PEDIATRIC SURGERY • ROBOTIC SURGERY
ENDOSCOPY • MINIMALLY INVASIVE TECHNIQUES & TECHNOLOGIES • OTHERS

SLS Members: $50
Non-Members: $250

LIMITED TIME OFFER!
Join SLS or renew your membership and pay only $150 for 2020 membership!

CLICK HERE TO REGISTER!
Celebrating 30 years of SLS
Simulation is an important teaching and learning method that can shorten health professionals' learning curves. Simulation has long been used to teach provider skills, and its use in health professions education is expected to expand with the increasing use of milestones and entrustable professional activities to reach decisions regarding trainees' level of proficiency and ability for safe independent practice. Simulation has also been used to enhance patient safety by decreasing individual human errors and enhancing health care systems' performance. Whereas the use of simulation is rapidly growing, the lack of standardization in simulation-based course design, implementation, learner assessment, and course evaluation has hindered the gathering of established ...
Can’t attend every Program Session of Virtual SLS MIS 2020?

Read it in the Abstract Supplement in JSLS!

Coming Soon.
RENEW YOUR MEMBERSHIP TODAY!

“For the last 5 years I have had the opportunity to become involved with the SLS. As a urologist I have found the meetings extremely informative learning from my colleagues not just in Urology but also from the fields of General Surgery and Gynecology. It is the best collaborative meeting I have attended. Not only is the learning portion of the meeting exceptional but the people I have met nationally and internationally are truly professional whom I consider great friends as well.”

- Michael McDonald, MD

- Support the mission of SLS to improve patient care and promote the highest standards of practice through education, training, and information

- All SLS dues and donations are tax deductible for US Taxpayers

- Receive registration discounts to attend MISWeek

- And even more!
  See next page for more information.
World Class Conferences and Resources

- Network with professionals from around the world
- Engage a multidisciplinary body of knowledge and professional development resources
- A wide range of programming to receive CME Credits
- Free Online CME opportunities for members

Increase the Reach of Your Practice

- Exclusive enrollment in SLS “Find a Specialist” Patient Referral Map and Online Database
- Exclusive access to online member portal where you can connect with members worldwide

Exclusive Member Interactions

- Participate and engage in Special Interest Groups (SIG’s)
- Special membership rates for Students, Residents & Fellows
- Have your successes featured in “Members in the News”

Unlock the Online World of MIS

- Unique multispecialty & multidisciplinary content
- Access SLS Scholarly Search & Open Access Titles & Videos
- Network with a range of international affiliates & opportunities to exchange ideas, techniques & technologies
- Join the conversation on our blog & social media outlets

Publications to Keep You at the Forefront of MIS

- Free Digital Subscription to JSLS, Journal of the Society of Laparoscopic & Robotic Surgeons
- Free Digital Subscription to CRSLS, Case Reports Journal
- Receive JSLS Anywhere, a quarterly update on JSLS articles
- Open access to Proceedings, Textbooks, and Websites

Member Deals & Discounts

- Access to huge savings and exclusive discounts
- Special offers, preferred seating, tickets to top attractions, theme parks, sporting events, hotels and much more!

Join or Renew Today:
SLS.org/membership
The Latest in MIS at Your Fingertips

JSLS, Journal of the Society of Laparoscopic & Robotic Surgeons publishes original scientific articles on basic science and technical topics in all the fields involved with laparoscopic, robotic, and minimally invasive surgery.

CRSLS, MIS Case Reports from SLS is dedicated to the publication of Case Reports in the field of minimally invasive surgery. The journals seek to advance our understandings and practice of minimally invasive, image-guided surgery by providing a forum for all relevant disciplines and by promoting the exchange of information and ideas across specialties.

A leading publication for minimally invasive therapies, JSLS is distributed in more than 63 countries with a readership exceeding 20,000 including SLS members, libraries, and residency programs.

Read the most recent articles and case reports from the most read MIS journal.

Click Here to Access the JSLS/CRSLS Archive

The Publications Office is still processing manuscript submissions to JSLS and CRSLS at this time.

Submit your manuscript today!

