

The Pancreas Club, Inc.: Fellowship and Shared Interests

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THE FOUNDING

In 1966 the medical and surgical environment was inhospitable to the study of the exocrine pancreas. There were few, if any, surgical department chairmen in the United States who had as their primary interest the study of pancreatic disease. The majority of surgical department chairmen were general surgeons whose research focus was the study of portal hypertension, biliary, or peptic ulcer disease. NIH funding for diseases of the exocrine pancreas had a low priority due, in part, to the fact that these same surgeons were members of the NIH advisory committees. Most surgical departments had several faculty whose primary interests were the study of liver, biliary, or peptic ulcer disease. Only the occasional surgical department had even one faculty member whose major interest was pancreatic exocrine disease. In the absence of surgical faculty mentors having an interest in pancreatic disease, most surgical trainees seeking a career in academic surgery could read the "tea leaves." The majority of young surgeons followed the path of least resistance, pursuing the studies available in the existing faculty. In doing so, they were likely to receive the approbation of their older colleagues as well as research funding. Those few surgeons choosing to study diseases of the exocrine pancreas were, as Robert Frost wrote, following the "...road less traveled..." (Robert Frost, *The Road Not Taken*, 1915). Usually one of a kind at their institution, they longed for the opportunity to share their ideas, insights, and to receive praise and criticism from others sharing similar interests in the exocrine pancreas. Compounding their professional isolation was the absence of a national forum devoted to the study of pancreatic physiology and disease. The absence of a national forum for the study of the pancreas not only hindered communication and interaction among pancreatologists, but also made it difficult for them to find a venue to present their work. The Pancreas Club was borne out of the need of its members to share ideas with other colleagues having similar interests. For these few professionally isolated and lonely pancreatologists, participation in the Pancreas Club was profoundly meaningful. Shared appreciation and interests experienced at the annual meeting created

strong bonds of fellowship and friendship among the members of the Pancreas Club, which in some cases have lasted for a lifetime.

The first meeting of the Pancreas Club was organized by Marion Anderson, then an Associate Professor of Surgery at Northwestern University. There were nine to 10 attendees including two Canadians, Alan Thompson and Fraser Gurd. Presenters at the first meeting included Alan Thompson, Fraser Gurd, Max Rittenbury, Marion Anderson, and Larry Carey (all presenters except Rittenbury were later to become surgical department chairs). Topics were proteolytic enzymes in acute hemorrhagic pancreatitis, vascular changes in hemorrhagic pancreatitis, therapy, and research in pancreatitis. The positive effects engendered as a result of favorable interactions at the meeting were further enhanced at an informal dinner hosted by Marion's wife, Sonia, in their Evanston home. Encouraged by the enthusiasm of the participants, a second meeting was planned the following year. Subsequent meetings were hosted by John Howard in Philadelphia in 1967, Leon Goldman at the University of California San Francisco in 1968, David Dreiling at the Mount Sinai Hospital in New York in 1969, Edward Paloyan at the University of Chicago in 1970, John Howard at the Sheraton Hotel in Philadelphia in 1971, Englebert Dunphy at the University of California San Francisco in 1972, and David Dreiling at the Mount Sinai Hospital in New York in 1973. During this period membership in the Pancreas Club expanded slowly through informal contacts between members and acquaintances having an interest in the exocrine pancreas. The peak early attendance was 22 at the 1970 Chicago meeting. Membership in the club reached 30. Marion Anderson, freshly appointed Chairman of Surgery at the Medical College of Ohio in Toledo in 1969, continued to function as Chairman of the Pancreas Club as well as Secretary and Treasurer until he accepted the Presidency of MCO in 1972. Dr. Anderson appointed Max Rittenbury an Associate Professor of Surgery at the University of South Carolina to be his successor as Chairman of the Pancreas Club.

