TSRA/TSMA Webinar:

in the COVID Era Sunday, August 2, 2020 at 7:00PM ET

Thoracic Surgery Medical

Association (TSMA) and TSRA will be cohosting a webinar aimed at providing guidance to medical students interested in cardiothoracic

Applying to Cardiothoracic Residency

surgery who will be entering the application process this academic year. The webinar will feature a panel of medical student, resident, and faculty leaders, including:

Ara Vaporciyan, MD MD Anderson Cancer Center

Andrea Carpenter, MD, PhD UT Health San Antonio TSDA President-Elect Rita Milewski, MD, PhD, MS Ed Hospital of the University of Pennsylvania TSDA Early Specialization Committee Chair Rishindra Reddy, MD University of Michigan Association of Surgical Educators, Surgical Clerkship Director's Committee Chair

TSDA President

J. Hunter Mehaffey, MD, MSc University of Virginia 4+3 CT resident TSRA Vice President Clauden Louis, MD, MS University of Rochester I6 resident TSRA Secretary

Edgar Aranda-Michel, G4 MD-PhD University of Pittsburgh TSMA Leadership Lena Trager, M2 University of Minnesota TSMA Leadership TSRA COVID-19 Survey for CT Trainees

If you are an integrated, traditional, or 4+3 cardiothoracic surgery trainee, please complete survey stemming from following multicenter international collaboration to characterize the impact of the COVID-19 HERE TO

pandemic on CT surgical training: ACCESS SURVEY AND ENTER PRIZE DRAWING Get Involved with the TSRA This Year! By: TSRA Executive Committee Cardiothoracic residents are automatically a part of the TSRA and we are excited to have you on

board! As a way of introduction, we'd like to take a moment to share with you our purpose and mission, as well as how you can get involved. All of the opportunities below are also available to our general surgery resident, cardiology fellow, international cardiothoracic trainee, and medical student associate members! Who We Are Founded in 1997 as an extension of the Thoracic Surgery Director's Association (TSDA), the TSRA's

mission is to provide peer-based resources and support for cardiothoracic surgery residents to succeed throughout training and launch successful careers. While the Executive Committee is the leadership body of the organization, most of the TSRA's work is done through our four committees: Projects, Education, Membership, and Communication. We are happy to introduce and congratulate our new Executive Committee for the 2020-2021 academic year, who are also pictured at the end of this Newsletter! What We Do

The TSRA's goal is to provide resources and support for fellow residents to guide you through residency and prepare you for a successful career in CT surgery. This support ranges from educational resources, such as the popular TSRA Podcasts, the newly released TSRA Decision Algorithms in Cardiothoracic Surgery, Review of Cardiothoracic Surgery (now accompanied by a multiple choice question app and with the 3rd edition to be written this year!), Clinical Scenarios in Cardiothoracic Surgery (with the 2nd edition to be released next month), Operative Dictations in Cardiothoracic Surgery, TSRA Literature Review, and the TSRA Primer of Cardiothoracic Surgery, TSRA Literature Review, and the TSRA Primer of Cardiothoracic Surgery, TSRA Literature Review, and the TSRA Primer of Cardiothoracic Surgery, TSRA Literature Review, and the TSRA Primer of Cardiothoracic Surgery, TSRA Literature Review, and the TSRA Primer of Cardiothoracic Surgery, TSRA Literature Review, and the TSRA Primer of Cardiothoracic Surgery (Now accompanied by a multiple choice question appears). mentorship programs, networking opportunities and educational luncheons at the STS and AATS Annual Meetings, and travel awards across the country and world. More information can be found on

our website at www.tsranet.org. CALL FOR VOLUNTEERS: Join a committee! TSRA needs all hands on deck, and anyone can join any of the four committees (Projects, Education,

