Chair: Dmitrios Stefanidis, MD, PhD
Co-Chairs: Ankit Patel, MD; Ankit Sarin, MD; Sarah Samreen, MD; Abubaker Ali, MD
Committee Staff: Jillian Kelly

I.   Call to Order and Introductions – Stefanidis
        The meeting was called to order by the Chair. New members and guests were welcomed.

II.   Approve Prior Meeting Minutes – Fall 2024
        The minutes from the Fall 2024 meeting (MinutesFall2024Robotics) were reviewed. Motion to approve was carried without objection.

III.   Committee Disclosures
        Members were reminded to review disclosures and update them via sages.org as necessary. Co-Chairs confirmed all contributions during the meeting would remain balanced.

IV.   Review and Revise Committee Goals
        - Provide a balanced view on innovative robotic techniques **and technology**
        - Define training so that patient safety is always in the forefront
        - Evaluate clinical trials, research and procedure development to determine robotic outcomes
        - Create a facilitated forum that will inform and educate surgeons **and patients** on the value of robotics in the growing field of MIS

        Qureshi – patient engagement mission within SAGES; every comt should have a patient engagement advocate; **add goal:** engage and at what level. Defining quality outcomes. Showing the value of robotics surgery as it relates to patient care.

V.   Robotics Resident and Fellow Courses – Patel
        https://www.sages.org/robotics-raf-course/
        2024-2025: 144 trainees; 48 fellows, 96 residents
        Fellows
        Dec 12, 2024 – Norcross (Atlanta area), GA – 8 stations, 5 faculty, 10 out of 16 fellows
        Dec 13, 2024 – Norcross (Atlanta area), GA – 8 stations, 5 faculty, 8 out of 16 fellows
        Jan 30, 2025 – Sunnyvale (San Jose area), CA – 4 stations, 3 faculty, 6 out of 8 fellows
        Jan 31, 2025 – Sunnyvale (San Jose area), CA – 4 stations, 2 faculty, 8 out of 8 fellows
        Residents
        Feb 27, 2025 – Norcross (Atlanta area), GA – 8 stations, 8 faculty, 16 residents
        Feb 28, 2025 – Norcross (Atlanta area), GA – 8 stations, 8 faculty, 16 residents
        Apr 24, 2025 – Sunnyvale (San Jose area), CA – 4 stations, 4 faculty, 8 residents
        Apr 25, 2025 – Sunnyvale (San Jose area), CA - 4 stations, 4 faculty, 8 residents
        May 8, 2025 – Norcross (Atlanta area), GA – 8 stations, 8 faculty, 16 residents
        May 9, 2025 – Norcross (Atlanta area), GA – 8 stations, 8 faculty, 16 residents
        May 29, 2025 – Sunnyvale (San Jose area), CA – 4 stations, 4 faculty, 8 residents
        May 30, 2025 – Sunnyvale (San Jose area), CA – 4 stations, 4 faculty, 8 residents

Robotic courses are expanding to meet demand, with structured faculty and resident participation ensuring hands-on learning opportunities. Six courses completed in the past academic year; six remaining. Plan to double course offerings next year (24 total). Courses designed as one-day sessions, with faculty teaching two consecutive courses to maximize efficiency. Typical course: Atlanta – 8 faculty, 16 attendees; Sunnyvale – 4 faculty, 8 attendees.

Action Items:
- Confirm course dates earlier with Intuitive due to scheduling delays.
- Ensure faculty availability for back-to-back courses.

VI. QOS/Robotics Subgroups – Stefanidis

    a. Credentialing – Dimitrios Athanasiadis

This initiative aims to standardize robotic credentialing based on research evidence, ensuring consistent surgeon training and evaluation. The Credentialing subgroup is developing a review paper and meta-analysis to evaluate existing credentialing criteria for robotic surgeons. The focus is on identifying criteria that are evidence-based and effective for demonstrating proficiency in robotic procedures. The goal is to ultimately provide recommendations for standardized credentialing practices across institutions.

Key Points:
- Current literature is limited.
- Subgroup is reviewing full papers to determine which criteria correlate with effective performance.
- Emphasis on evidence-based recommendations rather than anecdotal practices.

Action Items:
- Continue literature review and meta-analysis.
- Draft recommendations for evidence-based credentialing.

    b. Outcomes – Ankit Sarin

Similar to the STARSS tool, this initiative aims to guide and standardize outcomes in robotic surgery. Outcome measures were developed in collaboration with QOS to ensure meaningful, evidence-based metrics. SAGES remains committed to applying the IDEAL framework, mapping outcomes to each stage. Validation of these outcomes is currently underway. A white paper is in development, centered on outcomes. The goal is for it to become the key reference whenever outcomes in robotic surgery are discussed.

