American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

News Release Index – ANESTHESIOLOGY® 2020

Scientific News Releases
(By embargo date)

- COVID-19 testing of all children before having anesthesia saves personal protective equipment
  Oct. 3 at 9:00 a.m. CDT
- Significant decline in prescription opioid abuse seen among Americans at last
  Oct. 3 at 9:00 a.m. CDT
- Black children more than twice as likely to die after surgical complications
  Oct. 3 at 10:00 a.m. CDT
- Researchers zero in on genetic connection to postpartum hemorrhage
  Oct. 3 at 2:30 p.m. CDT
- Artificial intelligence can predict patients at highest risk for severe pain, increased opioid use after surgery
  Oct. 4 at 12:00 p.m. CDT
- Telemedicine saves chronic pain patients time and money
  Oct. 5 at 10:00 a.m. CDT
- Acupuncture before surgery means less pain, significantly fewer opioids for Veterans
  Oct. 5 at 2 p.m. CDT
- Cannabis use prompts need for more anesthesia during surgery, increases pain and postoperative opioid use, study shows
  Oct. 5 at 2:00 p.m. CDT

Other News Releases
(By embargo date)

- American Society of Anesthesiologists honors Patricia A. Kapur, M.D., with its Distinguished Service Award
  Oct. 4 at 9:00 a.m. CDT

American Society of **Anesthesiologists®**

- American Society of Anesthesiologists recognizes Albert J. Varon, M.D., MHPE, FCCH, FASA, with its Excellence in Education Award
  Oct. 4, at 9:00 a.m. CDT

- American Society of Anesthesiologists recognizes Robert D. Sanders, Ph.D., with its 2020 James E. Cottrell Presidential Scholar Award
  Oct. 4 at 9 a.m. CDT

- American Society of Anesthesiologists recognizes Ru-Rong Ji, Ph.D., with its Excellence in Research Award
  Oct. 4 at 9 a.m. CDT

- American Society of Anesthesiologists names Beverly K. Philip, M.D., FACA, FASA, new president
  Oct. 5 (immediate)

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 3, 2020
9 a.m. CDT
Abstract: A4344

COVID-19 testing of all children before having anesthesia saves personal protective equipment

CHICAGO – Universal COVID-19 testing of children who are having procedures requiring anesthesia promotes efficient use of personal protective equipment (PPE), according to research being presented at the ANESTHESIOLOGY® 2020 annual meeting.

Testing can rule out children who would otherwise be suspected of having COVID-19 based on symptoms or possible exposure to the virus. Ruling out COVID-19 prevents unnecessary use of the extensive PPE recommended by the Centers for Disease Control and Prevention (CDC). CDC-recommended PPE for treating COVID-19 positive patients includes a respirator mask, such as an N95 or PAPR, and a gown, in addition to the standard PPE of surgical mask, eye protection and gloves, which are always worn by health care workers during procedures requiring anesthesia.

Although early in the pandemic it appeared that children were rarely affected, their numbers have been growing and today children comprise more than 10% of COVID-19 cases.

“This study links the importance of universal testing for COVID-19, increased safety of staff and efficient use of PPE, especially items such as N95 face masks, which are in low supply,” said Lenard Babus, M.D., lead author of the study and attending pediatric anesthesiologist, Children’s Hospital of Philadelphia. “If universal testing were used outside the hospital, outpatient facilities and other treatment centers could experience similar PPE and safety benefits.”

Hospitals frequently verbally screen patients for COVID-19 using three criteria: travel history, close contact or exposure to the disease, and symptoms such as fever, cough or shortness of breath. However, a positive screen doesn’t guarantee the presence of COVID-19. Conversely, a patient may have no symptoms of the virus or apparent risk for COVID-19, but may still have the virus.

For the study, researchers analyzed results of COVID-19 testing in anesthesia procedures performed at the Children’s Hospital of Philadelphia between March 26 and May 11, 2020. Patients required anesthesia for a wide range of procedures, from MRI testing to cancer surgery and appendix removal. All children were tested for COVID-19 using the polymerase chain reaction (PCR) test prior to receiving anesthesia. They then compared the test results to those who were suspected of being infected, based on the verbal screening method.

Overall, 1,033 children were included in the study and 146 children verbally screened positive for at least one of the three criteria. Without COVID-19 PCR testing, health care providers treating all 146 children would have been required to wear expanded PPE, including an N95 mask or respirator. However, because their COVID-19 PCR test was negative, 102 of the 146 patients received care with standard PPE, a reduction of 70%. They also found that 10 children who verbally screened negative for the disease actually tested positive for COVID-19, and may have otherwise been overlooked, increasing health care workers' risk of exposure.

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 3, 2020
9 a.m. CDT
Abstract: A4180

Significant decline in prescription opioid abuse seen among Americans at last

Analysis shows 26% decrease over past 10 years

CHICAGO – Almost 20 years into the opioid epidemic, there finally is evidence of significant and continual decreases in the abuse of these risky pain medications, according to an analysis of national data being presented at the ANESTHESIOLOGY® 2020 annual meeting.

The rate of prescription opioids fell 26% between 2007 and 2018, according to the researchers' analysis of the National Survey on Drug Use and Health, an annual survey of about 70,000 Americans age 12 and older asking about their use of tobacco, alcohol and drugs.

