Presidential address: The American Association for Vascular Surgery: A tradition of imagination, innovation, and change

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This year, the American Association for Vascular Surgery (AAVS) celebrates its 50th anniversary. The Society’s history is one of imagination, innovation, and change. In the late 1940s and early 1950s, vascular surgery was emerging as an independent and vibrant specialty. The development of angiography, new surgical techniques, and early prosthetic grafts stimulated great national and international interest in this emerging field. On this 50th anniversary, the same vitality and interest exists with the development of endovascular stent grafts for abdominal aortic aneurysms, vascular biology, and new training paradigms. Even though our Society has changed dramatically, many of the past traditions, which made this society great, remain our fundamental principles today.

In March 1950, Henry Haimovici, MD, a recognized vascular surgeon and physiologist at the Montefiore Medical Center, founded the International Society for Angiology along with Drs René Leriche, Michael DeBakey, Geza deTakats, Alton Ochsner, Leo Loewe, Harry Shumacker, Saul Samuels, and Ralph Deterling (Fig 1).1,2 The first meeting of the international society was held in Atlantic City, NJ, in June 1951. Because of travel difficulties and the Korean War, Dr Leriche, the first president, was unable to attend. The society was organized with a central organization and three regional chapters: European, North American, and South American. Over time, the Society would enlarge to include other international chapters (Asian, Australian/New Zealand, Middle East/North Africa, and Southern African Chapters), change its name three times, and establish two journals.3 Our Society, the North American Chapter, would evolve to become one of the largest, most prestigious societies in the United States.

The first decade of the North American Chapter, 1952 to 1962, was marked by significant organizational developments. Early scientific sessions were 1-day symposia with invited presentations and discussions. The program of the first meeting included papers on the postphlebitic syndrome, autogenous arterial transplantation, thromboembolism, surgical treatment of arterial aneurysms, and the management of chronic obstructive disease of the aorta, peripheral arteries, and renal arteries. In 1957, the International Society changed its name for the first time to the International Cardiovascular Society and adopted the logo of the Society (Fig 2). The focus of the Society was on noncardiac vascular disease, with members who were cardiac surgeons, vascular surgeons, radiologists, and angiologists. But by 1957, there were an increasing number of cardiac surgeons in the society, and as a result, the society changed the name to include “Cardiovascular.” The word “surgery” was not included because the Society still contained many members who were not surgeons. A year later, in 1958, it was recognized that a journal for the International Society was needed. Two years later, the first issue of The Journal of Cardiovascular Surgery was published, with Drs Haimovici and Malan serving as chief editors.

In the second decade of the society, the membership of the North American chapter continued to increase and the annual meeting became more formalized. In 1967, the Society for Vascular Surgery (SVS) and the International Cardiovascular Society (ICVS) held their first joint meeting in Atlantic City, NJ.4 The SVS, which was established in 1947, represented the academic surgeons in the United States, and the ICVS represented a broader group of practicing surgeons. In 1975, the relationships between the SVS and the NA-ICVS were formalized to what has become known as the Joint Council. The Joint Council represented leadership from the two societies who together would plan the national meeting and pool resources. Also in 1975, the two societies retained Mr William Maloney
and the Professional Relations and Research Institute to function as the business administrator of the two Societies until 2001.

Throughout the 1970s and 1980s, vascular surgery continued to diverge from general and cardiac thoracic surgery into a mature and distinct specialty. The members of both societies were instrumental in creating the Program Evaluation and Creditation Committee to accredit the fellowship training programs. This committee would be the forerunner of program certification by the Residency Review Committee. Today a Post-graduate Endovascular Endorsement Committee has been created by the Joint Council to evaluate the quality of endovascular training. It was through early and persistent work by Drs Wiley, Blaisdell, DeWeese, Reemtsma, and others that the eventual Certificate in Added Qualifications in Vascular Surgery would be instituted in 1984. During these years, regional and national societies were formed to enhance local and national education programs for the treatment of peripheral vascular disease (Fig 3). These societies included national societies, such as the Society for Clinical Vascular Surgery, Peripheral Vascular Surgical Society, American Venous Forum, and the International Society for Endovascular Specialists. In addition, five regional societies were founded: the Western Vascular Society, Midwestern Vascular Surgical Society, New England Society for Vascular Surgery, The Canadian Society for Vascular Surgery, and Southern Association for Vascular Surgery. Thus, the universe of the vascular surgeon was continuously expanding.