Click Here to Submit
Minimally Invasive Gynecologic Surgery Fellowship of South Florida (FMIGS of South Florida) aims to provide comprehensive advanced training in minimally invasive surgery for graduates of SLS approved OB/GYN Residencies while fostering an environment of innovation, advancement, and research in the field of Minimally Invasive Gynecologic Surgery. Graduates of this 2-year fellowship will obtain the skills necessary for the surgical and medical management of complex gynecologic diseases and disorders with minimally invasive techniques, while also providing OB/GYN colleagues with support and collaboration. MIGS of South Florida values scholarship and aims to graduate valued scholars in the fields of Minimally Invasive Gynecologic Surgery and Obstetrics and Gynecology.

Fellows with FMIGS of South Florida will lead a variety of clinical experiences spanning 3 different Health Care Systems in South Florida. Fellows will provide inpatient gynecologic services of pre-operative, operative, and post-operative care, inpatient consults, and inpatient gynecologic management while supervising daily Gynecologic rounds with students and resident physicians. Office-based clinical experience will be gained at the Center for Gynecologic Oncology and its 4 locations under the tutelage of Program Director: Dr. Emery Salom, MD, and Associate Program Directors: Jacob Tangir, MD and Jonathan Black, MD, MPH.

Dr. Emery Salom, and 2 Associate Program Directors, Dr. Jacob Tangir and Dr. Jonathan Black perform over 1250 operative cases a year of both complex benign and malignant gynecology conditions. This high volume of procedures covers the breadth of MIGS including robotics, conventional laparoscopy, hysteroscopy, and complex vaginal surgery. The fellows will work with surgeons whose collective experience includes gynecologic oncology, infertility, urology, colorectal, and complex gynecologic surgery. Exposure to complex robotic and laparoscopic surgery is a vital component of our fellowship training.

The Center for Gynecologic Oncology (CGO) has an established thriving office practice with a patient base of over 13,000 patients visits a year and ample staff to support the inclusion of a fellowship program in 2020. The facility includes 8 exam rooms, ample office space, and a procedure room equipped for hysteroscopy, endometrial ablation, and other minor procedures.

The CGO is a successful center for clinical research with the required staff and resources for the fellows to engage in meaningful research for the advancement of minimally invasive gynecologic surgery. The FMIGS fellows will complete a minimum of one graduate-level research-related course at Florida International University during the 2-year fellowship as well as a minimum of one research project in accordance with the SLS FMIGS requirements.
Earn CME Credit Online

Earn CME Hours without leaving your home or office with The Society of Laparoscopic & Robotic Surgeons (SLS)

FREE for SLS Members

Non-Members:
$50 per course • $900 for full program

Selected material from Minimally Invasive Surgery Week 2018* and Minimally Invasive Surgery Week 2019** are presented in video format for online CME credit.

To earn CME credit, sign-in at https://education.sls.org, select a session, select a recording for which CME is available, and view the recording. Once you have completed viewing the content, click the “NEXT” button to take the post-test. Complete the post-test with a 75% passing score and a PDF file with your certificate will automatically be sent to you via email. You will be allowed two attempts to pass the test.

Members: Use your name and the email address on file with SLS when signing in to the site to access your free online account.

Non-Members: $900 for the full program / 18 CME hours or $50 per individual course.

Not a member? Go to www.SLS.org/membership to join SLS and take advantage of this free program. Physician membership is $295 per calendar year. Discounted membership is available for Active Duty Military, Medical Students, Residents, Fellows, and Affiliated Medical Personnel. Contact info@SLS.org for assistance.

The Society of Laparoscopic & Robotic Surgeons (SLS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Society of Laparoscopic & Robotic Surgeons (SLS) designates this enduring activity for a maximum of 18 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

* Minimally Invasive Surgery Week 2018 was held August 29–September 1, 2018 at the Sheraton New York Times Square Hotel, New York, New York, USA
** Minimally Invasive Surgery Week 2019 was held September 4–7, 2019 at The Roosevelt New Orleans Hotel, A Waldorf Astoria Hotel, New Orleans, Louisiana, USA
The Richmond County Medical Society, an organization that’s been serving Staten Island for more than two centuries, is comprised of 186 attending physicians at major hospitals, medical centers, medical groups, and doctors in private practices on Staten Island. This society is an integral part of The Federation of Organized Medicine.

Its goal? To enhance the delivery of medical care of the highest quality and to direct the public in regard to problems concerning medicine — especially now during these uncertain and unprecedented times.

Dr. Radha Syed, who was recently installed as president explains: “I want the Richmond County Medical Society to become a community resource for Staten Island residents and physicians and to be a professional connection for all. And for the community of Staten Island I want for us to become a real resource for health questions. And that’s why I want Staten Island to know about us. We can direct them to the right area. We need to be the resource center for our community.”

