History

Groups audience: Midwestern Vascular Surgical Society
In June of 1976, John J. Bergan, M.D., (Professor of Surgery at Northwestern University in Chicago), first conceived the idea of a Midwestern Vascular Surgical society. At the same time, unaware of Dr. Bergan's interests, D. Emerick Szilagyi, M.D., (recently retired as Surgeon-in-Chief at Henry Ford Hospital in Detroit), had discussed with John R. Pfeifer, M.D., (Chief of Surgery, Providence Hospital in Southfield, Michigan), the possibility of a Michigan Vascular Society. Upon learning of Dr. Bergan's efforts, Dr. Szilagyi and Dr. Pfeifer agreed upon the concept of a single Midwestern Vascular Society, thus merging their efforts with Dr. Bergan. A preliminary committee was organized by Dr. Bergan and met at the Conrad Hilton Hotel in Chicago on October 12, 1976.

At this first meeting, it was agreed that a founding member group should be contacted and that, by definition, these founding members should be members of either the Society for Vascular Surgery or the International Cardiovascular Society. The founding members, in turn, would recommend other vascular surgeons for later membership. It was further agreed that the meetings of the Society should be held throughout the Midwest to give all surgeons an opportunity to visit various institutions. There was to be no emphasis on regulatory activity (i.e. peer review) by the Society. The geographic boundaries were established and by-laws and membership committees organized. Dr. John Bergan was elected President Pro-Tem, and Dr. John Pfeifer, Secretary Pro-Tem.

The second meeting of the organizing committee was held at the Drake Hotel in Chicago on December 1, 1976. A tentative founding member list was agreed upon. Annual dues of fifty dollars were set. The Constitution and By-laws were approved. Incorporation as a nonprofit, tax-exempt corporation was approved. A nominating committee was identified to recommend the first slate of officers. The annual meeting was set up for the third week of September, as September does not conflict with the meetings of major national groups.

The Founding Meeting was held on March 2, 1977, at the Statler Hilton in Buffalo, New York. Seventy-four surgeons had been invited to become founding members and 67 agreed to be in this initial group. Twenty-six were in attendance. Members favored a practical discussion group format to the meetings, with emphasis on technique and practical aspects of vascular surgery. The first slate of officers was unanimously elected:
The First Annual Meeting of the Midwestern Vascular Surgical Society was held at the Drake Hotel, Chicago, Illinois, September 22 and 23, 1977. In excess of 200 surgeons attended and the meeting was viewed to be a success. It was determined that a basic science lecture should be part of the annual meeting format.

The Second Annual Meeting was held at the Plaza Hotel in Detroit, Michigan, September 22 and 23, 1978. In excess of 250 surgeons attended.

The Third Annual Meeting was held at the Drake Hotel, Chicago, Illinois, September 28 and 29, 1979. Two hundred fifty surgeons and guests were in attendance. Selected papers presented at this meeting were published in Surgery.

In 1978, the ISCVS/SVS Joint Council established a Council of Regional Vascular Societies, which was to include the President and Secretary of each Regional Vascular Society. Dr. Bergan, Past-President of the Midwestern Vascular Surgical Society, and Dr. Pfeifer, Secretary, were asked to prepare the agenda for the Third Annual Meeting of the Council of Regional Vascular Societies, held in conjunction with the ISCVS/SVS Annual Meeting in Chicago in June, 1980. At this council meeting, more permanent liaison to the regional council was requested from each regional society. Dr. James C. Stanley was named as liaison from the Midwestern Vascular Surgical Society.

The Fourth Annual Meeting of the Society was held at the Netherland Plaza Hotel in Cincinnati, Ohio, September 26 and 27, 1980. With the new members accepted to membership at this meeting, there were 137 members in the Society. Approximately 200 surgeons attended the Fourth Annual Meeting.

The Fifth Annual Meeting was again held at the Drake Hotel, with 250 surgeons in attendance. Membership in the Society had now risen to 160 members.

At the suggestion of the former Society President, Dr. James C. Stanley, the CHARLES C. GUTHRIE AWARD was established by the membership of the Society. The CHARLES C. GUTHRIE AWARD for outstanding research in vascular surgery will be presented each year to the resident or fellow with the outstanding research presentation in vascular surgery (clinical or basic science). This work should have been done during the resident’s training years. The award carries with it an annual prize to the recipient of $1,000. The first CHARLES C. GUTHRIE AWARD for outstanding research in vascular surgery was presented at the Fifth Annual Meeting to Linda Graham of the University of Michigan.

At the Sixth Annual Meeting, held in Milwaukee, Wisconsin, in September, 1982, there were 210 physicians, including 110 members in attendance.

