

SURGERY

Official Publication

SOCIETY OF UNIVERSITY SURGEONS

CENTRAL SURGICAL ASSOCIATION

AMERICAN ASSOCIATION OF ENDOCRINE SURGEONS

COPYRIGHT © 2019 ELSEVIER INC.

CONTENTS December 2019 Volume 166 Number 6

LIVER

- 959 **Laparoscopic versus open two-stage hepatectomy for bilobar colorectal liver metastases: A bi-institutional, propensity score-matched study**
S. Okumura, MD, PhD, C. Goumard, MD, B. Gayet, MD, PhD, D. Fuks, MD, PhD, O. Scatton, MD, PhD

This study compared the outcomes of laparoscopic and open two-stage hepatectomy for bilobar colorectal liver metastases. The importance of this report is to show the safety, feasibility, equally favorable outcomes, and advantages of a laparoscopic, two-stage hepatectomy.

- 967 **Defining the chance of cure after resection for hepatocellular carcinoma within and beyond the Barcelona Clinic Liver Cancer guidelines: A multi-institutional analysis of 1,010 patients**
D.I. Tsimigras, MD, F. Bagante, MD, D. Moris, MD, PhD, K. Merath, MD, A.Z. Paredes, MD, MS, K. Sahara, MD, F. Ratti, MD, H.P. Marques, MD, O. Soubrane, MD, V. Lam, MD, G.A. Poultsides, MD, I. Popescu, MD, S. Alexandrescu, MD, G. Martel, MD, A. Workneh, MD, A. Guglielmi, MD, T. Hugh, MD, L. Aldrighetti, MD, I. Endo, MD, PhD, T.M. Pawlik, MD, MPH, PhD

Surgery provided a reasonable probability of cure (30%) among select patients with Barcelona Clinic Liver Cancer-B hepatocellular carcinoma. The importance of this report is that it further emphasizes the need for additional refinement of the current Barcelona Clinic Liver Cancer classification system.

BILE DUCT/GALLBLADDER

- 975 **Prognostic value of lymphadenectomy for long-term outcomes in node-negative intrahepatic cholangiocarcinoma: A multicenter study**
T. Yoh, MD, PhD, F. Cauchy, MD, B. Le Roy, MD, PhD, S. Seo, MD, PhD, K. Taura, MD, PhD, C. Hobeika, MD, S. Dokmak, MD, PhD, O. Farges, MD, PhD, M. Gelli, MD, A. Sa Cunha, MD, PhD, R. Adam, MD, PhD, S. Uemoto, MD, PhD, O. Soubrane, MD

Our study addressed the role of lymphadenectomy in patients with clinically node-negative intrahepatic cholangiocarcinoma from two institutions in Japan and one in France. Using a propensity score-matched dataset, survival was increased in those who did compared with those who did not undergo lymphadenectomy.

Presented at the Academic Surgical Congress 2019

- 983 **Intrahepatic cholangiocarcinoma tumor burden: A classification and regression tree model to define prognostic groups after resection**
F. Bagante, MD, G. Spolverato, MD, K. Merath, MD, M. Weiss, MD, S. Alexandrescu, MD, H.P. Marques, MD, L. Aldrighetti, MD, S.K. Maitheh, MD, C. Pulitano, MD, T.W. Bauer, MD, F. Shen, MD, G.A. Poultsides, MD, O. Soubrane, MD, G. Martel, MD, B.G. Koerkamp, MD, A. Guglielmi, MD, I. Endo, MD, T.M. Pawlik, MD, MPH, PhD, FACS

We sought to investigate the effect of tumor burden on the prognosis of patients with intrahepatic cholangiocarcinoma. This report is significant because we used a new statistical approach to estimate the prognosis of patients undergoing curative-intent resection for intrahepatic cholangiocarcinoma.