Membership, and Communication). Each has its own mission and responsibilities. Below is a brief description of each committee with specific contact information on how to get involved. If you are interested in joining, please reply by Monday, July 27th. Projects: The Projects Committee is focused on producing new resources each year to enhance residents' education. TSRA resources are created by residents, for residents. Participation in these projects not only allows residents to be productive academically and network with others in the field, but also adds just-in-time educational resources that trainees desire. We have an exciting year ahead with many projects planned. The primary areas of focus will be producing the 3rd edition of our TSRA Review of Cardiothoracic Surgery (our most popular resident resource), updating the TSRA Cardiothoracic Literature Review, and producing/organizing content for our new TSRA YouTube channel. We will continue to expand our popular podcast series recorded by leaders in cardiothoracic surgery and available at https://goundaloud.com/fecu

cardiothoracic surgery and available at https://soundcloud.com/tsrapodcast. We will also continue to work to integrate our numerous resources across platforms for a comprehensive learning experience. We are looking forward to your active involvement with this committee! If you are interested or would like to learn more, please contact Garrett Coyan (Projects Chair) at coyangn@upmc.edu to get involved.

The Education Committee assists the TSDA in continually refining the cardiothoracic surgery curriculum. The committee has successfully conducted numerous survey studies over the previous decade to understand and anticipate the needs of current and future residents. This year, we will not only continue to disseminate nation-wide surveys to current residents, but also expand the pool to include general surgery residents and medical students interested in pursuing cardiothoracic surgery. The Education Committee is also responsible for organizing the annual educational programming and luncheons at the STS and AATS meetings. It will begin to provide additional virtual content such as webinars and tweetorials this year to supplement these mentorship functions. If you are interested or would like to learn more, please contact Jason Han (Education Chair) at Jason.Han@pennmedicine.upenn.edu.

Membership: As a TSRA member, you are also granted complimentary trainee membership to other professional societies such as the American College of Cardiology (ACC) and the American Thoracic Society (ATS). The membership committee is responsible for expanding TSRA membership and its collaborations with the ACC, ATS, and other organizations. The membership committee is also primarily responsible for the TSRA Mentorship Program, which will be its major initiative this year, as well as the TSRA Resident Mixer at each national meeting (STS, AATS). We will also continue the development of the TSRA alumni database. If you are interested or would like to learn more, please contact David Blitzer (Membership Chair) at db3242@cumc.columbia.edu. **Communication**: The communications committee creates the TSRA announcements, helps post information on Facebook, Twitter (@TSRA_official), and our Instagram (tsra_official). We will continue to communicate with the list-serve via e-mail to our associate members as well. Our focus for this year will be our monthly electronic TSRA Newsletter and new YouTube video channel . If you are interested or would like to learn more, please contact Clauden Louis (Secretary/Communication Chair) at claudenlouis@gmail.com.

Young Surgeon's Notes

learning to adapt to new conditions.

Here are additional facts shared in the manuscript that potential applicants may find helpful in their

become less important as the test shifts to a pass/fail paradigm)

exists in medical school to develop an outstanding investigative CV.

Admittedly, this article does not encapsulate the experiences of all aspiring CT surgeons, the majority of whom still matriculate into traditional fellowship positions.

Manuscript of the Month

in a Thoracic Surgery Clinic

smoking cessation. Secondary endpoints were self-reported point prevalence abstinence at one

abstracts, posters, and/or oral presentations)

Recent interns had average Step 1 scores of 244 ± 10.9 (although this metric will

Incoming residents had on average about ten publications (original articles,

A number of funded programs, scholarships, and research grants exist for students to attend major conferences. The list is available on the manuscript.

- While taking a year out is an option, it is far from necessary. Sufficient time

expanding field.

applicants.