Borough residents searching for help for someone who’s been afflicted with COVID-19 or those who have questions about various surgeries or seeking recommendations for a doctor with a unique specialty, may also call the RSMS for assistance and/or advice.

“People can call and speak to someone or they can leave a message. I want to get it out there. People don’t know we exist. And for that reason we’re having meetings once a month every first Tuesday right now through Zoom and Teams for all members and for all physicians. And there is professional information we are always updating.”

Dr. Syed, an obstetrician/gynecologist who’s had a specialty in women’s health for more than 40 years on Staten Island and is affiliated with Staten Island University Hospital/ Northwell Health, was installed as the RCMS’s the 214th president in June. In fact, she opens meetings with the time-honored gavel that was used when the organization was originally formed.

Dr. Syed’s executive board consists of Dr. Brian McMahon, president-elect, Dr. Melissa Grageda, vice-president, Dr. Murlidar Pahuja, treasurer, Dr. Sara Ahmed, secretary and Linda Sabatino, executive director.

Dr. Syed reiterates her main focus is to have the RCMS serve as the primary health resource for all community members and physicians.

“I want the RCMS to help and assist our fellow physicians ...
COVID-19 in Pediatric Surgery Patients

Lin, et al investigated the incidence of COVID-19 in pediatric surgical patients in the Children’s Hospital of Philadelphia in Philadelphia, Pennsylvania, Texas Children’s Hospital in Houston, and Seattle Children’s Hospital in Seattle, Washington. Overall, 1295 pediatric surgical patients were included in this study, with a mean (SD) age of 7.35 (5.99) years. Overall incidence of COVID-19 was 0.93% (12 of 1295). However, there was a significant difference in incidence across hospitals. The overall incidence of COVID-19 in children undergoing preoperative universal screening was less than 1%. However, this varied greatly between the regions represented by our hospitals and even by township within the catchment area of a single hospital. While patients with COVID-19 were more likely to have preoperative symptoms, most notably fever and rhinorrhea, half of the patients with positive results had no symptoms. Additionally, some of the symptoms noted were easily attributed to unrelated conditions (e.g., appendicitis).

Clinical Characteristics of Emergency Surgery Patients with COVID-19

Li, et al investigated clinical and epidemiologic features of COVID-19 patients undergoing emergency surgery. They conducted a retrospective cohort study of 164 emergency surgery patients with or without COVID-19 pneumonia in Zhongnan Hospital of Wuhan University in Wuhan, China, from January 1, 2020, to January 20, 2020. For this report, the final date of follow-up was February 5, 2020. Of the 164 emergency surgery patients, the median age was 41 years, and 136 (82.9%) were women. The associated main clinical symptom included fever (93 [56.7%]), dry cough (56 [34.2%]), fatigue (86 [52.4%]), nausea (78 [47.6%]), and dizziness (77 [47%]). Of 54 emergency surgery patients infected with COVID-19, the median age was 46 years, and 45 (83.3%) were women. The pathologic clinical symptoms included fever (54 [100%]), fatigue (48 [88.9%]), nausea (52 [96.3%]), dizziness (46 [85.2%]), and dry cough (44 [81.5%]). The lymphopenia (0.37 x 10^9/L [interquartile range: 0.23-0.65]) and increased C-reactive protein (24.7 x 10^9/L [interquartile range: 13.57-38]) were observed. The preoperative fever and postoperative fever in emergency surgery patients with or without COVID-19 pneumonia were analyzed in this study. Of 54 emergency surgery patients with COVID-19, 15 (27.8%) showed preoperative fever, 54 (100%) had postoperative fever. Of 110 emergency surgery patients without COVID-19, 5 (4.5%) had preoperative fever, 31 (28.2%) patients had postoperative fever. In emergency surgery patients with COVID-19, the fever lasted more than 7 days, markedly exceeding the length of time non-COVID19 patients experienced fever (approximately 3 days).