PANCREAS

- 991 **Prevention of early liver metastasis after pancreatectomy by perioperative administration of a nuclear factor- κ B inhibitor in mice**
N. Saito, MD, PhD, T. Uwagawa, MD, PhD, FACS, R. Hamura, MD, N. Takada, MD, H. Sugano, MD, PhD, Y. Shirai, MD, PhD, H. Shiba, MD, PhD, T. Ohashi, MD, PhD, K. Yanaga, MD, PhD, FACS

This study examines the potential role of the serine protease inhibitor nafamostat mesilate-175 in preventing liver metastases after pancreatic cancer surgery using cell culture and in vivo studies in mice. This study is important because it outlines the potential role of FUT-175 in decreasing distant metastasis by suppressing nuclear factor- κ B, which is involved in the activation of matrix metalloproteinase 2/9, which promotes both cell adherence and subsequent tissue invasion.

Publication information: Surgery (ISSN 0039-6060) is published monthly (six issues per volume, two volumes per year) by Elsevier Inc., 230 Park Avenue, Suite 800, New York, NY 10169. Periodicals postage paid at New York, NY and additional mailing offices.

USA POSTMASTER: Send address changes to Surgery, Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043.

997 **Prognostic importance of peritoneal washing cytology in patients with otherwise resectable pancreatic ductal adenocarcinoma who underwent pancreatectomy: A nationwide, cancer registry–based study from the Japan Pancreas Society**

H. Tsuchida, MD, T. Fujii, MD, PhD, M. Mizuma, MD, PhD, S. Sato, MD, PhD, H. Igarashi, MD, PhD, H. Eguchi, MD, PhD, T. Kuroki, MD, PhD, Y. Shimizu, MD, PhD, M. Tani, MD, PhD, S. Tanno, MD, PhD, Y. Tsuji, MD, PhD, Y. Hirooka, MD, PhD, A. Masamune, MD, PhD, K. Mizumoto, MD, PhD, T. Itoi, MD, PhD, S. Egawa, MD, PhD, Y. Kodama, MD, PhD, S. Hamada, MD, PhD, M. Unno, MD, PhD, H. Yamaue, MD, PhD, K. Okazaki, MD, PhD, on behalf of the Committee of Clinical Research, Japan Pancreas Society

We examined the significance of peritoneal washing cytology in patients with pancreatic cancer in the nationwide study. The importance of this report is to clarify that positive cytology predicted earlier peritoneal recurrence and a poorer prognosis.

1004 **Delaying surgery after preoperative biliary drainage does not increase surgical morbidity after pancreaticoduodenectomy**

F. Yang, MD, PhD, C. Jin, MD, PhD, C. Zou, BSc, Y. Di, MD, PhD, S. Hao, MD, PhD, H. Huang, MD, A.L. Warshaw, MD, FACS, FRCSEd (Hon), D. Fu, MD, PhD

Delaying surgery after preoperative biliary drainage does not have a negative impact on surgical morbidity after pancreaticoduodenectomy. This finding indicates the relative safety of taking time to treat pancreatic cancer with neoadjuvant therapy.

1011 **Surgery for cystic tumors of pancreas: Report of high-volume, multicenter Indian experience over a decade**

V.A. Chaudhari, DNB, R. Pradeep, MCH, H. Ramesh, MCH, M.S. Bhandare, MCH, P. Dhar, MCH, S. Pal, MCH, S. Palaniswamy, DNB, S. Jeswanth, MCH, R.N. Menon, MCH, A.N. Singh, MCH, S. Sabnis, DNB, G.V. Rao, MS, FRCS, S.V. Shrikhande, MBBS, MS, MD, FRCS (HON)

This large multi-institutional data set of operated patients with cystic pancreatic neoplasms shows a greater proportion of solid pseudopapillary tumors of the pancreas in our patients contrary to Western series. This may form an important data set for future analyses on this uncommon pathology.