As of the Seventh Annual Meeting in 1983, the membership in the Society included 171 members, which included 14 members admitted in 1982. Twenty-eight applications for membership were received and 19 were accepted for membership at the 1983 meeting. In attendance were 141 registered members and guests. Fifty-two abstracts were considered for presentation at the meeting and 19 were selected. The Society approved an amendment to the by-laws (Article V, Section 3) as follows: Senior members who have retired from active practice are exempt from dues by petition.

In 1984, the Society began publication of selected papers from the annual meeting in the new Journal of Vascular Surgery. It is of interest to note that the senior editor of the Journal of Vascular Surgery, D. Emerick Szilagyi, was Founding President of the Midwestern Vascular Surgical Society.
By the time of the 1985 annual meeting, the Society had outgrown the Drake Hotel and had moved to the newer and larger Hyatt Regency Hotel on Wacker Drive for the meetings, which are held on alternate years in Chicago. At that meeting, the Society membership numbered 211 members. Of the 12 states within the Midwestern geographic boundaries, South Dakota was the only state not represented. The By-laws were amended to include, Members who have retired from active practice are exempt from the attendance requirement in Article IV, Section 3.i.

The Society maintained an active role in the shaping of national policy in vascular training. Society President Donald Silver requested that the American Board of Surgery reconsider the emphasis on both case volume and scientific publications required of members who attempted to qualify for the Certificate of Competence in General Vascular Surgery. Society representatives also requested a more prominent voice for the council of Regional Vascular Societies, which reports to the Joint Council of the ISCVS/SVS.

In September, 1986, the Tenth Annual Meeting was held in Indianapolis, Indiana. Sixteen new members were accepted, bringing the total membership to 240. We mourned the passing, in his 93rd year, of Geza DeTakats, one of the great pioneers of vascular surgery. The move to regional vascular societies in the United States and Canada was almost complete, with almost all vascular surgeons in the entire continent belonging to a regional society. At the National Meeting of Regional Vascular Societies (sponsored by the Joint Council of SVS/ISCVS) it was decided to divide the United States into four regions, with a fifth region to include the Canadian societies. The Regional Vascular Societies were given a seat on the Joint Council to permit input into the two major societies. Dr. Norman Hertzer of the Society was the first representative of the Regional Vascular Societies on the SVS/ISCVS Council.

At the Eleventh Annual Meeting in September, 1987, in Chicago, 17 new members were accepted. It was reported to the Society that the initial Certificate of Special Qualifications in Vascular Surgery will be phased out by June 30, 1989. This will also signify the end of the grandfather period for those who did not have fellowship training or who had training in non-approved fellowships. A new Certificate of Added Qualifications will be instituted, which would require Board Certification by the American Board of Surgery, completion of an approved fellowship, and performance of 50 major vascular reconstructions per year.

In 1987, the Council agreed to certify new vascular procedures and studies and attest to their validity. Thus, the Society has become a resource to third-party payers who might request this service. The Council also agreed to establish a distinguished Service Award to be given to members of the Society who have made unusual contributions to the growth and development of the Society. Guidelines for membership in the Society (based on a survey of Society membership) were clarified and include completion of more than 50 major reconstructions, fellowship training, and 50% or more of practice in vascular surgery. Operative experience submitted for review should be from candidates' current place of practice. However, these are guidelines and occasional deviations from the standards may be justified.

In 1988, a major area of concern to the Society was vascular interventional therapy, as practiced by cardiologists and radiologists, and its impact on vascular surgery. A national committee was to report on this issue at the Executive Council of the ISCVS and the American College of Surgeons. The possibility of creating an inactive membership status for members living outside the geographic area of the Society was considered and rejected. Thus, to maintain active membership, members inside and outside the geographic area should attend at least one meeting every three years. At the annual meeting of members, after considerable discussion, the members of the Society voted to publish discussion of papers, along with the paper itself, in the Journal of Vascular Surgery.

At the June 2, 1990 council meeting, Dr. Emerick Szilagyi, editor of the Journal of Vascular Surgery, reported that 68% of the manuscripts from the 1989 annual meeting had been accepted for publication in the Journal. This represented the highest acceptance rate for a major regional vascular society and
was significantly higher than the 40% acceptance rate for individually submitted manuscripts.

By June of 1990, the membership of the Society had grown to 285 members, 17 of whom lived outside the geographic area of the Society. At the June, 1990 Executive Council Meeting, the Council recommended that the annual meeting be managed by the Professional Relations and Research Institute, Inc. Jesse Thompson of Dallas, Texas was elected to honorary membership in the Society, in recognition of his outstanding contribution to the field of vascular surgery.

