APA Presidential Address: 2004

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It has been a great honor to serve as the President of the American Pancreatic Association (APA). The APA is one of my favorite organizations, primarily because of its annual meeting. After attending the APA Annual Meeting for 15 years I felt that it was time to reflect on what the APA is, how it is changing, challenges it is facing, and to give a charge to the young investigators who are in attendance, because they must become the future of the APA.

What is the APA? The APA is an association. An association can be defined as a group of people who are joined together for a purpose. The APA is similar to a society, which is an organized group of people who share an interest, aim or profession. For the APA the interest is the pancreas, the aims are many, and the professions are many. This observation highlights a key element of success for the APA. Indeed, the strength of the APA rests in the diversity of the Aims and Professions of the membership, who remain united by interest in the pancreas, and who join together annually for the purpose of learning more about the pancreas through scientific research.

The APA is a dynamic organization. I remember attending the APA Annual Meeting about 15 years ago with tremendous interest in hearing about studies on regulatory peptides, receptor binding studies, neurohormonal feedback physiology, the race to clone the CCK receptor, animal models of acute pancreatitis, measures of pH, interstitial pressure and blood flow in chronic pancreatitis, and studies on growth factors in pancreatic cancer. My first presentation was on pancreatic polypeptide receptors in the area postrema of the brain stem. However, with time, the presentations at the Annual Meeting changed as old problems were solved, and new challenges and opportunities were recognized.

This year the topics of discussion included the molecular genetic mechanism of pancreatic cancer, new cancer pathways, targets and detection methods, developmental biology, genetic variations, humans altering disease susceptibility and disease severity, stellate cell biology and fibrosis, and more. In addition, we heard presentations on results of several multicenter trials given by very effective clinical groups. There are also new tools available now that were unheard of in the 1980s including transgenic mice, microarrays, proteomics, new molecular techniques and others. Comparing the contents of the meeting in 1989 and 2004 demonstrates that the content of the APA meeting is dynamic indeed.

What are the dynamics of change? In reflecting on the APA one quickly realizes that the purpose remains the same – ie, to learn about the pancreas. Members continue to present outstanding scientific research and to receive an education. However, a number of changes are clearly evident. First, communication has been markedly improved by the use of the web with our new site: www.American_Pancreatic_Association.org. Information that is vital to the organizational structure, governance, details of the APA Annual Meeting, etc. are now available 24 hours per day, world-wide. Secondly, the membership continues to change. The APA works to attract young, undifferentiated trainees to get them hooked on the pancreas. The APA also embraces established investigators in non-traditional areas related to the pancreas. The leadership also continues to change, following the process outlined in the bylaws (on line). Third, the venue and organizational staff must change. For example, APA has been blessed over the past few years by the tireless efforts of Shirley Goergens, who assisted our current Secretary/Treasurer, Howard Reber, MD in organizing and coordinating the Annual Meeting. Shirley has resigned, and now many of the duties of organizing the
members and meeting are being handled by the editorial office of *Pancreas*. The Governing Board continues to debate how the membership can best be served in the future.

I attended the APA meeting for a decade or more before learning how the APA functions as an organization. The organization is governed by rules that are outlined in the APA Bylaws and Constitution. These are available on the APA Web site and should be reviewed by all members and regular guests. To be specific, the APA has several official officers including three councilors, each serving a three year term with one leaving and a new one joining each year. There is one president-elect serving a one year term, one president who serves a one year term, and one secretary treasurer that serves a 5 year term. In addition, there is a Governing Board that consists of the officers and the past president.

The officers are chosen by election. A primary candidate is recommended by a Nominating Committee that is appointed by the President, and must include at least one councilor (the Nominating Committee for this coming year will be posted on the web site). The Nominating Committee accepts nominations for each open position from the membership up until one month prior to the next Annual Meeting (~October 1). According to the current bylaws, each nomination must be supported by at least 10 members. For the coming year we need to nominate one councilor, one president elect, and a secretary treasurer that will serve a 5 year term (2005–2020).

I strongly encourage the members to get involved, to step forward and to participate in the governance of the organization.

