



## Presidential Address

The magic of endocrine surgery: Our origins, our legacy, our future<sup>☆</sup>

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A letter to all endocrine surgeons and to those who aspire to become one:

**Magical**

We all can agree that endocrine surgery is magical. Its definition: A quality that makes something seem removed from everyday life, especially in a way that gives delight!

A moment in time . . . the fleeting moment of a talk . . . the fleeting passage of a meeting . . . the impermanence . . . and yet, the amazing impact a moment can have on our personal and academic lives. When I think of our profession (endocrine surgery) and our organization (the American Association of Endocrine Surgeons [AAES]) I see our practice, the magnificent operations we perform, the systemic disorders we set right, the science we generate, and the contributions of all of you as nothing short of “magical.”

Herein I reflect upon some of the magical moments in my own life and career, and some of the magical moments that shaped our outstanding organization to become what it is today. After all, our relationships help to define us, and our stories remind us of who we are.

*Father's Day card*

As a young teenager, I gave my father a Father's Day card that conveyed an insight that struck me as clever at the time but that I see as profound today. My dad—himself a Navy veteran and quintessential absent-minded professor—opened the card. Inside it read:

“I am because you are.”

Little did I know at the time that one day I too would become a naval officer and a professor!

But this observation—“I am because you are”—carries deeper wisdom. Yes, I'm a professor now, and sometimes absent-minded. Thankfully, I have my assistant, Thelma Bryant, to help me with that! But I also now see that “I am because WE are.” Along with my father, and my mother, other people inspired my interests in our field. Still, others influenced me as I evolved in my career. And, in turn, I have influenced others.

## AAES

So I ask that each of you pause and consider this: The continuum of time and relationships that make up each of your own lives and careers will come together in this great profession and organization of ours. Consider how our singular and separate contributions flow into an even greater river of patient care, professional collegiality, and surgical science that will flow well beyond this moment in time.

I first will pay tribute to my own origins and lineage as an endocrine surgeon. Some of the names I'll mention may be familiar. But I ask you to recall your own origins and lineage. How were you first attracted to this field? Who influenced you, and whom did you influence? What do you contribute to our great river of endocrine surgery?

Next, we will examine defining moments in the history of AAES, along with the founders and leaders who have creatively grown this organization over the last 40 years. They have guided us through some remarkable points of inflection that have steadied or changed AAES's course.

Let's reflect so that each of you can locate yourself in the continuum of this magical discipline and society. Let's pay tribute and celebrate our accomplishments. As we do so I strive to inspire our special sense of purpose and perpetuate the momentum as we embark on our next 40 years.

*Defining origins*

So why have you personally chosen our amazing specialty, endocrine surgery, built your endocrine surgery practice, focused on

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your certain academic projects, and in essence, devoted your entire career to this field? Surely, you have some stories to tell.

Allow me to share a few of mine.

#### *My mother and father*

My father was professor and had served in the United States Navy. My mother was a nurse anesthetist. Thanks to her, I was exposed at an early age to seeing a laryngoscope, an endotracheal tube, needle, and syringes in the medicine cabinet and listening at the dinner table to talk about dramatic surgical stories.

When I was a teenager, my mother actually became a surgical patient. In fact, she developed a follicular neoplasm of the thyroid. Uncertain whether it was benign or malignant, she had to undergo thyroidectomy. Fortunately, it turned out to be benign. Nevertheless, it was an emotional time. I remember how we feared a malignancy. And, I remember seeing my mother in pain after the surgery.

Now, typical of the quintessential surgeon not being in touch with themselves, it was not until I became an academic surgical leader and started telling *my story* that I realized how defining my origins were in my life and career because not only did I become an absent-minded professor, I also joined the Navy, became a surgeon, and married an anesthesiologist. Further, I devoted my entire academic career to solving the clinical dilemma associated with an indeterminate or suspicious thyroid nodule. One might call it amazing!