Notes on "Integrated cardiothoracic surgery: Developing successful residency application," by Benjamin Smood, MD, Stephanie Nguyen, MD, John Kelly, MD, and Jason Han, MD

COVID-19 has undoubtedly affected all aspects of society, including cardiothoracic surgical training. From case volume to application cycles, attending surgeons and trainees alike are

It is at this time of uncertainty that this article from the July issue of The Journal of Thoracic and Cardiovascular Surgery by Smood et al. offers us comfort in recalling our robustly

In 2019, there were 209 applicants for 36 integrated residency positions in the United States. The 2021 cycle is just around the

corner, and there is just as much if not more enthusiasm among

Jason J. Han, MD **TSRA Executive Committee** Young Surgeon's Notes Editor Smood et al note that within this small and competitive landscape, peer-to-peer mentorship can be immensely helpful, especially to those who hail from schools without training programs. Past applicants have a re sponsibility to pay it forward. First advice? Prepare early. Half of I-6 applicants decide on the field of CT surgery during or before the first two years of medical school. This gives you ample time to identify mentors, participate in research, attend conferences, and network widely. And while this may sound cliché, no advice is a substitute for having the basics. Program directors selected grades and board scores as some of the most important factors they consider in inviting

applicants to interview.

preparations:

Bv: Jason Han

Yet, we hope that students all across the country who are currently preparing for this application cycle find renewed excitement and motivation from reading this article. We wish them good luck. If you are interested in learning more, please find the full article here at The Journal of Thoracic and Cardiovascular Surgery. Trainees are encouraged to join the discussion at https://twitter.com/tssmn. Please add comments in the Twitter chats or in the form of letters to the editor.

By: Jordan Bloom **Engagement and Effectiveness of a Smoking Cessation Quitline Intervention** Mollie M. Mustoe, BA; James M. Clark, MD; Timothy T. Huynh, BA; Elisa K. Tong, MD; Terri P. Wolf, MS, RN; Lisa M. Brown, MD; David T. Cooke, MD Mustoe and colleagues conducted a retrospective cohort study to determine the engagement and effectiveness of a smoking cessation quitline on 111 active smokers referred to a thoracic surgery clinic. The primary endpoints of the study were engagement rates in the quitline and successful

The authors stratified the patients into operative vs. nonoperative cohorts and analyzed the results using a combination of univariate and multivariable statistics. Of the 111 patients, 58 (52%) underwent surgery. With respect to engagement, 55% of the surgical patients participated in the program, compared to 45% of the nonoperative patients. 21 (66%) patients in the operative group successfully quit smoking comparted to 8 (33%) patients in the nonoperative group. On univariate analysis, there were no statistically significant differences in the primary or secondary outcomes between quitline participants and nonparticipants (Figure 1). Operative patients had a 1.8-fold higher proportion of successful smoking cessation compared with nonoperative patients (37 of 58 [64%] vs 19 of 53 [36%]; P =

and six months after the smoking quit date.

.004) as well as a 2.2-fold higher proportion of 1-month point prevalence abstinence (37 of 57 [65%] vs 15 of 51 [29%]; P < .001) and a 1.8-fold higher proportion of 6-month point prevalence abstinence (20 of 45 [44%] vs 12 of 48 [25%]; P = .05). On multivariable analysis, the only predictor which significantly increased the odds of smoking cessation was having an operation (OR 2.44, p=0.04) (Table 3). Quitline participation was associated with increased odds of 6-month abstinence (OR 3.57, p=0.04) (Table 4). The authors conclude that irrespective of quitline referral, patients undergoing surgery were twice

as likely to quit smoking. Patients who participated in the quitline had a higher point prevalence abstinence rate at 6 months. 80 60

%

40

20

Operative, participant in quitline Operative, nonparticipant in quitline Nonoperative, participant in quitline

1-mo Point

prevalence abstinence

Table 3. Multivariable Analysis to Identify Independent Factors

Table 4. Multivariable Analysis to Identify Independent Factors

Associated With 6-Month Point Prevalence Abstinence

Associated With Smoking Cessation Among All Patients

Time since smoking cessation

Odds ratio (95% CI)

0.76 (0.33-0.17)

0.99 (0.95-1.04)

0.45 (0.14-1.45)

0.99 (0.98-1.01) 2.44 (1.06-5.64)

0.99 (0.43-2.29)

Odds ratio (95% CI)