For the analysis, prescription opioid abuse was defined as use without the consent of a physician. While opioids can be beneficial for short-term relief, in most cases they should not be used long-term because of their significant side effects and risk for addiction.

"Prior research has shown slight reductions in abuse rates, but our analysis shows we're tracking statistically significant year-to-year declines in abuse, indicating that the decrease is not an anomaly and truly represents a trend in falling prescription drug abuse levels," said Mario Moric, M.S., lead author of the study and a biostatistician at Rush University Medical Center, Chicago. "We believe the message of the dangers of opioid use without supervision of a medical professional is finally getting through and changing people's mindset and behavior."

In 2007, 4.9% of the respondents said they had abused prescription pain medications the previous year. In 2018 (the most recent year for which data are available), 3.7% said they had done so. The difference represents a 26% decrease in abuse. The analysis showed significant declines from 2012 to 2018, with the exception of 2015, when higher numbers were reported due to a survey redesign introduced that year.

"Pain medications such as opioids are an important resource in the treatment and care of patients, but they are not a cure-all," said Asokumar Buvanendran, M.D., co-author of the study, chair of the American Society of Anesthesiologists Committee on Pain Medicine and executive vice chair of anesthesiology at Rush University Medical Center. "Since opioids have risks and can be highly addictive, they should be used only under the supervision of a physician who can consider their safety and how the medication will affect a patient over time. Prescribers and patients are now better armed with the information they need to make educated choices in pain management."

American Society of **Anesthesiologists®**

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 3, 2020
10 a.m. CDT
Abstracts: A1014 and YI01-4

Black children more than twice as likely to die after surgical complications

Second study shows minority children half as likely to have surgery as white children

CHICAGO – When it comes to surgery, minority children lag far behind white children, according to two analyses of large national databases being presented at the ANESTHESIOLOGY® 2020 annual meeting. One found Black children are more than twice as likely as white children to die following surgical complications that require an unplanned additional operation. Another study determined Black, Asian and Hispanic children are about half as likely to have surgery as white children.

"All parents want the best medical care for their children, and ensuring that quality surgical care is available for minority as well as white children will require a multifaceted solution," said Ethan L. Sanford, M.D., lead author of one of the studies and assistant professor of anesthesiology and pain management at UT Southwestern Medical Center, Dallas. "Clearly we have a lot of work to do."

Black children more likely to die after reoperation

Researchers at Nationwide Children's Hospital in Columbus, Ohio, set out to better assess a surgical outcome known as "failure to rescue" in Black children. In this context, failure to rescue means the patient suffered a post-surgical complication that led to a second unplanned operation, but ultimately died. While previous studies have looked at racial disparities related to this outcome in children having heart surgery, this study looked at failure to rescue in all surgeries.

The researchers analyzed data from the American College of Surgeons' National Surgical Quality Improvement Pediatric Participant Use Data file and found that of 276,917 children who had an inpatient surgical procedure between 2012 and 2017, 10,425 suffered a complication that sent them back to the operating room and 209 subsequently died. Of the 209 children who died, 3.7% were Black while 1.6% were white.

They found the racial disparities in failure to rescue were greatest among the sickest children and when the reoperation occurred within four days of the initial surgery.

The researchers note there are many possible factors that lead to failure to rescue in Black children after surgery, including: socioeconomic status and access to quality care and preventive measures; and health risk factors, such as higher incidence of obesity, asthma and sleep apnea.

“We don’t fully understand all of the issues that place a Black child at greater risk and how all of these issues interact with each other,” said Brittany Willer, M.D., lead author of the study and a pediatric anesthesiologist at Nationwide Children’s Hospital. “Our study gives physician anesthesiologists and surgeons insight into those at highest risk to heighten their awareness of the most vulnerable patients during the early post-operative period, which may have the biggest immediate impact on easing racial disparities.”

Minority children less likely to have surgery than white children

Researchers at UT Southwestern Medical Center conducted the first study to assess the difference in the incidence of surgery between Black, Hispanic, Asian, and white children. They analyzed data from the National Health Interview Survey, which is conducted by the Centers for Disease Control and Prevention (CDC). The study included 227,025 children age 18 or younger, of whom 11,018 had received any type of inpatient or outpatient surgery within the previous 12 months.

Even after adjusting for factors, such as the health of the child, poverty, whether the child was insured and the level of education attained by the parents, minority children were about half as likely as white children to have surgery. The authors note there is no evidence to suggest that white children are more likely to need surgery or to have cosmetic procedures – factors that potentially could play a role in the large difference between the two groups.

“We must consider implicit systemic biases within perioperative health care,” said Dr. Sanford. “Bias can occur at several points, from deciding whether to refer a child to a surgeon, when a surgeon is deciding whether or not to operate on a child and when a physician anesthesiologist is deciding whether it is safe for a child to proceed with surgery. Further, some minority families may mistrust the health system, there may be communication or cultural difficulties, as well as barriers such as travel and the ability to take time off work.”

Dr. Sanford said he hopes the research will help lead to broader health disparities research, such as routine collection of race and ethnicity data for children during all health care visits. Also important are quality improvement initiatives such as standardized teaching for health care workers about systemic bias and cultural competency, as well as increasing workforce diversity.