Human Placenta and Cell Entry Mediators for SARS-CoV-2

Pique-Regi, et al investigated the expression of ACE2 and TMPRSS2 throughout pregnancy in the placenta as well as in third-trimester chorioamniotic membranes. They report that co-transcription of ACE2 and TMPRSS2 is negligible in the placenta, thus not a likely path of vertical transmission for SARS-CoV-2. By contrast, receptors for Zika virus and cytomegalovirus, which cause congenital infections, are highly expressed by placental cell types. These data show that the placenta minimally expresses the canonical cell-entry mediators for SARS-CoV-2. They conclude that SARS-CoV-2 is unlikely to infect the placenta and fetus since its canonical receptor and protease, ACE2 and TMPRSS2, are only minimally expressed by the human placenta throughout pregnancy. In addition, they showed that the SARS-CoV-2 receptors are not expressed by the chorioamniotic membranes in the third trimester. However, viral receptors utilized by CMV, Zika virus, and others are highly expressed by the human placental tissues. They note that while transcript levels do not always correlate with protein expression, their data indicate a low likelihood of placental infection and vertical transmission of SARS-CoV-2.
Impaired Interferon Activity and Inflammatory Responses in Severe COVID-19

Hadjadj, et al performed an integrated immune analysis on a cohort of 50 COVID-19 patients with various disease severity. A unique phenotype was observed in severe and critical patients, consisting of a highly impaired interferon (IFN) type I response (characterized by no IFN-β and low IFN-α production and activity), associated with a persistent blood viral load and an exacerbated inflammatory response. Inflammation was partially driven by the transcriptional factor NF-κB and characterized by increased tumor necrosis factor (TNF-α) and interleukin (IL)-6 production and signaling. These data suggest that type-I IFN deficiency in the blood could be a hallmark of severe COVID-19 and provide a rationale for combined therapeutic approaches. They propose that type I IFN deficiency is a hallmark of severe COVID-19 and infer that severe patients might be relieved from the IFN deficiency by IFN administration and from exacerbated inflammation by adapted anti-inflammatory therapies targeting IL-6 or TNF-α.

Measurement of Airborne Particle Exposure During Tracheal Intubation

Simpson, et al. used an in-situ simulation model, to evaluate laryngoscopist exposure to airborne particles sized 0.3 - 5.0 microns using five aerosol containment devices (aerosol box; sealed box with and without suction; vertical drape; and horizontal drape) compared with no aerosol containment device. Nebulised saline was used as the aerosol-generating model for 300 s, at which point, the devices were removed to assess particle spread. The primary outcome was the quantity and size of airborne particles measured at the level of the laryngoscopist’s head at 30, 60, 120 and 300 s, as well as 360 s (60 s after device removal). Airborne particles sizes of 0.3, 0.5, 1.0, 2.5 and 5.0 microns were quantified using an electronic airborne particle counter. Compared with no device use, the sealed intubation box with suction resulted in a decrease in 0.3, 0.5, 1.0 and 2.5 micron, but not 5.0 micron, particle exposure over all time-periods (p = 0.003 for all time periods). Compared with no device use, the aerosol box showed an increase in 1.0, 2.5 and 5.0 micron airborne particle exposure at 300 s (p = 0.002, 0.008, 0.002, respectively). Compared with no device use, neither horizontal nor vertical drapes showed any difference in any particle size exposure at any time. Finally, when the patient coughed, use of the aerosol box resulted in a marked increase in airborne particle exposure compared with other devices or no device use. They conclude that devices such as the aerosol box confer minimal to no benefit in containing aerosols during an aerosol-generating procedure and may increase rather than decrease airborne particle exposure. A sealed box with suction appears to decrease airborne particle exposure.

Extrapulmonary Manifestations of COVID-19

Gupta, et al published a comprehensive review of extrapulmonary manifestations of COVID-19 patients in Nature Medicine. They note that although COVID-19 is most well known for causing substantial respiratory pathology, it can also result in several extrapulmonary manifestations. These conditions include thrombotic complications, myocardial dysfunction and arrhythmia, acute coronary syndromes, acute kidney injury, gastrointestinal symptoms, hepatocellular injury, hyperglycemia and ketosis, neurologic illnesses, ocular symptoms, and dermatologic complications. Given that ACE2, the entry receptor for the causative coronavirus SARS-CoV-2, is expressed in multiple extrapulmonary tissues, direct viral tissue damage is a plausible mechanism of injury. In addition, endothelial damage and thromboinflammation, dysregulation of immune responses, and maladaptation of ACE2-related pathways might all contribute to these extrapulmonary manifestations of COVID-19. They reviewed the extrapulmonary organ-specific pathophysiology, presentations and management considerations for patients with COVID-19 to aid clinicians and scientists in recognizing and monitoring the spectrum of manifestations, and in developing research priorities and therapeutic strategies for all organ systems involved.