1.02 (0.30-3.49)

1.00 (0.94-1.06)

0.56 (0.07-4.69)

0.64 (0.98-1.03)

0.50 (0.13-1.89)

3.57 (1.03-12.38)

Q: Congratulations on your work and getting a first-authored paper into JAMA surgery. I

You compared baseline characteristics between all patients who were operated vs. nonoperatively managed yet your outcome results are really specific to the patients in each group who participated in the quitline. Did you consider separately comparing the baseline characteristics of only the quitline participants stratified by operation? This

A: "We did perform additional subanalyses that were not reported in the final study, including subgroup analyses of quitline participants and nonparticipants stratified by operative status. There was no significant difference in the baseline characteristics of the quitline participants based on operative status. Though we were interested in the effect of the quitline on modulating smoking cessation efforts, we decided to focus on the effect that just visiting a subspecialty surgical clinic had on a patient's chance of successful smoking cessation, even if they ultimately

Q: We know from prior literature (Zhu S-H, et al. Tob Control. 2012;21(2):110-8.) that

Q: So, it seems that we can conclude that surgery will help a patient stop smoking but participation in a quitline will help them to stay abstinent... is that correct? This makes sense given what we know about programs such as alcoholics anonymous (AA). As you know the success of AA depends on continued participation in the program. How best do

A: "One of our most encouraging results was the fact that even for patients who refused to participate in the quitline and did not have an operation, the exposure of a clinic consultation with a subspecialty surgeon alone lead to a 38% quit rate. The recidivism rate in these patients was

higher but this finding shows the benefit of subspecialty physician counseling of smoking cessation alone on a patient's willingness to attempt to quit. Stressful events such as screening for lung cancer (Brain K et al. Thorax. 2017;72(10):912-918) or planning for major surgery (Prestwich A et al. Front Psychol. 2017;8:915) are important inducers of smoking cessation

attempts. Too often the "job" of smoking cessation counseling is relegated to the primary care physician, but we can all make a difference in supporting our patients in these efforts to quit smoking. Additionally, the use of the quitline positively augmented our results, improving 6-month smoking abstinence in our operative cohort 1.5 fold compared to nonparticipation in the quitline. As such, our thoracic surgery clinic is currently switching from an "opt-in" referral pattern to the quitline for all active smokers to an "opt-out" model in which all active smokers are automatically referred to the quitline or cancer center program with a tobacco treatment specialist who can also

Click here to read the full manuscript in JAMA Surgery

Featured TSRA Podcast

In our first featured podcast, Dr. Linksy interviews Dr. Holman regarding the history and development of the cardiopulmonary bypass machine:

In our second feature, Dr. Hoffman and Dr. Mitchell discuss the evolution of the surgical management of TB, which formed the foundation for

TSRA Podcast: History - Evolution of Surgical Treatment of Tuberculosis

We want to expand our popular podcast series with new ideas & topics.

- Ethics education in CT surgery: where are we and where are we headed?

If you are interested in recording one of the unclaimed podcast topics -OR- have new topics to propose, please contact Garrett Coyan.

Please click here if you are a current CT trainee (including 2020 graduates!)

Please click here if you are a recent CT surgery graduate (2012-2019)

TSRA Educational Resources Survey – Please Help! Please help us evaluate our current resources and plan for the future by taking this approximately

TSRA Educational Resources

TSRA Decision Algorithms in Cardiothoracic Surgery

As a print book on <u>Amazon</u>.

TSRA Review of

2. As a Kindle e-book on Amazon.

Cardiothoracic Surgery (2nd Ed)

1. As a print book on Amazon.

TSRA Clinical Scenarios in

1. As a print book on Amazon. 2. As a Kindle e-book on Amazon.

TSRA Operative Dictations in

2. As a Kindle e-book on Amazon.

Cardiothoracic Surgery As a print book on <u>Amazon</u>.

1. Download from iTunes

TSRA Multiple Choice Review of Cardiothoracic Surgery

Check out the official website with free registration.