ASA’s Committee on Professional Diversity recently posted a “living” document, “Anesthesiology and Health Equity,” which looks into health care disparities in resources, quality of care, outcomes and mortality based on race and socioeconomic status. The committee anticipates the document will be reviewed and updated as new insights and perspectives on the issue are brought to its attention.

American Society of **Anesthesiologists®**

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 3, 2020
2:30 p.m. CDT
Abstract: BOC06

Researchers zero in on genetic connection to postpartum hemorrhage

CHICAGO – Researchers have identified genetic mutations that appear to protect women from severe bleeding after childbirth, a leading cause of maternal death. A preliminary study of the findings is being presented at the ANESTHESIOLOGY® 2020 annual meeting.

DNA, which carries genetic information in cells, contain biological instructions. A genetic mutation, which is a permanent change in the DNA, can be beneficial, decreasing a person's risk for a disease or condition, or harmful, increasing that risk.

Previous research has suggested genetics may play a role in the risk of bleeding after childbirth, called postpartum hemorrhage, but specific genes associated with the risk have not been identified. In this study, researchers identified several genetic mutations that appear to be associated with a reduced risk for postpartum hemorrhage.

"This research suggests there may be biological mechanisms that are protective," said Vesela Kovacheva, M.D., Ph.D., lead author of the study and an assistant professor of anesthesiology at Harvard Medical School, Boston. "After further research, we may be able to design drugs that target these pathways to prevent or help treat postpartum hemorrhage."

Drawing from the UK Biobank, an independent nonprofit initiative of more than 500,000 people, the researchers compared DNA in 1,424 women who had postpartum hemorrhage to 4,272 women who had an uncomplicated childbirth. They identified five genetic mutations that were associated with the risk for postpartum hemorrhage. The common theme in all of these mutations is that they are found near genes associated with the immune system.

The research adds to the growing evidence that the immune system plays a role in a normal pregnancy and delivery. Once the genes that have been identified in the study are verified, women could eventually be screened to determine their risk for postpartum hemorrhage, Dr. Kovacheva said.

"These newly identified mutations – or differences in the structure of the DNA – may decrease the risk for hemorrhage, but we do not know why," said Dr. Kovacheva. "We don't know if the exact genes identified are involved or if those mutations affect other genes. Our next step is to study them further to learn more about how they work."

American Society of **Anesthesiologists®**

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 4, 2020
12 p.m. CDT
Abstract: A2024

Artificial intelligence can predict patients at highest risk for severe pain, increased opioid use after surgery

Model helps guide anesthesia approaches to limit opioid exposure

CHICAGO – Artificial intelligence (AI) used in machine learning models can predict which patients are at highest risk for severe pain after surgery, and help determine who would most benefit from personalized pain management plans that use non-opioid alternatives, suggests new research being presented at the ANESTHESIOLOGY® 2020 annual meeting.

Some patients experience more severe pain after surgery and need higher doses of opioids for longer periods of time, which increases their risk for opioid abuse disorder. By knowing which patients are at higher risk for severe post-surgical pain, physician anesthesiologists can create an anesthesia plan using non-opioid alternatives – such as nerve blocks, epidurals and other medications – to more effectively address pain and reduce the need for opioids.

Currently physicians use time-consuming questionnaires to identify patients at higher risk for severe post-surgical pain, asking about their history of anxiety, sleep quality and depression. In this study, researchers sought a faster, more effective method using machine learning, where a system learns and evolves based on data it is provided. They created three machine learning models that analyzed patients' electronic medical records, which identified that younger age, higher body mass index, female gender, pre-existing pain and prior opioid use were the most predictive factors of post-surgical pain.

"We plan to integrate the models with our electronic medical records to provide a prediction of post-surgical pain for each patient," said Mieke A. Soens, M.D., lead author of the study and an anesthesiologist at Brigham and Women's Hospital and anesthesiology instructor at Harvard Medical School, Boston. "If the patient is determined to be at high risk for severe post-surgical pain, the physician anesthesiologist can then adjust the patient's anesthesia plan to maximize non-opioid pain management strategies that would reduce the need for opioids after surgery."

In the two-part study, researchers looked at data from 5,944 patients who had a wide variety of surgeries, including gallbladder removal, hysterectomy, hip replacement and prostate surgery. Of those, 1,287 (22%) had consumed 90 morphine milligram equivalent (MME) in the first 24 hours after surgery, which is considered a high dose. In the first part of the study, they used 163 potential factors to predict high pain post-surgery, based on a literature search and consultation with experts. From there they created three machine learning algorithm models (logistical regression, random forest and artificial neural networks) that mined the patients' medical records and whittled the 163 predictor factors down to those which most accurately predicted patients' pain severity and potential opioid needs after surgery.

In the second part, they compared what the models predicted to actual opioid use in those same patients. They determined all three models had similar predictive accuracy overall: 81% for logistical regression and random forest methods and 80% for artificial neural networks. That means the models accurately identified which people were more likely to have severe pain and need higher doses of opioids about 80% of the time.

“Electronic medical records are a valuable and underused source of patient data and can be employed effectively to enhance patients’ lives,” said Dr. Soens. “Selectively identifying patients who typically need high doses of opioids after surgery is important to help reduce opioid misuse.”