In the late 1980s and throughout the 1990s, vascular surgery continued to grow with a new journal and a foundation to provide basic science research. In 1981, the Society would change its name for the second time to the International Society for Cardiovascular Surgery (ISCVS). The addition of the word “surgery” was to emphasize that the society now consisted of predominantly surgeons with few nonsurgeon members. Secondly, the combined societies chartered a new journal, The Journal of Vascular Surgery. The first editors, Drs Michael DeBakey and D. Emrick Szilagyi, established a tradition of excellence. Many members of the societies recognized that diseases of the peripheral circulation were largely ignored by medical colleagues and researchers. Therefore, vascular surgery developed a sophisticated research program to study the fundamental mechanisms of atherosclerosis, arterial aneurysms, and venous disease. The Joint Council at the suggestion of Calvin Ernst, MD, established the Lifeline Foundation in 1987. The Lifeline Foundation would raise funds to develop and foster basic science among young vascular surgeons. The Lifeline Foundation under the leadership of John Mannick, MD, this year’s recipient of the AAVS Distinguished Service Award, created the National Institutes of Health/Lifeline K08 grant. The Lifeline Foundation also sponsors research grants and traveling programs. Textbooks written by Haimovici, Callow, Rutherford, and Strandness consolidated and defined the knowledge base of the vascular surgeon. Thus, the third and fourth decades of our society were marked by proliferation of regional societies, expanded interest in basic science research, and improvement in training through certification of vascular surgeons.

In the past 5 years, the rate of change of our Society has accelerated. In February 2000, the Joint Council met for a retreat in New Orleans, La. From this retreat, the role and relationship of the two societies were redefined; however, the interaction between the two societies at the level of the Joint Council became less clear. After the retreat, it was decided that the ISCVS would be responsible for issues concerning practicing clinical vascular surgeons. The areas identified included governmental relations, vascular website, public education, and a voice for young surgeons. President John Porter, MD, appointed a reorganization committee to revise the bylaws. This committee was chaired by myself and consisted of Drs Michael Belkin, Roger Gregory, Elliott Chaikof, and James Menzoian, with Thomas Riles as an ex officio member. The new plan was submitted to the ISCVS council at the June 2000 meeting and was accepted. According to the plan, representatives from the other national and regional vascular surgical societies would be members of the AAVS council and have roles in the Executive and Nominating Committees. Simultaneously, the society changed its name to the American Association for Vascular Surgery (AAVS). For the first time in the 50-year history of the society, the name would clearly reflect the nature of the society’s membership. The name

Fig 1. Henry Haimovici, MD, vascular surgeon and physiologist at Montefiore Medical Center, founded International Society for Angiology in 1950.
change from international to United States–based would play an important role in governmental and industrial relationships. Finally, the preposition “for” was chosen because the society was created to help vascular surgeons in their mission to provide state-of-the-art care for patients with vascular disease. The mission statement, written by Dr Belkin and modified by the council, reflects this goal, “The American Association for Vascular Surgery is an inclusive society, dedicated to the interest of vascular surgeons and their patients. As such, the Association is committed to the continued medical education of vascular surgeons and to the development of scientific and technical aspects of vascular surgery. This commitment is realized in part through a monthly scientific journal and the joint annual vascular meeting which foster the presentation, discussion and dissemination of current knowledge applicable to the management of vascular disease. As a national society with representation of both regional and other nationwide vascular societies, the AAVS provides a unified voice to address socioeconomic issues as well as a forum for public awareness and the education of vascular disease” (From Bylaws of the AAVS). Although the Society changed its name, the AAVS remained part of the International Organization as the North American Chapter.

New committees were created to fulfill the society’s mission. These committees included the Young Surgeons Committee, The Publications Committee, and the Vascular Website Committee. With new charges, these committees began ambitious programs to reestablish the AAVS as the leader in vascular surgery. Within a year, the public
education program, VascularWeb, and the young surgeons outreach program for medical students have developed exciting programs. The productivity of these committees attests to the creativity and energy of our membership.