TSRA Clinical Scenarios in Cardiothoracic Surgery (2nd Ed)

TSRA Newsletter Editorial Team

Hunter Mehaffey — Trainee Opportunities

Jordan Bloom — Manuscript of the Month

Clauden Louis — TSRA Educational Resources

Zachary Spigel — Abstract & Conference Dates Tariq Sohail Babar — Diagnostic Challenge

Dates

Sept 25-26, 2020

Oct 4-8, 2020

Oct 7-10, 2020

Oct 8-10, 2020

Oct 14-18, 2020

Oct 17-21, 2020

Oct 22-24, 2020

Nov 4-7, 2020

Nov 14-16, 2020

Dec 6-9, 2020

Jan 30 - Feb 2, 2021

Feb 2-4, 2021

Feb 10-14, 2021

Feb 13-16, 2021

Mar 20-22, 2021

Apr 15-17, 2021

Apr 27-30, 2021

Apr 29-30, 2021

May 1-4, 2021

June 9-12, 2021

June 9-12, 2021

June 23-26, 2021

Oct 24-25, 2021

Nov 3-6, 2021

Nov 13-15, 2021

Garrett Coyan — Featured Podcast

and Multiple Choice Questions

Parth Patel — Graphic Support

Location

Virtual

Virtual

Virtual

Barcelona,

Spain

Virtual

Chicago, IL

Boston, MA

Orlando, FL

Dallas, TX/

Virtual

Palm Beach, FL

Austin, TX

Virtual

Huntington

Beach, CA

Atlanta, GA

Atlanta, GA

Seattle, WA

Toronto,

Canada

New York, NY

Seattle, WA

Washington,

D.C.

Chicago, IL

Victoria, BC

Chicago, IL

Atlanta, GA

Boston, MA

Jason Han — TSRA Advice Blog and Young

Alex Brescia — Editor

Surgeon's Notes

Abstract Deadlines and Conference Dates

Submission

deadline

CLOSED

CLOSED

July 27, 2020

CLOSED

CLOSED

CLOSED

CLOSED

CLOSED

CLOSED

July 31, 2020

Aug 11, 2020

Aug 7, 2020

Nov 18, 2019*

Sep 13, 2019*

Oct 20, 2020

Nov 25, 2019*

Oct 13, 2020

"Early January

Ź021"

Oct 15, 2019*

Feb 3, 2020*

April 15, 2020*

Jan 6, 2020*

Mar 31, 2020*

May 26, 2020*

April 30, 2020*

April 5, 2020*

June 4, 2020*

Sample Questions from the TSRA Multiple Choice Question Bank

Answer B. Permanent heart block is a known complication of tricuspid valve repair and replacement, due to damage to the AV conduction pathways. It is more commonly seen in tricuspid replacement than repair. The treatment for this condition is AV sequential pacing, requiring an atrial and a ventricular pacing lead. Ventricular pacing wires can be placed through flexible or rigid tricuspid annuloplasty devices (rings and bands) and biological prostheses. The placement of a ventricular pacing wire through a mechanical prosthesis results in the device being stented in the open position, and resultant tricuspid regurgitation. Heart block in the setting of a mechanical device often requires the placement of an epicardial ventricular pacing wire.

Answer B. Aortic arch hypoplasia, coarctation of aorta and subaortic stenosis are commonly seen in patients with DORV with a subpulmonic VSD. This variant is called a Taussig-Bing

anomaly. This lesion should be repaired along with the repair of the DORV.

To request inclusion of other specific meetings that may of interest to TSRA members,

* Designates previous year's deadline, if current deadline not yet available.

please contact Zach Spigel at zachary.spigel@gmail.com

Kindle & print available August 2020!

TSRA Primer of Cardiothoracic Surgery

As an iPad & iPhone app on <u>iTunes</u>.