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 5, 2020
10 a.m. CDT
Abstracts: A3021

Telemedicine saves chronic pain patients time and money

Patients highly satisfied with virtual care, study shows

CHICAGO – Patients who saw a pain medicine specialist via telemedicine saved time and money and were highly satisfied with their experience, even before the COVID-19 pandemic, according to a study being presented at the ANESTHESIOLOGY® 2020 annual meeting.

Results of the study, which began Aug. 1, 2019, and ended June 30, 2020, verify many chronic pain patients are confident they will receive good care via telemedicine, while avoiding lengthy commutes and time spent in traffic.

“This era of contactless interactions and social distancing has really accelerated the adoption of telemedicine, but even before the pandemic, patient satisfaction was consistently high,” said Laleh Jalilian, M.D., lead author of the study and clinical assistant professor at the University of California, Los Angeles (UCLA). “Patients who are being evaluated for new conditions may be better off having office visits initially. But once patients establish a relationship with providers, follow-up visits can occur efficiently with telemedicine, while maintaining patient rapport and quality outcomes. We believe 50% of our visits could be conducted via telemedicine.”

In the study, physician anesthesiologist pain medicine specialists at the UCLA Comprehensive Pain Center offered patients the choice of an in-office or telemedicine visit via secure video meetings or telephone calls: 1,398 patients chose telemedicine and were seen via 2,948 virtual appointments over a period of seven months. Researchers determined that patients who opted for virtual visits:

- Avoided a median roundtrip driving distance of 26 miles and saved a median 69 minutes in traffic per trip
- Saved a median of $22 on gas and parking per visit
- Saved a median of $156 over the course of a median of three visits by avoiding driving time* and parking costs

Of the 327 patients who completed surveys, 92% said they were satisfied with their experience. The researchers said that for the adoption of telemedicine to be sustainable for pain clinic practices, policymakers should consider expanding reimbursement to encourage its use and create payment models that take into account the additional work required to offer telemedicine visits. While the Centers for Medicare & Medicaid Services previously limited the types of visits that qualified for telemedicine, the limits have been waived during the pandemic, and many private insurers have followed suit.

"Now that telemedicine is more widespread, it may become a valued part of care delivery in chronic pain practices," said Dr. Jalilian. "Clearly many patients benefitted from remote consultations and follow-up appointments using telemedicine. We hope it will encourage policymakers and insurance providers to continue to support these platforms and inspire more innovation in this developing field of research and patient care."

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

*The authors based this finding on the concept that a patient's time has value. The value was based on hourly earnings and was calculated according to ZIP code, using Internal Revenue Service Statistics of Income data as an estimate of their median earnings.

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 5, 2020
2 p.m. CDT
Abstracts: A3091

Acupuncture before surgery means less pain, significantly fewer opioids for Veterans

CHICAGO – Veterans who have acupuncture before surgery report less pain and need far fewer opioids to manage their discomfort, according to a randomized, controlled study being presented at the ANESTHESIOLOGY® 2020 annual meeting. Veterans who received acupuncture also reported they were more satisfied with their pain control than those who did not.

“Six percent of patients given opioids after surgery become dependent on them, and Veterans are twice as likely to die from accidental overdoses than civilians,” said Brinda Krish, D.O., lead author of the study and an anesthesiology resident at Detroit Medical Center, “Clearly it is crucial to have multiple options for treating pain, and acupuncture is an excellent alternative. It is safe, cost effective and it works.”

In the study, both traditional and battlefield acupuncture were used. Traditional acupuncture involves the insertion of very thin needles at specific trigger points around the body to relieve pain. Battlefield acupuncture, developed by a U.S. Air Force doctor to reduce pain without the use of opioids on the front lines, uses tiny needles that are inserted at various trigger points in the ear.

Researchers included two groups of patients treated at John D. Dingell VA Medical Center in Detroit. One group received hip replacement surgery and were randomly assigned to either traditional acupuncture or a control group before surgery; and the other included patients undergoing a variety of surgeries (including gallbladder removal, hernia repair, hysterectomy or prostate surgery) who were randomly assigned to receive battlefield acupuncture or to a control group before surgery.

In the first group, 21 patients had traditional acupuncture and 21 were in the control group. Those who had traditional acupuncture consumed an average of 20.4 of morphine milligram equivalent (MME) in the first 24 hours after surgery, while patients in the control group consumed 56 MME, nearly three times as much. Traditional acupuncture patients reported significantly higher satisfaction scores regarding their postoperative pain management 24 hours after surgery (median 8 vs. 5). Patient satisfaction was estimated using a scale (0-10) – with 10 being completely satisfied. Acupuncture patients reported less pain and 14% reported less anxiety.

In the second group, 28 patients received battlefield acupuncture and 36 patients were in the control group. Those who had battlefield acupuncture consumed half as many opioids in the first

24 hours after surgery compared to the control group: 17.4 MME vs. 35 MME. Those who received battlefield acupuncture had significantly lower pain scores and higher patient satisfaction scores (a median of 8 vs. 6) compared to the control group. Only 3% reported nausea and vomiting after surgery, compared to 38% of the control group. Researchers believe nausea and vomiting may have been reduced in the treatment group because some of the acupuncture points in the ear are located near trigger points for the stomach, gall bladder and small intestines.