I realize that the details of your story differ from mine. But just as recalling the details of my origins reminds me of my purpose and passion, perhaps recalling your own will do the same for you.

#### *Defining legacy*

In addition to our biological parents, we also experience unique professional parenting. In our profession, we train and grow by inheriting, participating in, and contributing to a lineage of professional icons, mentors, colleagues, and trainees. I invite you to reflect on your own memories and experiences that brought you to this point in your career. Locate yourselves in an unfolding series of your mentoring relationships, and in the unfolding narrative about our field and organization.

As I tell my story, I invite you to reflect upon those individuals, those experiences that shaped you into becoming the classic, disciplined—one might accurately say “OCD”—and focused endocrine surgeon; the “surgical endocrinologist” who is dedicated to understanding complex disease processes, treatment algorithms, embryology, and anatomy. Who first inspired you? Who mentored you? Who did you partner with? And whom have you mentored?

Let’s begin with our professional heroines and heroes. Who were they? Do you remember times when they inspired you? A few snapshots of memory stand out for me.

#### *Barbara Kinder, Walter Goldfarb, and Orlo Clark*

As a third-year surgical resident, I attended the Association of Women Surgeons meeting in San Francisco. There, I saw The Endocrine Surgeon from Yale speak: Dr Barbara Kinder. Although hard to believe nowadays, she was the first woman surgeon I had ever laid eyes on. Articulate, brilliant, and goddess-like. Although I knew it would be inappropriate, I wanted to reach out and touch her!

Then, during my chief year as a surgical resident, my mentor, Walter Goldfarb, The Endocrine Surgeon at Maine Medical Center, brought me to my first AAES meeting in Boston. At that time, I was 1 of only a handful of women endocrine surgeons in the room. We all sat in a single back row, which we privately referred to as “the women’s ghetto.” It was there that I was introduced to Orlo Clark, The Luminary in the field of endocrine surgery. Not surprising to anyone in endocrine surgery, Orlo not only remembered my name but he actually spoke to me. I was speechless!

With these professional heroines and heroes—one I wanted to reach out and touch, one who brought me along, and the other who reached out to me—I was forever committed to endocrine surgery.

Although our heroines and heroes inspire us, our mentors challenge and guide us. Throughout my career, I have been fortunate to have been mentored by many visionary and inspiring mentors. Who were your mentors? What specific moments do you recall that were influential, dramatic, or a turning point for you in your career? In my case, I have come to realize that great mentoring not only occurs by design, but also with incredible luck and serendipity.

#### *Steven Rosenberg and Jeffrey Norton*

During my surgical oncology fellowship at NIH, I was fortunate to be trained by both Steven Rosenberg and Jeffrey Norton who exposed me to both the rigor and beauty of scientific inquiry.

Imagine this scene: a Navy Commander fresh off an aircraft carrier, with virtually no academic background—an unusual profile for a surgical oncology fellowship candidate—interviews at one of the most prestigious programs with one of the most renowned surgeon scientists, Dr Rosenberg. At the end of my interview (I wanted so badly to be accepted into the program) he asked me what I would do if I were not accepted. Gathering myself together, I ironically replied (not having any idea about what I was saying) that I would pursue a research opportunity at Hopkins. Was that the reason he accepted me? I will never know, but fortunately he did. It turned out to be the most enriching educational experience of my career. Dr Rosenberg is one of the most brilliant scientists I have had the pleasure of working with and has remained an inspiration to me throughout my academic career.

Jeffrey Norton was also an uncommonly dedicated mentor to me and many fellows. He fully embodied the role. Before our annual AAES meetings, he would work literally through the night, reviewing and editing all of his fellows’ papers in red ink, and deliver them to our desks before we arrived the next morning.