The new structure of the AAVS has created the opportunity to collaborate with other societies. The formation of a cohesive coordinated vascular community in the United States provides a more credible force than a number of independently functioning societies. A coordinated national agenda will be more effective in dealing with industry, governmental agencies, and other large societies, such as the American College of Surgeons, American Medical Association, American Heart Association, American College of Cardiology, and others. The regional and other national societies, through their leadership roles in the AAVS, will share in the vision for American vascular surgery. The collaboration between the regional and national societies is evidenced by the young surgeons program created by the Peripheral Vascular Surgical Society, the student brochure by the PVSS, SVS, and the Association of Program Directors in Vascular Surgery, and the best of the regional societies, and the national screening program. These examples are but a few of the ways in which intrasocietal collaboration can work.

As part of a year of change, an article by our past president, Andy Whittemore, MD, suggested that there be a change in the direction of the Cardiovascular Surgery Journal and the International Society. Cardiovascular Surgery has functioned as the medium by which the international society was communicated. However, the Internet offers a unique opportunity for international vascular surgeons to interact. The VascularWeb (www.vascularweb.org) was developed 1 year ago through support of the AAVS/SVS. The intent of the vascular website is to provide an online resource for patients, physicians, students, and our trainees. The centerpiece of the VascularWeb will be the online journal collection, which will include all pertinent vascular surgical journals. There are many areas of the world where printed journals are not easily obtained. However, the Internet offers easy and instantaneous access. A recent e-mail from a Russian surgeon documents how important the VascularWeb can be: “The economic level in Moldova is very low. We haven’t a possibility to use the contemporary apparatus and methods for our scientific researches and clinical work. We haven’t possibility to read the books edited by great vascular surgeons—authoritative guidance’s for all aspects of clinical vascular practice.” Casian Dmitrin (personal communication, October, 2001).

As part of our mission to improve the health of all patients with vascular disease, we must disseminate advances rapidly and not just during annual meetings and through journals via the Internet. The VascularWeb is only in its first year of activity, and during that time, we have created valuable content. I give my special thanks to the Associate Editors, Drs Cal Ernst and Dick Kempczinski, Joe Schneider, and Henry Veldenz. In addition, the section editors, including Drs Ron Stoney, Bill Baker, Jim Yao, Craig Kent, John Bergan, and Bill Flinn. The effective use of the Internet will greatly serve our society.

Although many changes have occurred in our society in the past 50 years, the fundamental principle remains intact: improved patient care through scholarly communications. As we look back at the founding members of our society, we see many of the ideas and goals of those men in today’s society. There is an area, however, that I believe we have not fulfilled. Alton Ochsner, MD, one of the founding members of the society, was a spokesman for national healthcare issues (Fig 4). Dr Ochsner was one of the earliest surgeons to recognize the deleterious effects of smoking, and he campaigned vigorously to have smoking banned on airline flights. However, he was most committed to the establishment of a color-blind healthcare system. When the Ochsner Clinic opened, it was open to all members of the New Orleans community. His career was dedicated to the care of the poor as well as the wealthy. Today, large healthcare databases provide us with the opportunity to evaluate how we have made progress in the treatment of a disease and where we have failed. In a study of lower extremity amputations, the incidence rate of a major lower extremity amputation has not significantly changed in the past 20 years (Fig 5). Drs Dardik, Huber, Tunis, Brothers, and Gornick and their associates have reported racial difference in outcomes after vascular surgical procedures and amputations. Gender also remains an important determinant of
Therefore, it is of great importance that, as we begin our public education program, we focus on the population at greatest risk. To make an impact on the rates of amputation, stroke, and death from ruptured aneurysms, we must target the specific populations. Closer inspection in Northern Illinois shows that the highest incidence rate of lower extremity amputation occurs in the African-American population and in low socioeconomic areas of Chicago (Fig 6). It is clear that if our goal is to improve the quality of life, decrease rates of lower extremity amputation, and prevent death from ruptured aneurysm and stroke, we must focus not on our own clinical practices but on larger public health issues. This year, I have asked Michael Watkins, MD, to cochair a committee on minority issues both within the Society and in the delivery of vascular healthcare to minority and underserved communities. Similarly, Linda Graham, MD, is beginning to explore a similar committee to focus on women’s vascular disease and other issues within our society.

Our Society has changed in the past 50 years. It did not evolve. Evolution implies a response to an environmental change. In 1951, the year our Society was founded, Humphrey Bogart in the African Queen explained to Kathryn Hepburn that, to steer the African Queen down river, it was necessary to travel faster than the current of the river. For vascular surgeons and the AAVS to remain the leaders in vascular healthcare, we must lead through imagination, innovation, and change. The driving force of change is creativity. And creativity has been the hallmark of our Society.
REFERENCES


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