“Some patients were open to trying acupuncture right away, and others became more interested when they learned more about the risks of opioid use,” said Dr. Krish. “It’s easy, patients love it, it’s not just another medicine and it’s very safe. Because battlefield acupuncture was developed by an armed services doctor, Veterans also were more willing to participate.”

The acupuncture was provided by the study’s principal investigator, physician anesthesiologist Padmavathi Patel, M.D., D.ABA, who plans to use battlefield acupuncture as an additional therapy for pain management for all patients receiving general anesthesia, Dr. Krish said.

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 5, 2020
2 p.m. CDT
Abstract: A3090

Cannabis use prompts need for more anesthesia during surgery, increases pain and postoperative opioid use, study shows

CHICAGO – Not only might cannabis users require more anesthesia during surgery than non-users, they may have increased pain afterwards and use higher doses of opioids while in the hospital, suggests first-of-its kind research being presented at the ANESTHESIOLOGY® 2020 annual meeting.

Adding to the growing body of research that shows patients who use cannabis have higher anesthesia needs and more surgery-related pain, the study was the first to compare the effects of cannabis among users and non-users during and after surgery. All patients in the study had surgery for a broken leg (shin bone).

“There is some evidence that cannabis may be beneficial for chronic and nerve pain. However, early research suggests that this is not the case for acute pain such as for surgery of a broken leg,” said Ian Holmen, M.D., lead author of the study and an anesthesiology resident at the University of Colorado Hospital, Aurora. “We now understand patients who chronically use opioids prior to surgery often have exaggerated pain responses and need increased pain medication after surgery because they have an increased tolerance. We speculate that cannabis use may cause a similar effect, but we need more research to determine if this is the case.”

The researchers looked at the charts of 118 patients who had surgery at the University of Colorado Hospital to repair a fractured tibia and found 30 (25.4%) had reported using cannabis prior to surgery. The timing, frequency and type of cannabis use was not indicated. They then compared the two groups (users vs. non-users), assessing the amount of anesthesia provided during surgery, patient reported pain scores, and dosage of opioids consumed in the hospital after surgery. They found those who had used cannabis:

- Required more sevoflurane (anesthetic): an average of 37.4 ml vs. 25 ml
- Reported higher pain scores while in recovery: an average of 6 vs. 4.8, a statistically significant difference (based on the patient’s response to their level of pain, with 0-3 being little to no pain, 4-7 being moderate but tolerable pain and 8-10 being severe pain)
- Received 58% more opioids per day while in the hospital (a typical stay was 2-3 days): an average of 155.9 morphine milligram equivalents (MME) per day vs. 98.6 MME per day

A physician anesthesiologist increases the level of sevoflurane during surgery based on observations of the patient, such as involuntary body movements, increased heart rate, high blood pressure or increased rate of breathing, which are signs the patient may be experiencing more pain.

Researchers did not include patients who suffered from chronic pain or those whose University of Colorado health system records indicated they had been previously prescribed opioids.

“This study shows that it is important for patients to tell their physician anesthesiologist if they have used cannabis products prior to surgery to ensure they receive the best anesthesia and pain control possible, including the use of non-opioid alternatives,” said Dr. Holmen. “It also confirms that more research is needed to understand how cannabis impacts pain.”

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

LaSandra Cooper
Senior Public Relations Manager
American Society of Anesthesiologists
C: (708) 650-2886
l.cooper@asahq.org

Jonathan Durrbeck
Public Communications Inc.
C: (630) 346-5653
jdurrbeck@pcipr.com

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 4, 2020
9 a.m. CDT

American Society of Anesthesiologists honors Patricia A. Kapur, M.D., with its Distinguished Service Award

CHICAGO – The American Society of Anesthesiologists (ASA) today presented Patricia A. Kapur, M.D., with its 2019 Distinguished Service Award in recognition of her long and highly distinguished career as a physician anesthesiologist, administrator and educator. The award is the highest honor ASA bestows and is presented annually to a member who has transformed the specialty of anesthesiology.

Dr. Kapur is a clinical professor of anesthesiology and critical care at the University of Pennsylvania Perelman School of Medicine in Philadelphia. Previously, she spent 17 years as chair of the department of anesthesiology at the David Geffen School of Medicine of the University of California, Los Angeles (UCLA) before rising to the role of executive vice president of the UCLA Health System, and CEO of the UCLA Faculty Practice Group.

During her 36 years as a member of ASA, Dr. Kapur has made countless contributions, including serving as chair of the Section on Education & Research for nine years, chairing the 2008 ASA annual meeting and delivering the Rovenstine Lecture in 2011. She also was a longtime delegate to the ASA for the California Society of Anesthesiologists (CSA), where she was a member of the board of directors and took on roles including chair of the Educational Programs Division, assistant secretary and secretary. Dr. Kapur delivered the CSA's Leffingwell Lecture in 2015 and was awarded the CSA Distinguished Service Award in 2017.

A true leader in anesthesiology, she served as president of the American Board of Anesthesiology and the Foundation for Anesthesia Education and Research; vice president of the Society for Ambulatory Anesthesia; on the board of directors and executive committee of the Anesthesia Patient Safety Foundation; as chair of the board of trustees of the International Anesthesia Research Society; and on the editorial board and as section editor of the journal *Anesthesia & Analgesia*.