#### *John Cameron and Mike Levine*

After fellowship I was hired by John Cameron, Chief of Surgery at Hopkins, an academic icon and visionary who guided and supported me in the early stages of becoming a surgeon scientist and who continues to guide me as an academic leader. He introduced me to Michael Levine in the Division of Endocrinology. When I met Mike, he handed me a *Nature* paper on pituitary tumors and challenged me to recapitulate the tumor model described therein into a transgenic mouse model of thyroid cancer. When I realized I had not a clue as to how to do such a thing and asked him how, he responded “Oh, that’s easy. You just ‘clone by phone.’” He told me that “cloning by phone” meant calling investigators around the country who published on the topic to obtain the pieces of DNA I would need.

#### *The first research laboratory*

Calling around for DNA pieces led me to a Japanese postdoctoral fellow who had the piece of DNA I needed 2 floors above Jeff Norton’s lab at NIH. Motoyasu Saji was an endocrinologist and superb molecular biologist. He needed a job; I needed a scientist. And thus began an incredible partnership with my first research team at Hopkins. I found the early exciting molecular biology research we did to be so invigorating, all because my mentor challenged me to “clone by phone.”

#### *Defining mentors*

I attribute a large portion of my success in leading an NIH-funded molecular biology laboratory and all that followed in my career to these influential mentors. And, most important, it never

occurred to any of my mentors that a woman could not become a surgeon scientist.

Steven Rosenberg's, Jeffrey Norton's, John Cameron's, and Michael Levine's examples and influences affirm the essential role of mentoring in our profession. Mentoring that truly enables us to reach our greatest academic and leadership potential.

Although we learn from our mentors, our colleagues also complement and stimulate us to be even better and sometimes in ways we could not begin to imagine. Who among your colleagues can you count on to make you better than you could be on your own? Who stretches you to make breakthroughs in our knowledge? Who gives of themselves to solve tough problems?

#### *The second research laboratory*

In my case, my relationship with Motoyasu Saji and Christopher Umbricht epitomized the value of partnering, trust, and innovation.

As many of you are aware, my passion, focus, academic pursuits, and research have centered on solving the clinical dilemma of the indeterminate thyroid fine needle aspiration result. And in 1998, my partners and I may have been *the first* to use a molecular marker for the diagnosis of an indeterminate thyroid nodule.

It's a story you could not make up.

In 1997 Motoyasu and I decided that measuring telomerase might help to differentiate benign from malignant thyroid nodules. We began to collaborate with another research laboratory and a PhD student named Chris Umbricht. The following year Chris, ironically, developed a follicular neoplasm of the thyroid. The coincidence was incredible, but it presented an unplanned opportunity. Upon Chris's adamant request, we performed telomerase PCR on his fine needle aspiration sample. The results were negative, suggesting a benign process. I then performed a thyroid lobectomy on Chris for what fortunately turned out to be a follicular adenoma.

Only a few years later Chris joined our laboratory to replace Motoyasu when he left. Soon thereafter another scientist in our laboratory, Yongchun Wang, needed thyroid surgery, also performed by me. The joke became that to be part of our research group, you first must have thyroid surgery—performed by me—and then donate your tumor to our tumor bank!

#### *Defining legacy and endocrine surgery fellows*

It's essential that we consider our heroines and heroes, mentors, and colleagues. But, who do you mentor? Have you experienced the joy of seeing yourself in a trainee or witnessing what you have passed on?

Just as I remember the moment of truth in my interview with Steven Rosenberg, I remember a moment of truth with my first fellow's interview. When I met with Emad Kandil, I naively (some would say stupidly!) asked him what he would bring to Johns Hopkins as a fellow. (Nobody should ask a resident what they would bring to an institution!) He kindly humored me, paused, and thought about my question. He seemed to draw a blank. Suddenly, he threw his arms in the air and said, "To Johns Hopkins . . . absolutely nothing!" In that moment of refreshing honesty and good humor, I knew then that he was the one!

Before meeting Emad, I'd learn to spot promising talent through experience with other trainees.

#### *Robert Udelsman and Herbert Chen*

When I was only a first-year faculty member at Johns Hopkins, where Rob Udelsman was Chief of Endocrine Surgery, I met a senior resident named Herb Chen. I had the distinct and extremely easy task of mentoring Herb through our project and paper, which I initiated and was presented at the American College of Surgeons.

