

Report for the 2008 SSAT Traveling Fellowship for Surgeons in Academic Practice

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Fellowship Period: November 2-26, 2008

Hosts:

- 1) Claudio Bassi – Borgo Roma University Hospital, Verona Italy
- 2) Markus Buchler – University of Heidelberg
- 3) O. James Garden – Royal Infirmary of Edinburgh
- 4) C. Ross Carter – Glasgow Royal Infirmary
- 5) J. Peter Lodge – EHPBA Consensus Conference Program Director; St. James University Hospital, Leeds, Great Britain
- 6) Kevin C. P. Conlon – Trinity University, Adelaide & Meath Hospital Incorporating The National Children’s Hospital – Dublin, Ireland

Associated Meeting: EHPBA Consensus Conference on “Techniques and Technologies in HPB Surgery” - Leeds, Great Britain November 20-22

I feel extremely fortunate to have been awarded the 2008 SSAT Traveling Fellowship in Academic Surgery which allowed me to visit many of the premier pancreatic surgical centers in Europe (if not the world). Quoting my original application: “My specific goals would be: 1) To refine my current perspectives on treatment options for pancreatic conditions, 2) To study more advanced, specialized procedures and their optimal indications (particularly for pancreatitis), 3) To observe the infrastructure of these esteemed pancreatic units and realize how they have developed and grown to be so renowned, 4) To understand the European educational approach to advanced training in pancreatic surgery, and 5) To establish colleagues and friends within the international community of pancreatologists.”

Each of these goals was exceeded (and then some!) during this phenomenal professional, cultural and personal experience.

My first destination was the University of Verona where Italy’s largest pancreatic surgical program (over 200 major resections a year) is under the thoughtful leadership of Professor Claudio Bassi. I spent three days in the operating room where I was privileged to directly assist the faculty (Claudio, Massimo Falconi, Roberto Salvia, and Giovanni Butturini) in a variety of advanced pancreatic resections. As I had hoped for, I specifically learned the technical nuances of the Pancreatico-gastrostomy technique, and observed a palliative RFA procedure for advanced, unresectable pancreatic cancer. I was introduced to the full breadth of their program - including a Clinical Research Center for prospective trial development, their new basic and translational science collaborative facilities led by the acclaimed Roberto Salva, and an advanced technology initiative with robotic and virtual reality engineers whereby they are developing models which simulate

tactile feedback of visceral organs. I was invited to speak on two topics: “The New Relevance of Pancreatic Fistulae” to the Department of Surgery, and “Pancreatic Incidentaloma – Nuisance or Threat” to their multidisciplinary faculty. I thoroughly enjoyed these interactive sessions. The intellectual exchange was fruitful, critical, and open with these internationally recognized leaders on these particular topics. I was also afforded ample time to meet their surgical residents and students, and I joined them on the wards for hands-on patient care. Of course, their Italian generosity was unsurpassed. We dined extremely well, and I learned much about their language and culture.

At this point, my wife Beth joined me for a week. Claudio, his lovely wife Teresa, and a cadre of residents hosted us a dinner at a traditional Villa on the outskirts of town near Lake Cuomo. Beth and I also enjoyed downtown Verona, its ancient amphitheater, and many churches. We took the opportunity to explore nearby Venice and then traveled by rail through the Alps to our next destination Heidelberg, Germany. The scenery was marvelous, and we thoroughly enjoyed Switzerland where we stayed over at Lake Luzerne. Once in Heidelberg, we were able to take in the ancient castle which overlooks the city (impressive indeed!), and we explored the downtown – dominated by the acclaimed University. Again, we made it a point to savor the local cuisine and customs.