Dr. Kapur's academic contributions have been far-reaching, delivering 227 invited lectures nationally and internationally, teaching 47 visiting professorships, and serving on the governing councils of the Association of University Anesthesiologists, the Society of Academic Associations of Anesthesiology and Perioperative Medicine, and the Association of Academic Anesthesiology Chairs.

"I would like to thank Dr. Kapur for her exceptional record of service and leadership at the local, national, and international level," said ASA President Mary Dale Peterson, M.D., MSHCA, FACHE, FASA. "In addition, the countless hours she's spent mentoring and providing career

development for faculty, fellows, residents and medical students, and for colleagues within professional organizations, has advanced and touched the lives of many in our specialty."

Dr. Kapur received her medical degree from the University of Pennsylvania Perelman School of Medicine and completed her residency in anesthesiology at Stanford University Medical Center in California.

THE DISTINGUISHED SERVICE AWARD
The Distinguished Service Award is the highest honor ASA bestows. It is presented annually for outstanding clinical, educational or scientific achievement, contribution to the specialty and/or exemplary service to the Society. ASA's House of Delegates establishes policies governing the selection of a recipient for the Distinguished Service Award.

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

Theresa Hill
Director of Public Relations
C: (773) 330-5273
t.hill@asahq.org

LaSandra Cooper
Senior Public Relations Manager
C: (708) 650-2886
l.cooper@asahq.org

American Society of Anesthesiologists™

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 4, 2020
9 a.m. CDT

American Society of Anesthesiologists recognizes
Albert J. Varon, MD, MHPE, FCCM, FASA, with its Excellence in Education Award

CHICAGO – The American Society of Anesthesiologists (ASA) today presented Albert J. Varon, MD, MHPE, FCCM, FASA, with its 2020 Excellence in Education Award in recognition of his exemplary educational initiatives and programs that have been adopted into anesthesiology training programs at the state and national level. The award is presented annually to an ASA member who has made significant contributions to the specialty through excellence in teaching, development of new teaching methods, or the implementation of innovative educational programs.

Dr. Varon has led numerous educational initiatives in his current role as professor and vice chair for education in the Department of Anesthesiology, Perioperative Medicine and Pain Management at the University of Miami Miller School of Medicine in Florida. He redesigned the curriculum of their anesthesiology training program, one of the largest in the nation, during which the performance, board certification rates, and quality of the graduates improved exponentially. More than 500 residents have successfully completed the redesigned curriculum and it has become a very popular program among applicants.

Early in his career, Dr. Varon created one of the first accredited anesthesiology critical care training programs in the nation at the University of Miami/Jackson Health System. He was the program's director for 16 years and also created the University of Miami Division of Trauma Anesthesiology. Dr Varon has a passion for advancing anesthesia care for injured patients and has served as chief of anesthesiology at the Ryder Trauma Center in Miami since it was created in 1992.

"Dr. Varon is an exceptional educator who deserves this award for his outstanding contributions to help train the next generation of physician anesthesiologists," said ASA President Mary Dale Peterson, M.D., MSHCA, FACHE, FASA. "His passion and compassion for his patients serves as a great example to the residents he educates. He also serves as a mentor to faculty, ensuring that there will be future education leaders in the specialty. Congratulations on an award so well deserved!"

Dr. Varon developed a curriculum for trauma anesthesiology training that has become a national model published on ASA's website and by the Society for Education in Anesthesia. Additionally, in 2009, he completed a Master of Health Professions Education program at the University of Illinois at Chicago. This advanced training and lifetime experience in graduate medical education not only facilitated the redesign of the University of Miami/Jackson Health System's anesthesiology training program but allowed Dr. Varon to serve as a mentor to junior faculty educators and program directors. Several of his educational initiatives have had implications at the national level and other institutions have used the anesthesiology core program curriculum as the basis for their own training.

American Society of Anesthesiologists™

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

Dr. Varon is a member of ASA's COVID-19 Council and chair of the ASA Committee on Trauma and Emergency Preparedness. He is a founding member and currently on the board of directors of the Trauma Anesthesiology Society and a full examiner for the American Board of Anesthesiology.

Dr. Varon completed his medical degree from Universidad La Salle in Mexico City. He completed his residency in anesthesiology at the University of Miami/Jackson Health System, where he also completed an internship in internal medicine and a fellowship in critical care medicine.

A leading educator throughout his career, Dr. Varon has received numerous awards, including the Miller Professorship, bestowed in recognition of significant contributions to the mission of the Department of Anesthesiology and the University of Miami's Leonard M. Miller School of Medicine. Additionally, he was inducted into the Iron Arrow Honor Society, the University of Miami's highest honor.