Several years later while I was a visiting professor in Wisconsin, I had the distinct pleasure of hearing my own advice repeated *verbatim* back to me by Herb's postdoctoral fellow, Haggi Mazeh.

He told me how Herb had taught him to present at national meetings using transition words between slides and how to make an oral presentation flow for an audience.

This year, I am delighted to see Herb take the reins of AAES. I cannot imagine a more fitting succession.

#### *River*

Our greatest joy as mentors is to witness the growth, independence, and successes of our mentees—the passing on of wisdom, experience, advice, and knowing that even a small part of what you taught will live on.

We are all part of a greater continuum. Each of us has our own lineage that stretches from our own inspirations to inspiring the next generation in surgical skills, academic pursuits, and leadership. Each imparts an element of themselves onto the next, whether it be a work style, a special move in the operating room, a way of thinking, or a philosophy of life. I hope that by me recounting my stories it helps you recall your own and reminds you of how important these relationships are for the future success of our profession.

#### *Remembering AAES's origins, legacy, and future*

And what of our organization, its origins, its legacy and its future? Where do you fit into AAES' trajectory? And what will you do to help propel it ahead?

#### *Women presidents*

From a single back row of women surgeons at our annual meetings to women presidents, AAES has come a long way!

Let's now consider together the leaders who have been our catalysts and what they have done to deliver to us this new day: a mature, sophisticated organization complete with an organizational chart, formal strategic planning meetings, and unstoppable contributions to our patients and our field.

#### *First AAES meeting*

Similar to our own endocrine surgery lives, the history of the AAES is storied, nuanced, and a delight to reflect upon. The late Norman Thompson from the University of Michigan catalogued our beginning and I paraphrase:

"By 1980 a critical mass of information had been reached whereby the average general surgeon could no longer stay up-to-date in endocrine surgical diseases (Thompson, Norman, 1980, April, Ann Arbor, Michigan, American Association of Endocrine Surgeons Council Meeting). At the International Association of Endocrine Surgeons in 1979 the seed for AAES was planted during a spontaneous luncheon. Those present proposed an annual meeting of an American Society. Those present at that luncheon included Orlo Clark, Tony Edis, Ed Kaplan, Jack Monchik, and myself (Norm Thompson). The first meeting of our society was held May 5th and 6th, 1980 in Ann Arbor at the University of Michigan. The two days of scientific meetings were exceptional and loud, and the 96 in attendance were in unanimous agreement to formalize an organization . . . initially called the American Endocrine Surgical Society."

Thus began our spontaneous, energy-charged work.

Well, what has transpired since that momentous day? As I recall the stories about our achievements as a professional society, consider how you intend to build upon these milestones and contributions. How will you be innovative and visionary? And, would you break the rules?

*Taking risk, function as a computer program, demand inclusion, volunteer to educate, donate money, deal with government bureaucracy*

Would you be willing to take risks, function as a computer program to facilitate to a pipeline, demand inclusion, volunteer your time to educate surgeons and patients, donate your own money, be able to deal with government bureaucracy? Well, many before you have done so in spades!

*George Irvin and taking a risk*

Our field advanced when George Irvin was willing to take a risk to set a new standard of care that has since become the commonly used “Miami criteria” for the intraoperative assessment of parathyroidectomy cure. Spurned by an operative failure, George Irvin sought better intraoperative evidence of a cure for hyperparathyroidism. He was on a mission, and *nothing*—not even US laws—could stop him.

To enlist enough patients for a study, he would load a parathyroid hormone (PTH) cart in an old station wagon and drive across Biscayne Bay from laboratory to operating room. Now, moving radioisotopes without a license to do so was strictly against the law—specifically, Atomic Energy Commission law—but George believed it was more important to have the PTH assay near the operating surgeon than be inhibited by “some US law.”

Now I don’t condone breaking federal laws, but ask yourself: How far would YOU be willing to go to improve surgical care of our patients?