Markus Buchler’s operation in Heidelberg is truly awesome. In a stand-alone surgical “Klinik” they perform close to 600 major pancreatic operations a year – perhaps the largest volume in the world. This is just a fraction of the story however, as these cases are integrated into a total multi-visceral surgical program, where esophagus, liver, stomach resections and transplantation occur in a similar magnitude. Again, I was fortunate to join the faculty (Jens Werner, Jan Schmidt, and Juergen Weitz) on the table for some amazing cases – including a liver transplant (my first in 7 years since my fellowship days), and a Whipple’s resection for recurrent retroperitoneal sarcoma requiring replacement of the Vena Cava. These surgeons are world-class, and they need to be given the constant onslaught of high-acuity operations they do as the leading HPB center in Germany. I particularly enjoyed the critical thinking, open-mindedness, and aggressive approach this group has towards pancreatic malignancies. I learned a few variations on the theme of the Whipple’s resection including what I call the “Heidelberg variation” for pancreatico-jejunostomy. One of my specific goals was to better understand their Duodenum-Preserving Head Resection techniques for chronic pancreatitis. I achieved this through a wonderful tutorial by Jens Werner. I was privileged, again, to lecture to their surgical department each morning within their historic surgical amphitheater setting. Furthermore, I was able to observe the measured and deliberate German model for surgical training up close, where patience is truly a virtue as it can take an additional 5-8 years after initial surgical certification to become fully independent in HPB operations.

Next, I was off to Edinburgh, Scotland. It was super to be back in the U.K, where I had spent my formative childhood years growing up in London. James Garden (Surgeon to the Queen) hosted me for four days at the acclaimed Royal Infirmary. Much to my surprise however, it was not the historic physical structure which I had envisioned. Instead, they have been housed in a state-of-the-art, sprawling new facility which resembles an airport more than a hospital. This is directly adjacent to a significant

biomedical research facility where the HPB division has dedicated lab space for studying mechanisms of inflammation. They are now breaking ground on a “ring” of collaborative biotech industry buildings which will surround the hospital. I watched Rowan Parks perform a Whipple with a skilled young trainee (Mark Duxbury). Mark is an accomplished young researcher who trained at Harvard under Ed Whang and is now completing his clinical training. His path is unique in that he has been awarded a 5-year clinical-scientist training award through their National Health System. This unique opportunity will allow him to make a strong foundation and dovetail to an academic surgical career from the outset by scientifically investigating and training clinically in parallel. I enjoyed my time with Mark and others as they explained their research projects in great detail. As was the case at almost each unit I visited, I participated in a multidisciplinary HPB conference. Unique to the UK is the fact that they can pull up radiology scans from any hospital throughout the nation. This affords them the ability to actually pre-screen their referrals before they come to Edinburgh, and thus they can efficiently streamline clinic visits. While the facilities were quite impressive, they do struggle with human resources in terms of the ability to turn over large volumes of cases. Much of this has to do with bed-availability which is restrained by inadequate systems for post-hospital disposition. James provided me perhaps the greatest social hi-light of the trip by taking me to an international rugby tilt between Scotland and South Africa. This was great fun, but I also really enjoyed my day in the heart of the city where I explored the 1000 year-old Edinburgh Castle, as well as the Royal Mile.

Just a half-hour to the West lay Glasgow and I was hosted by Ross Carter who graciously welcomed me into his home for a few nights. I was really excited to visit the West of Scotland Pancreatic Unit in the Glasgow Royal Infirmary, a venerable institution. Ross and his partners Colin McKay and Euan Dickson allowed me to jump right into their practice. As opposed to the American model, it is far more common for surgeons to perform ERCP and advanced upper endoscopy in Scotland. This additional skill-set serves as a direct referral base for their advanced pancreaticobiliary practice. I specifically wished to see their process of minimally-invasive management of infected pancreatic necrosis. They did not disappoint as I got to learn the technical nuts-and-bolts about this process on two of their patients. I will certainly incorporate this modality into my own tool-set for pancreatitis. The degree of acuity of their patients was astounding - driven primarily by the effects of alcohol and tobacco abuse. Given the population of 3.5 million Scots in Glasgow, they were seemingly inundated with difficult problems in many patients with marginal physiology. I admired their ability to provide world-class care to these patients, despite a paucity of resources. Again, I was party to their decision making processes through a multidisciplinary conference, and I presented a hospital-wide Grand Rounds lecture on IPMN. Ross showed me around the vibrant downtown and took me to the University of Glasgow which was beautiful. Together, we drove to my next destination, Leeds, where we would both be taking in the EHPBA “Meet the Experts” Conference. I enjoyed the beautiful rolling pastures of the Scottish lowlands as we made our way to Great Britain.