1017 **Outcome and long-term quality of life after total pancreatectomy (PANORAMA): a nationwide cohort study**

L. Scholten, MD, A.E.J. Latenstein, MD, C. van Eijck, MD, PhD, J. Erdmann, MD, PhD, E. van der Harst, MD, PhD, J.S.D. Mieog, MD, PhD, I.Q. Molenaar, MD, PhD, H.C. van Santvoort, MD, PhD, J.H. DeVries, MD, PhD, M.G. Besselink, MD, MSc, PhD, for the Dutch Pancreatic Cancer Group

This nationwide study assessed the postoperative outcomes and quality of life after total pancreatectomy. The importance of this report is to facilitate shared decision making in patients who are faced with the decision to undergo total pancreatectomy.

Presented at the Academic Surgical Congress 2019

1027 **The laparoscopic approach to pancreatoduodenectomy is cost neutral in very high-volume centers**

E. Eguia, MD, MS, MHA, P.C. Kuo, MD, MS, MBA, P.J. Sweigert, MD, M.H. Nelson, MD, G.V. Aranha, MD, G. Abood, MD, MS, C. Godellas, MD, M.S. Baker, MD, MBA

We aimed to examine the cost of care for patients undergoing pancreaticoduodenectomy by procedure approach. The importance of this finding is patients undergoing laparoscopic pancreaticoduodenectomy in very high-volume centers cost less compared to open procedures.

ESOPHAGUS

1033 **Clinical features of metastasis from superficial squamous cell carcinoma of the thoracic esophagus**

H. Miyata, MD, K. Sugimura, MD, M. Motoori, MD, T. Omori, MD, K. Yamamoto, MD, Y. Yanagimoto, MD, N. Shinno, MD, M. Yasui, MD, H. Takahashi, MD, H. Wada, MD, M. Ohue, MD, M. Yano, MD

In this study, we found that metastases can be observed across a broad range of lymph node stations (cervical, mediastinal, and abdominal), even in superficial esophageal squamous cell carcinoma. The importance of this finding is that it seems to be useful in clinical therapeutic decisions concerning appropriate therapy, operative resection, endoscopic resection, or definitive chemoradiation therapy.

Presented at the Academic Surgical Congress 2019

1041 **Impact of measurement of skeletal muscle mass on clinical outcomes in patients with esophageal cancer undergoing esophagectomy after neoadjuvant chemotherapy**

T. Ishida, MD, T. Makino, MD, PhD, M. Yamasaki, MD, PhD, K. Tanaka, MD, PhD, Y. Miyazaki, MD, PhD, T. Takahashi, MD, PhD, Y. Kurokawa, MD, PhD, M. Motoori, MD, PhD, Y. Kimura, MD, PhD, K. Nakajima, MD, PhD, M. Mori, MD, PhD, Y. Doki, MD, PhD

We assessed how sarcopenia affects postoperative clinical outcomes after esophagectomy in patients who had undergone neoadjuvant chemotherapy (NAC) for esophageal cancer. Measures of sarcopenia by cross-sectional imaging before and after NAC predict tumor response, NAC-related adverse events, and postoperative complications in patients undergoing esophagectomy.

INTESTINE

1048 **Inhibition of JAK1 mitigates postoperative ileus in mice**

Y. Sun, MD, H. Shi, MD, Z. Hong, MD, P. Chi, MD

We found inhibition of Janus kinase 1 could attenuate inflammation and improve intestinal function post operation and in turn mitigate postoperative ileus. The importance of this report is Janus kinase 1 inhibition could be a prospective strategy for prevention of postoperative ileus.

CONTENTS *continued*

Presented at the Academic Surgical Congress 2019

- 1055 **Opioid tolerance impacts compliance with enhanced recovery pathway after major abdominal surgery**
O.P. Owodunni, MD, MPH, M.H. Zaman, MD, M. Ighani, MS, M.C. Grant, MD, D. Bettick, MSN, CNS, RN, S. Sateri, MD, T. Magnuson, MD, S. Gearhart, MD, MEHP
- The effect of opioid tolerance on compliance to an enhanced recovery pathway was studied. The importance of our findings was that improved compliance to an enhanced recovery pathway in this challenging cohort is associated with improved 30-day outcomes.