Cardiothoracic Surgery

TSRA Podcast: History - History of Cardiopulmonary Bypass

Our existing collection is available on Soundcloud & iTunes

- Brain and spinal cord protection + neuromonitoring

- Interventional pulmonology skills for surgeons

- Interventional congenital heart procedures

Ethical research practice in CT surgery

TSRA Executive Committee

(2020-2021)

Alex Brescia

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University of Michigan

J. Hunter Mehaffey

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Hospital

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Society (CHSS) Southern Thoracic

Surgical Association (STSA)

American Heart Association (AHA)

Southern Surgical Association (SSA)

Oregon Health and Science University

Johns Hopkins University New TSRA EC Member

Jason Han

Emory University

University of Virginia

University of Rochester

Communications Chair

Northwestern University

Immediate Past President

University of Pittsburgh

University of Pennsylvania

3-5 minute survey on TSRA Educational Resources:

Here is a list of unclaimed topics that need to be recorded:

Electrophysiology (common arrhythmias, postop arrhythmias)
 SAVR: sutureless vs traditional

modern day thoracic surgery:

Adult Cardiac

<u>Congenital</u> - Tricuspid atresia

Call for New TSRA Podcast Ideas

Advanced endoscopy + POEM

- Congenital mitral valve disease

Residents as teachers

Imperative care vs. futility

 Thoracic outlet syndrome Esophageal motility disorders

could possibly add clarity to some of the differences observed.

independent variables and then included in the final multivariable regression only variables with P < .25 or variables thought to have an a priori association with smoking cessation. Our C-statistics for

our models were 0.72 (0.62-0.82) and 0.70 (0.59-0.81)."

you see applying your findings to real life practice?

coordinate cessation medications."

6-mo Point prevalence abstinence

P value

.52

.66

.18 .32

.04

.99

P value

.98

.90

.59

.64

.31

.04

Mollie M. Mustoe. BA

Nonoperative, nonparticipant in quitline 0 Successfully quit Figure 1. Smoking Cessation Success and Follow-up Point Prevalence Abstinence by Operative Group and Quitline Participation

Smoking pack-years

Underwent an operation

Participated in quitline

Referred to Quitline Variable Male sex Age White race/ethnicity

in Those Who Successfully Quit Smoking Variable Male sex Age White race/ethnicity Smoking pack-years Underwent an operation Participated in quitline Question and answer with lead author Mollie Mustoe:

have a few questions.

did not receive an operation."

pharmacologic interventions are highly efficacious for smoking cessation. I noticed that you do not include any discussion of these medications or nicotine replacement therapy. Did you look at whether patients in your study were receiving nicotine replacement therapy or other medications? It would be very interesting to know how these predictors would perform in your logistic model. A: "Our quitline program focuses on serial counseling sessions with patients using motivational interviewing, teaching self-efficacy, coping strategies, and targeting a self-image as a nonsmoker. The data on pharmacologic adjuncts in aiding smoking cessation and reducing recidivism are strong, however our current program is coordinated by non-physician counselors who do not prescribe medications. Additionally, as a subspecialty clinic, our thoracic surgeons do not commonly prescribe smoking cessation pharmaceuticals as follow up can be intermittent, and these interventions are best managed by a primary care provider. As such, we did not evaluate pharmacologic interventions in our analysis.' Q: Your multivariable models are brief. What method did you use to come up with the variables included in the model? What was your c-statistic for the model? A: "Given the limited patients available for analysis, we kept our models succinct to prevent overfitting the regression. We initially performed univariate logistic regression on a larger set of

Once again, thank you for your time and congratulations on an important manuscript. Mollie Mustoe is a medical student at UC Davis. Citation: Mustoe MM, Clark JM, Huynh TT, Tong EK, Wolf TP, Brown LM, Cooke DT. Engagement and Effectiveness of a Smoking Cessation Quitline Intervention in a Thoracic Surgery Clinic. JAMA Surg. 2020 Jul 1;e201915. By: Garrett Coyan The field of cardiothoracic surgery is certainly built upon the "shoulders of giants" as we have all heard at one time or another. Our history is rich with amazing stories of innovation, and yet much of that history takes a back seat to our day to day learning of pathology and procedures. As we welcome our newest TSRA members this July, we feature two historical podcasts that may help to frame the development of the field of cardiothoracic surgery. Knowing our origins will help inspire the next generation to continue to innovate for the sake of our patients!