*Allan Siperstien and the endocrine surgery fellows match*

Do you know how the endocrine surgery match began? In the beginning, we had Allan Siperstien. In the “early days,” he was our human computer match program.

The first match occurred in the fall of 2006. The 10 programs and all applicants e-mailed Allan their rank lists. Letter and number assignments were made and recorded on cards. There was one deck for the programs and another deck for applicants. Like a game of solitaire, Allan matched programs and applicants on his kitchen table for 7 years. Imagine your fates being determined by a card game!

Allan selflessly served our profession by facilitating our talent pipeline. Our hats and admiration are off to him; thank you!

But this does leave all of us with a question: How will we each do our part to continue, facilitate, and develop talent in our field?

*Inclusion and Geoff Thompson*

We believe at AAES that it is better to be inclusive of our variety of specialties as we work side by side with them in our daily lives. Specifically, we must acknowledge the magnificent leadership of AAES President, Geoffrey Thompson. He recognized that there are many surgeons from other disciplines (head and neck surgeons, neurosurgeons, urologists, gynecologists) who make significant contributions to the surgical care of the endocrine patient.

Before our recent change in membership and, in his own words as president of AAES, Geoff said, “If Harvey Cushing were alive today, he would have been ineligible for a voting membership in the AAES (Zeiger, Martha A., Shen, Wen T., Felger, Erin A., *The Supreme Triumph of the Surgeon’s Art*, San Francisco: University of California Medical Humanities Press, 2013).”

And thus, we welcome of Allied specialist surgeons as voting members of our organization. Bravo! This move underscores the fundamental principle that we only grow in all our missions when we include the broader perspectives and experience.

*Educating patients and Janice Pasioka*

Just as we’ve learned to partner with our colleagues, AAES has moved to inviting and including patients in their own care. Cer-

tainly, providing the best for our patients is the *raison d’être* of our organization.

In 2009, as President, Janice Pasioka enlisted the help of council members to create the first patient education website, officially launched *only one year later* under her well-known persistent and strong guidance in 2010. Now, thanks to Barbara Miller and the IT committee, we now also are on social media where our members can advertise our latest accomplishments, presentations, papers, and opinions about all aspects of endocrine surgery.

So how can AAES continue to engage patients through education? Might you have something special to offer our professional society and our patients in this way? Are there even more effective ways that we have yet to try or imagine?

*Passing on wisdom and endocrine surgery university*

In addition to sharing our knowledge with patients, how do we pass on the wisdom of endocrine surgeons, who have decades of experience, to our trainees?

As a board member of AACE, I learned about Endocrine University, a course for endocrinology fellows. Sitting in a board meeting among endocrinologists for 2 days straight several times a year, I had lots of time to brainstorm. I got the idea to recapitulate an enriching, cutting edge course for our own fellows.

With the help of AAES and AACE leadership, we created the course over a span of 2 years and then grew an educational legacy for our fellows—namely, Endocrine Surgery University (ESU). At the time, I had no concept of it being an incredible networking experience and a venue for galvanizing our fellows. You can feel the energy each year that emanates from it. Each graduating class returns for their reunion at the annual meeting. And this year in 2018, we have recapitulated its unique learning concept for our more experienced surgeons.

I feel like the proud parent of ESU under the superb stewardship of Mira Milas. I am heartened by the incredible infusion of knowledge and energy into our organization each year.

*CESQUIP and Barry Inabnet*

Could you translate the idea of a comprehensive database with the potential for a multitude of studies into a national computer program, a company, *and* get approval by a major government organization, namely Centers for Medicare and Medicaid Services (CMS)? Well, a group of surgeons led by Barry Inabnet did!

At its inception at an American Thyroid Association meeting Barry Inabnet, Julie Ann Sosa, and Nancy Perrier envisioned CESQIP on a napkin. The “C” stands for “Collaborative.” This effort took a *lot* of collaboration and initiative and grit. It required incredible teamwork by this group that later enlisted Paul Gauger and President Miguel Herrera, fund-raising, a *self-funded* retreat, and buy-in from AAES.