COLON/RECTUM

- 1061 **Prognostic value of metastatic lymph node regression grade after neoadjuvant chemoradiotherapy in patients with locally advanced rectal cancer**
T. Tominaga, MD, PhD, T. Akiyoshi, MD, PhD, N. Yamamoto, MD, PhD, K. Oba, MD, T. Nagasaki, MD, PhD, T. Yamaguchi, MD, PhD, T. Konishi, MD, PhD, Y. Fukunaga, MD, PhD, M. Ueno, MD, PhD
- We assessed the value of lymph node regression in rectal cancer treated with chemoradiotherapy. The importance of this report is that systemic chemotherapy is associated with more complete regression, and only complete regression is associated with improved survival.
- 1068 **Risk factors for 90-day readmission and return to the operating room following abdominal operations for Crohn's disease**
F. Grass, MD, J. Ansell, MD, M. Petersen, BA, K.L. Mathis, MD, A.L. Lightner, MD
- Several risk factors for both readmission and reoperation were identified in Crohn's patients undergoing major abdominal surgery. The importance of this study is the revealed safety of postoperative biologic therapy resumption.

VASCULAR

- 1076 **Comparison of the recanalization rate and postthrombotic syndrome in patients with deep venous thrombosis treated with rivaroxaban or warfarin**
R. de Athayde Soares, MD, M.F. Matielo, PhD, F.C. Brochado Neto, PhD, M.P. Nogueira, PhD, R.D. Almeida, MD, R. Sacilotto, PhD
- The incidence of postthrombotic syndrome was higher in group two (warfarin) than in group one (rivaroxaban). The total venous recanalization rate was higher in group one than in group two. The importance of this finding is to develop treatment for thrombosis.
- 1084 **Venous thromboembolism and transfusion after major abdominopelvic surgery**
K. McAlpine, MD, R.H. Breau, MD, MSc, FRCSC, C. Knee, ND, MSc, M. Carrier, MD, FRCPC, P.D. Violette, MD, FRCSC, C. van Walraven, MD, FRCPC, D.I. McIsaac, MD, MPH, FRCPC, R. Mallick, PhD, I. Cagiannos, MD, FRCSC, C. Morash, MD, FRCSC, L.T. Lavallée, MD, MSc, FRCSC
- This study reports the significant variability in the rates of venous thromboembolism (VTE) and transfusions between procedures. VTE risk assessment tools endorsed by guidelines do not sufficiently discriminate the VTE risk in this population and require revision.

THORACIC

- 1092 **Endoscopic thoracic sympathectomy for primary palmar hyperhidrosis: A retrospective multicenter study in China**
J. Chen, MD, PhD, Y. Liu, MD, PhD, J. Yang, MD, J. Hu, MD, PhD, J. Peng, MD, L. Gu, MD, B. Deng, MD, PhD, Y. Li, MD, B. Gao, MD, Q. Sheng, MD, G. Chen, MD, Y. Zhang, MD, D. Xie, MD, J. Wang, MD, PhD, H. Zhan, MD, Y. Tu, MD
- The aim of this study was to determine the results of endoscopic thoracic sympathectomy for primary hyperhidrosis in >10,000 patients from 15 different centers in China. This study is important because it shows that endoscopic thoracic sympathectomy is safe and effective in relieving the hyperhidrosis in 99% of patients despite the development of severe transfer hyperhidrosis in about 5% of patients.

Presented at the Academic Surgical Congress 2019

- 1099 **Correlation between air quality and lung cancer incidence: A county by county analysis**
B.D. Hughes, MD, MPH, S. Maharsi, BS, R.N. Obiarinze, BS, MS, H.B. Mehta, PhD, S. Nishi, MD, I.C. Okereke, MD
- We found that the level of air pollution does correlate considerably with lung cancer incidence. The significance of this report may help to target high-risk areas with surveillance and treatment strategies to lessen the morbidity and mortality.