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

Theresa Hill
Director of Public Relations
C: (773) 330-5273
t.hill@asahq.org

LaSandra Cooper
Senior Public Relations Manager
C: (708) 650-2886
l.cooper@asahq.org

American Society of Anesthesiologists®

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 4, 2020
9 a.m. CDT

American Society of Anesthesiologists recognizes Robert D. Sanders, Ph.D., with its 2020 James E. Cottrell Presidential Scholar Award

CHICAGO – The American Society of Anesthesiologists (ASA) today presented Robert D. Sanders, B.Sc., M.B.B.S., Ph.D., F.R.C.A., with its 2020 James E. Cottrell Presidential Scholar Award in recognition of his outstanding work in anesthesia and translational research. His research is vast and diverse and, in its entirety, has significantly improved the understanding of how anesthesia impacts the brain. The award is presented annually to an ASA member who has dedicated their formative career to research.

Dr. Sanders is Nuffield Chair of Anaesthetics at Sydney Medical School/Central Clinical School and Royal Prince Alfred Hospital in Australia. Previously, he was assistant professor and chair of Research and Development in the Department of Anesthesiology at the University of Wisconsin (UW), Madison, where his research attracted more than $5.6 million in funding from the National Institutes of Health (NIH).

In his neuroscience research program at UW, Dr. Sanders' research focused on the mechanisms behind delirium and cognitive decline and the changes in sensory perception and consciousness under anesthesia. His research is improving outcomes for elderly patients because it identifies factors that can be used to identify patients at high risk for delirium, who should receive additional attention before surgery, in hopes of reducing their morbidity and mortality. Dr. Sanders' research is also informing physicians on the physiological processes that are the basis for perioperative delirium and cognitive decline with the aim of developing novel therapeutics for these conditions.

Prior to moving to Wisconsin, Dr. Sanders studied and practiced in London, where he contributed to diverse research on cognitive function. He led multiple projects involving anesthetics such as xenon and dexmedetomidine, using them to address neuroprotection and neurotoxicity. Perhaps of most significance, he investigated the impact of surgery on patients' long-term cognitive health, which has provided great insight to anesthesia professionals.

"I congratulate Dr. Sanders on earning this well-deserved honor," said ASA President Mary Dale Peterson, M.D., MSHCA, FACHE, FASA. "His inquisitive spirit and persistence have opened doors for improving outcomes for patients at risk for delirium and cognitive decline, a significant issue for the many elderly patients undergoing surgery. He carries the passion he has for his research into his work as a mentor for junior faculty, residents, graduate students and undergraduates."

Dr. Sanders received his doctorate in biological sciences from Imperial College London in England and completed his residency in anesthesia at London's Imperial School of Anaesthesia. Following his residency, he began working as an assistant professor at UW.

With his outstanding dedication to academia, Dr. Sanders has had more than 40 peer-reviewed articles published during the past five years, and received a Mentored Patient-Oriented Research Career Development Award and three research project grants from the National Institutes of Health. In addition to and as a result of these achievements, he was awarded the 2020 Royal College of Anaesthetists Macintosh Professorship.

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

Theresa Hill
Director of Public Relations
C: (773) 330-5273
t.hill@asahq.org

LaSandra Cooper
Senior Public Relations Manager
C: (708) 650-2886
l.cooper@asahq.org

American Society of Anesthesiologists™

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 4, 2020
9 a.m. CDT

American Society of Anesthesiologists recognizes Ru-Rong Ji, Ph.D., with its Excellence in Research Award

CHICAGO – The American Society of Anesthesiologists (ASA) today presented Ru-Rong Ji, Ph.D., with its 2020 Excellence in Research Award in recognition of his extensive research career focused on understanding the molecular and cellular basis of pain. His research has further defined and refined several important mechanisms underlying chronic pain.

Dr. Ji is a distinguished professor of anesthesiology, professor of neurobiology and of cell biology, and co-director of the Center for Translational Pain Medicine at Duke University in Durham, North Carolina.

A dedicated researcher with a lifelong passion for exploring how the nervous system perceives pain, Dr. Ji's research at Duke is focused on mechanisms in the body that cause pain to transition from transient to persistent, expanding his research from neurons to glial cells and immune cells. He focused his initial research on acupuncture, as he's always been fascinated with the fact that something so seemingly minor as a tiny needle could have profound analgesic effects. His most recent work has focused on how non-neuronal cells can contribute to pain and how cancer cells can suppress the immune system and pain perception.

Dr. Ji's self-proclaimed career defining moment was when he was recruited to work with Dr. Clifford Woolf in the Neural Plasticity Research Group, Department of Anesthesia at Massachusetts General Hospital, Boston. There, he discovered the role of a specific enzyme called MAP kinase in the spinal cord that's tied to the development of chronic pain. This enzyme is part of a critical process that creates "memory of pain" in the body that leads to an eventual transition from acute to chronic pain. Dr. Ji's research found that stopping this process reduced pain in various animals and has led to improved understanding of the reasons humans feel pain and has expanded knowledge and the effectiveness of pain treatments.

"It is an honor to present Dr. Ji, an international leader in anesthesiology pain management research, with the 2020 Excellence in Research Award," said ASA President Mary Dale Peterson, M.D., MSHCA, FACHE, FASA. "His extraordinary career has spanned three continents and his research on pain has brought insight into how we can better understand the mechanisms of chronic pain so we can provide better treatments for the millions of Americans afflicted with chronic pain, including treatments like acupuncture."