An Ending and New Beginning

Dr. Rittenbury issued no call for a meeting in 1974 and none took place, due to "no interest on the part

of the members.” Charlie Frey, Professor of Surgery at the University of Michigan, and Bill Schiller, Associate Professor of Surgery at the Medical College of Ohio, took their own canvass among former and prospective members regarding the level of interest in the club and annual meeting. Those consulted included Marion Anderson, Brad Aust, Alec Walt, David Dreiling, Dan Elliot, Robert Zeppa, Larry Carey, Fraser Gurd, Robert Hermann, Isadore Cohn, Robert Condon, Ken Warren, Andrew Warshaw, John Cameron, John Howard, and John Ranson, all of whom encouraged Charlie and Bill to reconstitute the club and annual meeting.

Incorporation of the Club as a Non-Profit Organization

A constitution and bylaws were developed by the Co-Chairmen. The Pancreas Club, Inc. was then incorporated in the state of Michigan in 1975. Charlie Frey, Bill Schiller, and John Ranson drove from Ann Arbor, MI, to East Lansing, MI, and signed the incorporation papers. Subsequent to this in 1975 with *pro bono* help from the law firm of Conlin and Conlin in Ann Arbor, an IRS non-profit status (403b) was obtained for The Pancreas Club, Inc. from the U.S. Treasury.

PROGRAM FORMAT AND ITS EVOLUTION FROM 1975–2000

Invited Speakers

The program of the first scientific meeting of the Pancreas Club under the aegis of Frey and Schiller consisted of invited speakers who were asked to address clinical or basic science topics deemed “cutting edge.” The large attendance and enthusiasm of the participants at the 1975 meeting hosted by Bradley Aust, Chairman of Surgery at the University of Texas in San Antonio, TX, was gratifying to the new Co-Chairmen. There was indeed a need for the Pancreas Club. There were over 40 participants, doubling the attendance of any previous Pancreas Club meeting. Building on the success of this meeting, formation of the program based on solicitation of speakers invited to address specific topics was repeated for the next two years.

Submitted Abstracts

By 1978, Frey and Schiller recognized that the interest in the study of diseases of the exocrine pancreas was gaining momentum in the United States

and elsewhere in the world. No longer was it possible to know all those involved in its study much less the specifics of their research. Therefore, a scientific program based on solicitation of speakers who were requested to present their work was no longer “cutting edge.” The 1979 program was drawn entirely from a call for abstracts and selected by a program committee.

Poster Sessions

In 1984 submitted abstracts were numerous and of sufficient quality to warrant poster sessions with time allotted for reviewing and discussion in addition to the traditional oral presentations.

How To Do It Sessions

Bill Traverso at the Mason Clinic in Seattle, Washington, initiated a “How to do it session” in 1996. These sessions consisted of national and international experts, presenting their approach to some facet of pancreatic disease management. This popular innovation is now a regular part of the annual meeting.

MEMBERSHIP AND DUES

Dues and membership rules are simple. There are no requirements for membership in the Pancreas Club, Inc. other than to be a physician, to have an interest in the exocrine pancreas, and payment of your dues. Historically, membership has increased mainly by word of mouth. Attendance at the annual meeting is not mandated. There is no chasing after dues. Non dues-paying members are dropped from the rolls after three years of non-payment. This informal structure has served the Pancreas Club well. Individuals interested in participating in the activities of the Club, including residents, can do so without going through a battery of forms, letters of recommendation, and other hoops common to many other medical organizations. Conversely, individual members whose career direction or professional interest in the pancreas has diminished can discontinue their participation and stop payment of dues. Until recently annual dues included the dinner costs. Non-attendance at the annual meeting by dues-paying members subsidized the annual banquet for those who did attend. Famous for its epicurean dinners planned by the local arrangement chairman following the end of the scientific program, the costs of the dinner to the Pancreas Club and its members tended to escalate from year to year as each host tried to improve on the previous year’s success. However, the subsidy system continued to work well until the immensely popular Boston meeting in 1993

hosted by Andy Warshaw. A huge turnout of the members for the meeting and dinner, which included spouses and significant others, left few non-attendees to subsidize the dinner for those who did attend. At this meeting and thereafter, it became necessary to add a surcharge for the dinner in order to maintain financial solvency of the Club. Currently, the annual fee is \$75 for all members, including medical students and residents.