By: Zachary Spigel Meeting Extracorporeal Life Support Organization (ELSO) American College of Surgeons (ACS) Eastern Cardiothoracic Surgical Society (ECTSS) European Association for Cardio-Thoracic Surgery (EACTS) Transcatheter Cardiovascular Therapeutics (TCT) **CHEST Annual Meeting** Congenital Heart Surgeons'

Society of Thoracic Surgeons (STS) Academic Surgical Congress (ASC) Annual Update on Pediatric & Congenital CV Disease Conference Southeastern Surgical Congress (SESC) American College of Cardiology (ACC) American Surgical Association (ASA) International Society for Heart and Lung Transplantation (ISHLT) **AATS Mitral Conclave** American Association of Thoracic Surgery (AATS) & Aortic Symposium American Society for Artificial Internal

Organs (ASAIO) Transcatheter Valve Therapy (TVT) Structural Heart Summit Western Thoracic Surgical Association (WTSA) **CHEST Annual Meeting** Congenital Heart Surgeons' Society (CHSS) European Association for Cardio-Thoracic Surgery (EACTS) Southern Thoracic Surgical Association (STSA) American Heart Association (AHA)

 What is most appropriate therapy for a lung transplant biopsy graded as mild (1R) with no parenchymal rejection (A0) or bronchiolar inflammation (B0)? B. Two-week course of ATGAM C. Intravenous corticosteroid pulse D. IVIg with or without rituximab E. Basiliximab (anti-CD25 antibody) treatment **Answer and Explanation** Answer A. Mild (1R) rejection on lung transplant biopsy can be treated conservatively with no additional therapy. Moderate rejection is generally treated with steroid therapy, while more severe forms of rejection are treated with antibody therapies. 2. Which of the following tricuspid prostheses precludes the placement of a transvenous ventricular pacemaker? A. Biological tricuspid valve replacement

 C. Rigid partial tricuspid band D. Flexible complete tricuspid ring

Answer and Explanation

 A. Subaortic type of DORV B. Subpulmonic type of DORV C. Non-committed type of DORV D. Doubly committed type of DORV

Answer and Explanation

B. Mechanical tricuspid valve replacement

3. Aortic arch anomalies should be looked for in:

No deadline; rolling

Mary Kay to be held October 22-24, 2020 Denton A. Cooley Fellowship

Advanced Valve Disease Educational Fellowship

Honoring Our Cleveland Clinic Mentors Program

Kirklin/Ashburn Fellowship at the Congenital Heart

Surgeons' Society (July 2021-June 2023)

Thoracic Surgery Foundation (TSF) Awards

September 15, 2020

December 15, 2020

Cardiothoracic Surgery

TSRA/STS Global Outreach Fellowship in

August 1, 2020

August 1, 2020

August 1, 2020

AATS Scholarship Opportunities

August 1, 2020

August 31, 2020

Program

mary.kay.k.keers@medtronic.com.

To register for the Medtronic Foundational Mitral and Tricuspid Skills Course or for more information on this funded opportunity, please Register by September 18th for the event

application form contact

Communications Committee: Clauden Louis

General surgery residents, cardiology fellows, international cardiothoracic surgery residents, and medical students are eligible for Associate Membership in the TSRA by submitting this

g	Newsletter ery Residents Association
	July 2020 — Volume 1, Issue 7
	Trainee Opportunities in CT Surge
	By: J. Hunter Mehaffey
	Please see our detailed call for volunteers belo for descriptions of each <u>TSRA committee!</u> The new Committee Chairs for 2020-2021 are:
t - e	Projects Committee: Garrett Coyan Education Committee: Jason Han Membership Committee: David Blitzer