To further demonstrate his commitment to the medical community, Dr. Ji has served on numerous domestic and international Review Panels and received the National Institutes of Health Transformative Award. Over the past 20 years, he has served as a mentor for more than 60 individuals, ranging from high school students to undergraduates, residents, graduate

American Society of Anesthesiologists™
1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

students, postdoctoral fellows, and physician anesthesiologists – many of whom have gone on to major faculty positions in other institutions around the world.

Dr. Ji received his doctorate in neurobiology at Shanghai Institute of Physiology, , China, and completed his first postdoctoral fellowship at Beijing Medical University (now Peking University), China. He then completed his second postdoctoral fellowship at Karolinska Institute in Stockholm, Sweden and a third postdoctoral fellowship in the Department of Neuroscience at Johns Hopkins University, Baltimore.

Dr. Ji's research has been included in more than 200 peer-reviewed publications and in every major neurobiology journal in the world, as well as *Anesthesiology*, the *British Journal of Anaesthesia* and others. He serves on editorial boards of *Anesthesiology*, *Pain* and *Journal of Neuroscience*. He is also listed as 2018 and 2019 Highly Cited Researchers from the Web of Science. Additionally, he received the 2020 American Academy of Pain Medicine (AAPM) Founder's Award, recognizing his outstanding contributions to the science or practice of pain medicine.

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

Theresa Hill
Director of Public Relations
C: (773) 330-5273
t.hill@asahq.org

LaSandra Cooper
Senior Public Relations Manager
C: (708) 650-2886
l.cooper@asahq.org

American Society of Anesthesiologists®
1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

EMBARGOED FOR RELEASE:
Oct. 5, 2020

American Society of Anesthesiologists names
Beverly K. Philip, M.D., FACA, FASA, new president

CHICAGO – Beverly K. Philip, M.D., FACA, FASA, founding director of the Day Surgery Unit at Brigham and Women's Hospital and professor of anaesthesia at Harvard Medical School in Boston, was today named president of the American Society of Anesthesiologists (ASA), the nation's largest organization of physician anesthesiologists. Dr. Philip assumed office at the ANESTHESIOLOGY® 2020 annual meeting and will serve for one year.

"As the specialty that has regularly stepped forward to take care of the most critically ill COVID-19 patients, risking their own lives face-to-face with the virus, I could not be more proud to serve as president of ASA," said Dr. Philip. "ASA will continue to tackle COVID-related issues of importance to our members this year, including adequate supplies of personal protective equipment (PPE), drugs and other equipment, as well as unfair Medicare payment cuts. Beyond COVID, ASA's long-term commitment to improving patient safety remains rock strong. ASA will always work to ensure that all patients receive the highest quality anesthesia care, through scientific discovery, innovation and physician-led care."

Dr. Philip has served ASA in numerous roles, including president-elect and first vice president as well as vice president for scientific affairs. She has also chaired ASA's Committee on Annual Meeting Oversight, Committee on Quality Management and Departmental Administration and Committee on Ambulatory Surgical Care. Additionally, Dr. Philip has been a member of several ASA committees, including the Committee on Communications, Committee on Governmental Affairs, Committee on Standards and Practice Parameters and the Perioperative Surgical Home Steering Committee.

Dr. Philip is immediate past president of the International Association for Ambulatory Surgery. She also served as president of the Society for Ambulatory Anesthesia from 1991-1992 and the Massachusetts Society of Anesthesiologists from 2008-2009. As ASA vice president for scientific affairs, Dr. Philip served as a member of the Foundation for Anesthesia Education and Research's (FAER) Board of Directors and Executive Committee and as an ex officio member of the Wood Library-Museum of Anesthesiology (WLM) Board of Trustees.

Dr. Philip received her Bachelor of Arts from Queens College, CUNY, in New York and her Doctor of Medicine from Upstate Medical University, SUNY, in Syracuse, New York. She completed her anesthesiology residency and research fellowship at Peter Bent Brigham Hospital and Harvard Medical School. Dr. Philip is a diplomate of the American Board of Anesthesiology and National Board of Medical Examiners.

American Society of **Anesthesiologists®**

"Dr. Philip has proven her commitment to ASA and each of our 54,000 members, as well as our patients, colleagues and collaborators," said ASA Immediate Past President Mary Dale Peterson, M.D., MSCHA, FACHE, FASA. "Her leadership and passion will continue to advance the specialty and serve ASA members well who in turn, serve our patients."

THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS
Founded in 1905, the American Society of Anesthesiologists (ASA) is an educational, research and scientific society with more than 54,000 members organized to raise and maintain the standards of the medical practice of anesthesiology. ASA is committed to ensuring physician anesthesiologists evaluate and supervise the medical care of patients before, during and after surgery to provide the highest quality and safest care every patient deserves.

For more information on the field of anesthesiology, visit the American Society of Anesthesiologists online at asahq.org. To learn more about the role physician anesthesiologists play in ensuring patient safety, visit asahq.org/WhenSecondsCount. Join the ANESTHESIOLOGY® 2020 social conversation today. Like ASA on Facebook, follow ASALifeline on Twitter and use the hashtag #ANES20.

# # #

CONTACT:

Theresa Hill
Director of Public Relations
C: (773) 330-5273
t.hill@asahq.org

LaSandra Cooper
Senior Public Relations Manager
C: (708) 650-2886
l.cooper@asahq.org