TRAUMA/CRITICAL CARE

- 1105 **Volume–outcome relationship in severe operative trauma surgery: A retrospective cohort study using a Japanese nationwide administrative database**
H. Endo, MD, MPH, K. Fushimi, MD, PhD, Y. Otomo, MD, PhD
- This study aimed to identify the volume-outcome relationship in operative trauma surgery and identified it in the torso trauma surgery subgroup. The importance of this finding is that it can be used in policy-making, e.g., patient centralization.
- 1111 **Sedation and paralytic use in open abdomen patients—results from the EAST SLEEP Survey**
J.H. Choi, MD, X. Luo-Owen, PhD, S.E. Brooks, MD, D. Turay, MD, PhD, K.R. O'Bosky, MD, K. Mukherjee, MD, MSCI
- We surveyed Eastern Association for Surgery of Trauma members, noting increasing experience is associated with deeper sedation and more paralytic use in trauma/emergency surgery open abdomen patients. The importance of this finding is that deviation from best practice is common.

Presented at the Academic Surgical Congress 2019

- 1117 **Symptomatic catheter-associated thrombosis in pediatric trauma patients: Choose your access wisely**
C.M. McLaughlin, MD, E.N. Barin, BS, M. Fenlon, MD, C. Azen, MS, T.W. Deakers, MD, PhD, J.E. Stein, MD, MSc, D.W. Bliss, MD, J.S. Upperman, MD, A.R. Jensen, MD, MED
- Femoral venous catheters are associated with higher rate of symptomatic catheter-associated thrombosis in pediatric trauma patients. The importance of this finding is that femoral lines are commonly used in children and perhaps should be avoided.

CONTENTS *continued*

Presented at the Academic Surgical Congress 2019

1122 **Whole blood thrombin generation is distinct from plasma thrombin generation in healthy volunteers and after severe injury**

J.R. Coleman, MD, MPH, E.E. Moore, MD, J.M. Samuels, MD, J.J. Ryon, BA, J.T. Nelson, BS, A. Olson, BS, S. Caus, BS, M.G. Bartley, MD, N.G. Vigneshwar, MD, M.J. Cohen, MD, A. Banerjee, PhD, C.C. Silliman, MD, PhD, S. Butenas, PhD

The aim of this study was to evaluate plasma and whole blood thrombin generation in healthy volunteers and trauma patients. This study is important because we showed that plasma and whole blood thrombin generation are distinct, highlighting the need to perform standardized assays to better understand their correlation and to assess how whole blood thrombin generation confers differential outcomes in trauma.

1128 **Intra-abdominal hypertension in obese patients undergoing coronary surgery: A prospective observational study**

R. Nazer, MD, A. Albarrati, PhD, A. Ullah, MSc, S. Alamro, MD, T. Kashour, MD

Obese patients who underwent coronary artery bypass grafting surgery were more likely to develop intra-abdominal hypertension than the control group. The importance of this study lies in making an association between obesity and intra-abdominal hypertension, which can explain renal dysfunction through reduced abdominal perfusion pressure.

TRANSPLANTATION

1135 **Liver transplantation at safety net hospitals: Potentially vulnerable patients with noninferior outcomes**

T.C. Lee, MD, V.K. Dhar, MD, R.S. Hoehn, MD, K. Wima, MS, Y. Kim, MD, A.E. Ertel, MD, S.H. Patel, MD, S.A. Shah, MD, MHCM

Safety net hospitals achieve noninferior long-term patient and graft survival for potentially vulnerable patients requiring liver transplant. The importance of this report is to identify complex care and outcomes with liver transplant at safety net hospitals.