VII. Robotic Curriculum Development (FRS) – Stefanidis

The committee discussed the accessibility and cost-effectiveness of FRS compared to FLS. Key considerations include the affordability of consumable products and potential barriers for residency programs with large cohorts. Successful robotic education programs must balance quality, accessibility, and cost-effectiveness.

Key Points:
- FRS is more costly than FLS.
- Accessibility and scalability are critical to ensure broad adoption.

Action Items:
- Evaluate cost-effective strategies for implementing FRS assessments.

VIII.   Robotic Manual Update – Samreen

IX.   Developing Robotic Surgeon KOL for Industry Engagement – Sarin
Multiple new robotic systems are emerging in the market. A survey was distributed to gauge interest in supporting the evaluation of these platforms. A list of key opinion leaders (KOLs) across various specialties and geographic regions has been compiled. This will be a valuable resource for industry engagement. The initial assessment of robotic platforms has been completed. The next focus is on defining outcomes that matter most to patients and surgeons rather than company-driven metrics.
Next step: Coordinate with the SAGES Ingenuity program to share the KOL list for alignment and collaboration.

X.   Robotic surgeon needs assessment survey – Chen
Submitted to SE for review. Measures surgeon experience and proficiency with different robotic systems.

XI.   STARSS: SAGES Tool for Assessing Robotic Surgery Systems – Cha
Evaluates robotic platforms and compares systems for hospitals and surgeons. Approved by the board; to be published in Surgical Endoscopy. Request from authors, need someone experienced with MIRA system. Dr. Sarin will share the name of someone at HOAG.
- Financial and clinical outcome metrics identified.
- Ongoing development of a live table to continuously update robotic system evaluations.

XII.   Ergonomics Task Force – Inga-Zapata, Iliakova, Cha
Standardizing ergonomics metrics will improve research quality and comparative analysis in robotic surgery studies. Current literature uses over 100 metrics, making comparisons difficult. A condensed proposal (from 50 pages to 2 pages) is being prepared for executive review.
Action Items:
- Finalize consensus metrics for ergonomics assessment.
- Seek approval from executive leadership.

XIII.   Video Library Project – Ali
Video content serves as an educational resource to enhance robotic surgical training and support the mastery curriculum. The project creates expert-led surgical videos, beginning with inguinal hernia robotic procedures. Videos include complication management and preventative strategies. Plans exist to expand to colorectal, bariatric, and other procedures. First video is free and publicly accessible; future videos may be member-restricted. Videos complement the mastery curriculum.
Action Items:
- Determine platform and access strategy with Ed Resources.
- Expand video library to additional procedures.

XIV.   Industry Symposium at SAGES 2025 – Stefanidis
Meeting taking place tomorrow afternoon with 10 companies in attendance with SAGES leaders. Agenda summarized.

XV.   Proposed 2026 panel sessions
Submitted 4, send ideas from committee to Stefanidis for next meeting.
New platforms session – must be non cme

XVI.   Monthly Committee Meetings
   a. Living Google Drive –
      https://drive.google.com/drive/folders/10q7YUoolVosRVmjNqThhubGScCULnYKP?usp=sharing

XVII.   New business/Project Suggestions

UCSF bedside assist – Murillo, Gomes
UCSF residents have implemented a fully autonomous bedside robotic curriculum. Curriculum developed using a six-step approach including problem identification and needs assessment. Current focus on MS3 residents due to readiness and experience considerations. The resident curriculum demonstrates a scalable model for autonomous robotic training and potential multi-institutional collaboration.
Action Items:
- Explore collaboration with other institutions.
- Leverage existing IRB for multicenter implementation.
- Plan for publication and dissemination.

ACS bulletin – Committee encouraged to submit content for ACS Bulletin.

Family feud "commercial" videos – Identify committee volunteer to lead Family Feud video initiative.

Collab between robotics and colorectal – single port: Single-port robotic procedures recently approved for colorectal surgery; expected expansion to general surgery. Committee discussed developing training pathways and guidelines. Collaboration between robotic and colorectal subcommittees planned. Committee is proactively addressing emerging single-port robotic surgery, ensuring surgeon readiness and patient safety.
Action Items:
- Develop standardized single-port training curriculum.
- Publish white paper on best practices.
- Identify early adopters to assist in training efforts.

Meeting adjourned at 2:30PM.