FINANCIAL SUPPORT FROM INDUSTRY

Industry contributions were first received in 1991 and initially were in the range of \$3000 to \$4000 a year. Recently, under the leadership of Richard Bell, Michael Sarr, William Nealon, and Bill Traverso, these contributions from industry have reached five figures.

ANNUAL MEETING LOCATIONS

Annual dues were kept under \$75 for many years. The club, by meeting at university rather than hotel facilities, effected considerable cost savings. However, in many cities, university facilities are not in a downtown area near the Digestive Disease Week convention facilities. Members of the Pancreas Club, having major responsibilities associated with the Digestive Week, then found it difficult to get back and forth between the university meeting site and the convention site.

The Pancreas Club meetings have always been held in Association with The Society of Surgery of the Alimentary Tract (SSAT) usually the day preceding the meeting of the SSAT. A majority of the members of the Pancreas Club are surgeons and most of the surgical members of the Pancreas Club are also members of the SSAT. When the SSAT became a part of Digestive Disease Week in 1973, the Sunday meeting of the Pancreas Club conflicted with the Sunday SSAT Postgraduate Course. Members of the Pancreas Club, Inc. decided by ballot to continue with the Sunday format except when the SSAT Postgraduate Course had a pancreatic theme.

RELATIONSHIP OF THE PANCREAS CLUB WITH OTHER ORGANIZATIONS **American Pancreatic Association**

Association with other organizations and other meeting times have received serious consideration by the Pancreas Club. In 1980 Charlie Frey (Co-Chairman), representing the Pancreas Club, and Paul

Webster (President), representing the American Pancreatic Association, discussed the possibility of combining the two organizations' annual meetings back to back. Each organization would continue to have its own program. It seemed like a match made in heaven. The American Pancreatic Association was founded in 1969, and its members were for the most part gastroenterologists and basic science investigators. The desirability of combining the meeting times of an organization predominantly composed of surgeons with one predominantly composed of gastroenterologists and basic scientists, both of whom had as their focus the study of the exocrine pancreas, was compelling. However, the proposed relationship foundered as the membership of the two organizations could not agree on a meeting time. The surgeon members of the Pancreas Club desired to continue their relationship with the SSAT and were dismayed at the prospect of meeting again so soon after the American College of Surgeons meeting held in October (the American Pancreatic Association meeting was always held in Chicago the first week of November). The gastroenterologist members of the APA did not want to give up their November meeting time as it coincided with the liver meetings being held concomitantly in Chicago. Much has changed with both organizations since then and this issue should be reexplored.

Society of the Surgery of the Alimentary Tract (SSAT)

The Pancreas Club has never had a formal relationship with the SSAT even though it almost always has met the day before the SSAT. In fact, several key members of the Pancreas Club have been officers in SSAT. Presidents of the SSAT include John Cameron, Bob Hermann, John Ranson, Michael Sarr, Andy Warshaw, and Carlos Pellegrini. Charlie Frey and Tom White were First Vice Presidents and Joseph E. Fisher was Treasurer. Richard Bell is the Recorder for the SSAT at present.

Digestive Disease Week

At the time SSAT became a part of Digestive Disease Week in 1973, Charlie Frey and Bill Schiller with members of the Digestive Disease Week initiated exploratory talks to determine whether the Pancreas Club could have a meeting day assigned. These talks bore no fruit. Once again in 1988, when Bob Hermann (a key member of the Pancreas Club) was President of the Society of Surgery of the Alimentary Tract, he actively pursued a formal relationship for the Pancreas Club with Digestive Disease Week. At that time the Digestive Disease Week would have

required the Pancreas Club to give up its Sunday meeting time for a half day, meeting some time during the week in conjunction with the SSAT. The membership of the Pancreas Club opposed these conditions. In 1998, Michael Sarr, Co-Chairman of the Pancreas Club, and at the same time Chairman of the SSAT Program Committee, was able for the first time to successfully arrange hotel space for the Orlando, FL, meeting.