I was privileged to have been invited by Peter Lodge, the conference Program Director, to serve as a faculty member for the “Consensus Conference on Techniques and

Technologies in HPB Surgery” held at the Royal Armories Museum. The event was kicked-off by a classy faculty dinner where I was able to interact with a veritable “Who’s Who” of European gastrointestinal surgeons. The conference began the following morning with parallel sessions for Liver and Pancreas techniques. I naturally attended the pancreas session, and must say that it was perhaps the best symposium I have attended in my career. We literally had an open discourse with the faculty experts in the audience for over an hour after their stellar presentations. Later that day, I served as a session moderator for a module on palliative approaches to HPB malignancies, and then we were treated to a banquet with traditional Beef Wellington and Yorkshire pudding (fitting local cuisine). The following morning was full, as I was asked to host a small-group breakfast symposium on “Treatment of Locally Advanced Pancreatic Cancer.” Although my co-lecturer Claudio Bassi was unable to make it, his partner Massimo Falconi ably stood in and brought us up to speed on the controversial use of RFA for this problem. This was followed by the meeting’s primary plenary session. I presented our institution’s experience “Cyberknife Radiotherapy for Pancreatic Cancer” to a very enthusiastic audience. The British, in particular, were curious about Cyberknife, having heard of it, but not yet having it at their regular disposal. Later that evening, Peter Lodge showed me the new cancer center at his institution (St James University Hospital) and then welcomed me in his home for dinner with his family. Again, the hospitality he extended to me was phenomenal.

To round out my journey, I spent three days in Dublin, Ireland where I was hosted by Kevin Conlon from the Trinity University Medical School. The Adelaide and Meath Hospital (Incorporating the National Children’s Hospital) is a sprawling, contemporary facility in Tallaght, a western suburb of Dublin proper. While the physical plant was indeed state-of-the-art, constraints on the process of health-care delivery (largely bureaucratic) were evident, as waiting lists for operations are long for the few qualified surgical specialists in HPB throughout the country. Kevin, a man of boundless energy, introduced me to his multiple roles as skilled clinician, department Chairman, scientist, and educator. While there, I was given the opportunity to interact with and teach many levels of medical students and trainees. One particularly memorable event is when Kevin asked me to join him as he introduced their senior-year students (5th year) to their final surgical curriculum. Together we gave an open and unstructured lecture on processes of care in gastrointestinal malignancies. I then had the privilege of presenting an overview of the current understanding of IPMN to his surgical department, as well as our experience with “Pancreatic Resection in the Elderly” to a hospital-wide forum. Finally, I was escorted around beautiful Trinity University, a haven of serenity within bustling, vivacious downtown Dublin. While there, I took the time to enter the Royal College of Surgeons of Ireland building which was nearby. Quite by happenstance, I walked right in on an Anatomy cadaveric dissection lab. I took great pleasure in describing a surgeon’s perspective to a group of medical students huddled about an open abdomen. They seemed particularly happy to get a “real-life” clinical correlate to their lesson that day.

Overall, I extracted many things from this fellowship. Being six years into my career, I was getting very set with the way I approach clinical problems. This experience came at a good time in my professional development, allowing me to gather different perspectives

on problems and re-energized my enthusiasm for the field. I was able to learn some new technical tricks which I'll definitely incorporate into my practice. For instance, it was important to recognize the numerous variations on the Whipple procedure - no one did it the same along all the stops. The intellectual stimulation afforded by actual face-to face contact between peers, while inspecting their customs and practices, was fantastic. Perhaps most interesting to me was the ability to compare and contrast the various training paradigms for both General and HPB surgery. Of course, the best part of this fellowship will be the professional relationships developed and the life-long friends made.

Lastly, I would like to express my sincere gratitude to: 1) My gracious hosts at each stop for their unparalleled hospitality, 2) The EHPBA leadership for inviting me to contribute to their conference, 3) My partner, Mark Callery, for supporting my clinical functions during my absence, and 4) The SSAT Education Committee and Board of Trustees for allowing me this rich opportunity. Finally, I would be remiss without acknowledging Dr. Josef Fischer and his lovely wife Karen for their foresight and generosity in establishing this award. This truly was the highlight of my nascent professional career, and I am sure future awardees will benefit equally.