Presented at the Academic Surgical Congress 2019

1142 **Understanding lung transplant listing practices: Survival in lung transplant candidates who improve clinically to delisting**

S.E. Rudasill, BA, Y. Sanaiha, MD, M. Kwon, MD, A.L. Mardock, BA, H. Khoury, BS, B. Omari, MD, D.G. Rabkin, MD, P. Benharash, MD

Our aim was to determine the characteristics and outcomes of lung transplant candidates who improved to delisting both before and after implementation of the lung allocation score. The importance of this study is that implementation of the lung allocation score, which redefined the criteria for patient listing, appears to have improved patient appropriateness for lung transplantation.

ENDOCRINE

1148 **Surgeon-Performed Ultrasonographic Evaluation and Prediction for Large Thyroid Nodules—A Case-Control Study**

O. Cohen, MD, Y. Lahav, MD, D. Halperin, MD, MPH, M. Yehuda, MD

We found differences in the ultrasonographic appearance of large thyroid nodules >3 cm compared to nodules <3 cm when assessed by a single surgeon-performed ultrasonography. The importance of this finding that hypoechogenicity and irregular borders were associated with malignancy should select patients toward a more aggressive approach to fine needle aspiration and consideration of resection in large thyroid nodules and thereby may improve our assessment of this subgroup of nodules.

1154 **Right posterior paratracheal lymph nodes metastasis is one of the predictive factors in right-sided papillary thyroid carcinoma**

D. Kim, MD, H.K. Kwon, MD, S.-C. Shin, MD, E.S. Sung, MD, PhD, Y.K. Jeon, MD, PhD, B.H. Kim, MD, PhD, I.J. Kim, MD, PhD, J.-C. Lee, MD, PhD, B.-J. Lee, MD, PhD

We assessed the prognostic implication for recurrence related to metastatic involvement of the right posterior paratracheal lymph nodes. The importance of this report is providing new insight of routine prophylactic CND and the prognostic role of involvement of these nodes in relation to other central neck nodes and lateral neck nodes.

1160 **Does microscopic positive tumor margin in papillary thyroid cancer really matter?**

K. Back, MD, S.K. Kim, MD, Y.J. Chai, MD, J.-H. Kim, MD, PhD, J.-H. Choe, MD, PhD, J.S. Kim, MD, PhD

In patients with papillary thyroid cancer who have undergone a total thyroidectomy, the presence and location (especially posterior) of a microscopically positive margin did not increase the risk of recurrence. Clinicians should carefully consider the value of adjuvant treatment or surveillance after total thyroidectomy for papillary thyroid cancer.

BREAST

1168 **Mimetic sHDL nanoparticles: A novel drug-delivery strategy to target triple-negative breast cancer**

T. Wang, MD, C. Subramanian, PhD, MBA, M. Yu, PhD, P.T. White, MD, R. Kuai, PhD, J. Sanchez, BS, J.J. Moon, PhD, B.N. Timmermann, PhD, A. Schwendeman, PhD, M.S. Cohen, MD, FACS

We hypothesized that encapsulation of the novel withanolide withalongolide A 4,19,27-triacetateby synthetic high-density lipoproteins will have enhanced efficacy against triple negative breast cancer in vivo. This study is important because synthetic high-density lipoprotein–withanolide withalongolide A 4,19,27-triacetatenanoconjugates proved to be potent against triple negative breast cancers and show improved scavenger receptor B1–mediated targeting.

1176 **Re-evaluating if observation continues to be the best management of idiopathic granulomatous mastitis**

J. Davis, MD, D. Cocco, MD, S. Matz, DO, C.-H. Hsu, PhD, M.J. Brown, MD, J. Lee, BS, M.E. Bouton, PAC, D.M. Caruso, MD, I.K. Komenaka, MD

The current study reviews outcome of idiopathic granulomatous mastitis with conservative management. This study is important because its results demonstrate similar outcomes compared with other studies using invasive procedures or medications.