MEMBERSHIP BACKGROUND

Medical Speciality

Surgeons founded the Pancreas Club, Inc. While they remain the most prevalent element, being a surgeon has never been a requirement of membership. Participation by gastroenterologists and basic scientists occurred in the earliest years of the Club and their membership has grown. In 1984 when there were 105 members, the membership included 20 surgical department chairmen, six gastroenterologists, two Canadians, two Swiss, six from the British Isles, two Portugese, and one German.

In the year 2000 there were 374 members of the Pancreas Club. Two hundred and ninety-five (78.8%) were surgeons, 33 (8.8%) gastroenterologists, eight (2.1%) pathologists, two (.05%) radiologists, one (.025%) preventive medicine, and the specialty was unknown in 35 members. Fifty-nine of the surgical members were department or division chiefs, as were 11 of 33 gastroenterologists and four of the pathologists.

International Membership

The Pancreas Club has evolved into an international organization with a very significant percentage of its members from foreign countries. In the year 2000, 264 of our members gave addresses in the United States (42 in Japan; 21 in Germany; 10 in Italy; eight in the United Kingdom; four in Sweden and Brazil; three in Portugal, Argentina, and Switzerland; two in Canada, Greece, Mexico, and South Africa; one each in Australia, Chile, France, Hungary, Norway, and Spain).

PUBLICATIONS

At the annual meeting, members have always been encouraged to submit, for presentation, the results of their newest cutting-edge clinical or bench research. Members have been willing to do so since an oral or poster presentation at the Pancreas Club meeting does not preclude them from presenting their material or publishing it in some other forum. In fact,

the searching in-depth discussion of an oral presentation at the Pancreas Club annual meeting often provides a valuable critique or insight helpful to the author. Thanks to Hiram Polk, since 1984 a summary of the four scientific sessions at the Pancreas Club's annual meeting has been published in the American Journal of Surgery. The "How to do it" session of the Pancreas Club's annual meeting is being published in the JOURNAL OF GASTROINTESTINAL SURGERY.

LEADERSHIP OF THE PANCREAS CLUB

Marion Anderson, while an Associate Professor of Surgery at Northwestern University, founded the Pancreas Club and was its Chairman from 1966–1972. Max Rittenbury, Associate Professor of Surgery at the University of South Carolina, was appointed Chairman by Marion Anderson and served from 1973–1974. Charles Frey, Professor of Surgery at the University of Michigan, and William Schiller, Associate Professor of Surgery at the Medical College of Ohio in Toledo, reconstituted the Pancreas Club in 1975 after a year's lapse in which no meeting occurred in 1974. They served as Co-Chairmen for 20 years from 1975–1995. In 1995, Charles Frey was Professor and the Executive Vice Chairman of the Department of Surgery at the University of California Davis Medical Center. William Schiller was Professor of Surgery at the University of Arizona and Chief of the Trauma and Burn Center at the Maricopa Medical Center in Phoenix, AZ. In the spring of 1994, Charlie and Bill formed a 15-member Advisory Committee from among the "younger" members of the Pancreas Club. Many of the members of the Advisory Committee had served as members of the Program Committee. The Advisory Committee was charged with two tasks: 1, reexamine the goals and structure of the Pancreas Club; and 2, devise a governance structure for the Pancreas Club in anticipation of the retirement of the two Co-Chairmen. The timing of the change in leadership coincided with their 20th year at the helm of the Club. In the fall of 1994, the Advisory Council met and nominated three Co-Chairmen to lead the Pancreas Club, Inc. effective following the 1995, annual meeting. In 1995, at the annual business meeting, the leadership slate, nominated by the Advisory Committee, were elected and took on responsibility for the operation of the Pancreas Club, Inc. The new officers were Richard Bell, Professor of Surgery at the University of Washington in Seattle (shortly in line to become Chairman of the Department of Surgery at Northwestern University where the Pancreas Club had been founded); William Nealon, Professor of Surgery at the University of Texas Galveston; and Michael Sarr, Professor

of Surgery at the Mayo Clinic (and shortly in line to become President of the Society for Surgery of the Alimentary Tract). One of the three Co-Chairmen, commencing in the year 2000, would rotate off to be replaced from the membership. Richard Bell, who had assumed operational control of the Pancreas Club's finances, was the first to step down and was replaced by William Traverso, Professor of Surgery at the University of Washington in Seattle and Chief of Pancreatico-Biliary Surgery at the Virginia Mason Clinic. Michael Sarr was replaced in 2001 by Douglas Evans at the MD Anderson Cancer Center in Houston, TX.