As of 2017, CESQIP is now approved by CMS and Medicaid Services, and it is soon to become a robust platform upon which many of us today will study our surgical outcomes. It is a remarkable feat—story of a dream drawn up on a napkin by 3 people who brought this resource through challenging terrain into formal national implementation. We thank you and wow!

What entrepreneurial ventures might this example inspire in the future? What exciting ideas are waiting to be sketched on your napkin?

*Guidelines and Sally Carty*

A great professional society isn’t only about creating new things. It is also about making concrete and authoritative, the best practices in a discipline.

Begun also as a presidential initiative, Sally Carty led a group of 16 authors in writing the 2016 AAES Parathyroidectomy Guidelines,

published in *JAMA Surgery*. She now leads a team of 19 authors in writing the 2018 AAES Thyroidectomy Guidelines.

Having been involved myself in writing guidelines during the early stages of AAES guideline writing, I can attest firsthand to the inordinate amount of time, patience, and energy an undertaking like this requires. Imagine consensus-building with 19 brilliant, compulsive, highly energetic endocrinologists, endocrine surgeons, and related specialties around content, style, rules of engagement, wordsmithing—and fonts! I'm not ashamed to say I needed a therapist, a friend, and often someone to talk me off the ledge when I led a guidelines committee.

Sally and team: We so admire your perseverance, dedication, and collaborative spirit. Thank you!

#### *Strategic planning with Peter Angelos and Becky Sippel*

Finally, the year 2019 will mark our 40th year as a society—from a membership of 96 to 5 times that and growing. We have expanded from a meeting with only a single plenary session to now several parallel sessions and a myriad of educational offerings.

Two years ago, Becky Sippel and Peter Angelos held our first strategic planning meeting, formalizing our mission, vision, strategic goals, and tactics. These are admittedly all concepts we surgeons struggle to understand. We revisited these plans and marked our progress this past winter and will continue to do so annually. This exercise is a means of and a sign of maturing. With it we can move in 1 direction with clear shared priorities, goals and tactics, *outlined and followed*.

AAES has evolved from a high-energy, enthusiastic group guided by singular presidential initiatives to one in which *many* have a voice and can participate in an *agreed-upon direction*. And, we are becoming more and more sophisticated, guided by an expert management company, AMR, which enhances our discipline of endocrine surgery and the broad impact AAES can realize.

Most important, we are all heading together in 1 direction with *unstoppable force*.

#### *In Conclusion*

In closing, I ask each of you to reflect upon our incredible, magical organization, and its rich history and evolution, and consider what has gone before you to bring us to this new day of a professional society with strategic planning, formal organization, and reporting structure. Imagine the possibilities for where we are headed and what your contribution might be.

I have asked each of you to reflect upon your personal and academic journey that brought you to where you are today, those who have influenced and guided you, and those whom in turn you have influenced and guided. In my case, it started with my mother who had the suspicious thyroid nodule requiring surgical resection; in your case who influenced you, what situation did you experience? During your training who pushed you, challenged you, and who in turn did you mentor, push? Because that is your legacy.

I have reviewed a myriad of successes in the history of AAES, attempted to catalogue many of them for you, only to highlight the energy, dedication, synergy, and serendipity that have guided us to where we are today. I ask that you look around you; those beside you—the innovators, the passionate and driven ones—are those who have implemented change, who have brought us to where we are today. At this moment in time, I ask each of you what you can bring to this magical organization, how you are networked within our membership, and what our vision should be together for the future.

This moment in time as president of AAES is forever emblazoned in my heart and soul and, in turn, I hope even 1 small vignette, word, inspiration herein, is emblazoned in yours.

I sincerely thank you for the trust you have put in me to lead this organization and the honor you have bestowed upon me today.

Thank you.  
Most sincerely,  
Martha A Zeiger, MD

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