The AGA must remain a dynamic organization to meet the many challenges of changing times. The reality that we face is that the cost of our Annual Meeting is rising, and the support of the pharmaceutical industry has not been as strong as it once was (despite continued interest from many of our industry friends). The difference between expense and income is being made up with APA dues and Annual Meeting fees, but these charges to members do not even cover the charges per person for food (See Treasure’s Report). The Governing Board has been wrestling with these facts because we recognize that the costs are too high for the young investigators and trainees that we want to attract, and it is impossible for most investigators to bring all of the members of the team that they would like to bring to the Annual Meeting. The Governing Board is also working to provide the optimal program and venue of the membership, with active consideration of rotating the meeting between some of our great universities, which do have outstanding conference centers and a variety of housing options at a very reasonable cost. Finally, the Governing Board is considering having a professional organization help organize and run the Annual Meeting because of the growing complexity of running a first-rate international meeting. However, the voice of the members must be heard, and so I am posting the email addresses of the Governing Board members on the web site to help the members communicate their concerns and ideas. These issues are especially pressing now because we are actively involved in planning the combined APA-IAP meeting in 2006.

I want to inform the membership of some recommendations that I presented at the APA Governing Board meeting that were approved. First, I recommended commissioning an APA planning committee to work with the IAP in preparation for the joint meeting in 2006. The members include Chris Forsmark, MD (Chairperson), Raul Urrutia MD, and Richard Bell MD. The charge is to work with the IAP in developing a scientific program and major themes, to identify speakers, to determine the best venue and social events, and to work closely with the secretary-treasurer of the APA and IAP in developing a budget and fund raising strategies. I am also charging the membership to contact these committee members with your ideas and to volunteer your services, because this is your association! The committee is to present their report in 1 year.

The Governing Board also approved my recommendation to explore the possibility of using a professional group to organize and run the APA Annual Meeting. The Board chose Richard Bell MD to chair this committee, he has the charge to obtaining quotations of the cost and services provided by various groups, considering alternate venue options, and to providing a report to the Governing Board in 1 year.

The Governing Board is very interested in the desires and wishes of the dynamic and changing membership. What type of information should be added to the web site? Should we continue with an APA Postgraduate Course? Should we have times when two focused meetings (eg, basic and clinical) are being conducted simultaneously? Should the APA membership fee and Annual Meeting fees be divided? Should on-line access to *Pancreas* be provided to all members, and at what fee? What areas should be emphasized in the future?

Finally, I want to give a personal charge to the young. We recognize that science and medicine are rapidly changing. The cost of equipment and the complexity of studies are making it impossible for researchers to work alone. Furthermore, the problems faced by clinicians are very complex and require large numbers of very well phenotyped patients to answer. Thus, the community MUST work together to meet these challenges. An excellent example of open collaborations was presented by David Tuveson, MD, PhD, earlier in the meeting who demonstrated an incredible genetic mouse that gets PanIN lesions that lead to pancreatic cancer. He wants to give you this mouse, without obligation, so that you can help figure out how to fight pancreatic cancer. We also saw that major clinical trials can be done when members of the pancreas community work together, as witnessed by several self-assembled working groups from around the world. Examples include the Midwest Multicenter Pancreatic Study Group which started with four young members of the APA, grew to include a number of additional friends and associates from other institutions, and resulted in the publication of over 100 manuscripts, several books, 5 international conferences, and more. EUROPAC is a European group that has done an outstanding job in tackling questions in pancreatic cancer by working together. The North American Pancreatitisis Study 2 (NAPS2) group, which includes 20 centers in the United States recruiting 3000 patients and controls to study recurrent acute and chronic pancreatitis is another example of an effective collaborative clinical research group that was formed by people who decided to work together. Another group of centers from around the United States are now entering pancreatic
cancer patient information into a shared national registry for epidemiologic and other research (the Pancreatic Cancer Collaborative Registry – PCCR - http://pccr.unmc.edu/). I encourage everyone who sees pancreatic cancer patients to participate.

The group efforts noted above started with people agreeing to work together, and they are making a true impact in pancreatic disease. But new groups are needed, and they must be started by the new generation. For those who are interested, I will offer my suggestions for success: (1) choose great mentors and advisors, (2) work with your friends, (3) pick an important problem, (4) be innovative and consider utilizing new opportunities to understand previously unsolvable problems, (5) stay the course for the long run, and (6) present your great findings at the APA Annual Meetings. The future belongs to those who make it happen.