CONTENTS *continued*

OUTCOMES

- 1181 **Potential disease burden of patients with substance abuse undergoing major abdominal surgery: A propensity score-matched analysis**
K. Sahara, MD, A.Z. Paredes, MD, MS, R. Mehta, MPH, BDS, J.M. Hyer, MS, D.I. Tsilimigras, MD, K. Merath, MD, S.A. Farooq, MD, L. Wu, MD, A. Moro, MD, E.W. Beal, MD, MS, I. Endo, MD, PhD, T.M. Pawlik, MD, MPH, PhD

This study assessed the relationship between substance abuse and postoperative outcomes among patients undergoing major abdominal surgery. The importance is that a strong association was noted in certain outcomes after propensity matched analysis.

GLOBAL MEDICINE

- 1188 **Barriers to timely surgery for breast cancer in Rwanda**
L.E. Schleimer, MD, J.-M. Vianney Dusengimana, MPH, J. Butonzi, MD, C. Kigonya, MD, A. Natarajan, MD, A. Umwizerwa, RN, D.S. O'Neil, MD, MPH, A. Costas-Chavarri, MD, J.-P. Majyambere, MD, L.N. Shulman, MD, N.L. Keating, MD, MPH, C. Shyirambere, MD, T. Mpunga, MD, L.E. Pace, MD, MPH

We investigated barriers to timely breast cancer surgery in Rwanda through a retrospective chart review. The importance of these findings is to inform interventions to improve access to timely cancer surgery in low- and middle-income countries.

- 1196 **The oncology crisis in sub-Saharan Africa—the answer is clear and simple**
J.L. Tarpley, MD

IMAGE IN SURGERY (EPUB ONLY)

- e1 **Diagnostic dilemma of gastric pneumatosis with portal vein gas**
D. Moris, MD, PhD, D.P. Nussbaum, MD, G. Beasley, MD, T.N. Pappas, MD

- e3 **Recurrent bilious vomiting in an adult**
Y.-C. Gao, MD, Z.-L. Zhang, MD, T. Li, MD

LETTERS TO THE EDITOR

- 1198 **The cystic duct syndrome is still actual**
L. Roncati, MD, A. Manenti, MD, A. Farinetti, MD, M. Zizzo, MD, G. Manco, MD
- 1198 **Reply to: The cystic duct syndrome is still actual**
T. Guilbaud, MD, D.J. Birnbaum, MD, PhD
- 1199 **Assessing outcomes after adrenalectomy for unilateral primary aldosteronism**
T.A. Williams, PhD, J.W.M. Lenders, MD, PhD, M. Reincke, MD
- 1200 **Reply to: Assessing outcomes after adrenalectomy for unilateral primary aldosteronism**
W.M.C.M. Vorselaars, MD, D.-J. van Beek, MD, E.L. Postma, MD, W. Spiering, MD, I.H.M. Borel Rinkes, MD, G.D. Valk, MD, M.R. Vriens, MD, International CONNsorium study group

- 1202 **Acknowledgments of peer reviewers**

MISCELLANEOUS

- 1104 **The I. V. League (cartoon)**
Walter J. Pories, MD, *Greenville, NC*

READER SERVICES

- A1 **Information for readers**
A7 **Information for authors**
974 **Change of address**
990 **Surgery is abstracted**

SUBMIT MANUSCRIPTS TO SURGERY ONLINE AT
<http://ees.elsevier.com/surg>

SURGERY uses a Web-based manuscript submission and peer review system for the journal. Web-based peer review provides full electronic capabilities for submission, review, and status updates, and speeds manuscript turnaround and global access for authors and reviewers. By accessing the website, authors will be guided step by step through the creation and uploading of the required files. When submitting a manuscript to Elsevier Editorial System, authors need to provide an electronic version of their manuscript. Please include all your text elements (title page, abstract, main text, references, figure legends, and tables) in the same Word file. Figures should be submitted as separate files in a proper figure format, TIFF or EPS are preferred. Once the submission files are uploaded, the system automatically generates an electronic (PDF) proof, which is then used for reviewing. We specifically use a PDF file because it cannot be changed (except by the Editors). All correspondence, including the Editors' decisions and requests for revisions will be by e-mail.

<http://ees.elsevier.com/surg>