CHARACTER OF THE ORGANIZATION

There has been a conscious effort by the leadership of the Pancreas Club to minimize the trappings of officer-ship, e.g., making long self-congratulatory speeches, delegating head tables at the annual dinner, or presenting long reports at the business meeting, etc. The leadership has been seen to be democratic in the sense of being accessible, approachable, and acting as servants of the membership. The absence of elitism and responsiveness of the Co-Chairmen to the membership has been viewed positively. On any major question of importance effecting the members or the Club, whether it be the time of the annual meeting, publication policy, relationship to other professional scientific organizations, or change in leadership, the Co-Chairmen have obtained member input by questionnaire or discussion at the business meeting.

The real strength of the organization has been the members themselves. Their abstract submissions to the program committee and their discussion of papers are the heart of the scientific program. The many outstanding moderators of the scientific session who have provided written summaries of the sessions and directed the discussions deserve a great deal of credit for adding insight and perspective to the presentations. These have included, among others, Edward Bradley, John Brooks, John Cameron, Robert Hermann, Howard Reber, Andrew Warshaw, and members of the Advisory Council, as well as past and present officers of the Club. The moderators have been responsible for the written summaries of their sessions for inclusion in the *American Journal of Surgery*.

The local chairmen in charge of the annual meetings have consistently done an outstanding job as hosts and made the environment of the annual meetings and dinners something to be looked forward to. Many of the local chairmen, such as Elmo Cerise in New

Orleans, Babs Moosa in both Chicago and San Diego, and Bradley Aust in San Antonio, have served two or more stints as Local Arrangement Chairmen. The chairmen of the two surgical departments in the United States who have devoted major resources of their departments to the study of the exocrine pancreas, John Cameron at Johns Hopkins and Andrew Warshaw at Harvard, have given unstinting support to the Pancreas Club. Their personal participation as moderators at the Scientific Sessions and involvement of their faculty and residents and the constant flow of abstracts to the program committee contributed immensely to the interest in and the strength of the organization. Similarly, the contributions of our international members such as Hans Beger and members of his Department in Ulm, Germany, and Markus Buchler and his Department in Berne, Switzerland (and now Heidelberg, Germany), and Seiki Matsuno and members of his Department in Sendai, Japan, have similarly contributed to the strength of the program and interest in the Pancreas Club both in the United States and abroad.

The enduring success of the Pancreas Club under a succession of chairmen can be attributed to three elements.

1. Members are encouraged to present their latest and most current research be it basic or clinical. Members feel free to do so knowing they will be allowed to present or publish their material elsewhere.
2. Members know they will get useful comments about their work from some of the most respected world authorities on pancreatic exocrine disease during the discussion period following their presentations. These discussions are frank, lively, and insightful to the presenter and members alike.
3. A sense of fellowship is engendered by the discussions formal and informal, and by the camaraderie of the annual dinner banquet. The dinner meetings have often been enlivened with joke telling by someone like Ken Warren, Roger Keith, Andy Warshaw, Aaron Fink, Martin Sarner, Babs Moosa, Bill Nealon, Bill Traverso, Ed Bradley, and Fabrizio Michalesi. Our international members are always welcomed and introduced to the membership at the dinner.

There has been a great vitality to this informal organization with friendly interactions among its members over the years, during which the exocrine

pancreas has moved from an orphan status to a central position within the scientific and surgical communities. Most of our members endorse the sentiment embodied in the statement "I love the pancreas." Within the Pancreas Club, Inc., our members have found the opportunity to share the latest in basic and

clinical research in an international forum of peers whose discussions provide intellectual stimulation to all who participate. The usefulness of this annual scientific meeting to the individual members of the Pancreas Club, Inc. causes many to come back year after year.