Given the growing complexity and size of the meeting, the Council decided to engage the services of Mr. William Maloney's firm, Professional Relations and Research Institute, Inc., to assist with the Annual Scientific Meeting. To help defray the cost for this additional expense, the registration fee for members was raised to $50, and for non-members $75, beginning with the 1991 scientific meeting.

In addition, the Council approved the presentation of a Presidential Chair to the outgoing past-President of the Society at the completion of his term on the Council. The Society's logo will appear on the chair, which is to be manufactured by the Hitchcock Chair Company and will be delivered to the President's home. The council also voted to retroactively present a chair to the previous presidents of the Society in recognition of their outstanding contributions in helping to establish the Society and solidify its reputation as the finest of the regional vascular societies.

In June of 1991, acting on a recommendation by Dr. James Yao, the Council of the Society approved the preparation of a convention report of the annual meeting of the Society, by Excerpta Medica.

At the 1991 meeting at the Drake Hotel in Chicago, membership had risen to 291 members. Fifty-seven abstracts were submitted at the meeting, of which 23 were accepted. (Seventeen were subsequently published in the Journal of Vascular Surgery.) This acceptance rate (74%) was the highest of any regional vascular society. One hundred sixty-nine members and 56 guests attended, making a total of 225 in attendance at the meeting. The Secretary reported that of the papers presented at the 1990 meeting, 62% were accepted for publication.

The Treasurer recommended an audit of the books every third year and an ad hoc committee was appointed to explore appropriate spending of funds currently in the treasury. Dr. Jonathan Towne presented the Emerick Szilagyi Gavel, which is made of wood from Dr. Szilagyi's old desk and crafted by Dr. Mark Adams, a member of the Society.

Through the auspices of Dr. Yao's Ad Hoc Committee on Public Education, arrangements were made with Excerpta Medica to cover that Annual Scientific Meeting and publish a summary in the Convention Reporter. This report will be edited by the Society's Recorder, Dr. O. William Brown, and will then be subsequently circulated to internists, cardiologists, and family physicians in our region.

Dr. Kempczinski announced that through an agreement with the Journal of Vascular Surgery, the abstracts of this year's annual meeting had been published in the September issue of the Journal, thus allowing for broader dissemination of the Society's program and greater recognition for the Society by the vascular community.

At the 1992 meeting in Cleveland, Ohio, the Society had grown to 297 members with 246 active members, 50 senior members, and one honorary member. Two hundred seventeen physicians attended the Cleveland meeting, of whom 139 were members of the Society. Fifty-seven scientific abstracts were submitted and 22 papers were presented at the meeting, of which 19 were accepted for publication in the Journal of Vascular Surgery. Eighteen physicians were accepted into membership in the Society. Four manuscripts were submitted for consideration for the Guthrie Award. The council of the Society expressed concern over the small number of papers submitted for the Guthrie Award. The selection committee for the award was expanded to include the President, past-President, President-Elect, as well as Dr. Allan Callow and Dr. James Stanley.
By the time of the 1992 meeting, Society assets had risen to in excess of $150,000. This was over the amount recommended by the IRS (who suggest that Society funds should be approximately three years operating revenue of $100,000). Amounts in excess of this figure could jeopardize our tax-exempt status. An ad hoc committee, chaired by Dr. Howard Greisler, including Dr. Linda Graham and Dr. Calvin Ernst, recommended that the Society undertake the cost of meeting expenses previously covered by commercial sponsors and increase the number of invited guest speakers for the program.

The Council of the Society recommended that the Society actively seek to increase membership in the Society by inviting interventional radiologist, vascular internists, and cardiologists. Such memberships are in compliance with the Constitution and By-laws of the Society. The membership agreed with this recommendation, with the understanding that, in order to preserve the character of MVSS, the total memberships in the Midwestern Vascular Surgical Society by non-vascular surgeons should not exceed 20% of the active membership.

It was also agreed to include prominent interventionists at future programs as invited guests and panel members as well as to encourage them to submit abstracts to the Society.

By the time of the 1993 meeting in Chicago, the Society had grown to 308 members. Sixteen new members were added at the 1993 meeting, bringing the total membership to 324 members. Of these, 49 were senior members and one was an honorary member. Sixty-one abstracts were submitted for presentation and 22 were accepted. The publication rate of 82% indicates the high quality of presentations. Dr. Jack Pfeifer was named Archivist of the Society and was charged with the responsibility of assembling a history of the Society in a hardbound volume for the 25th Anniversary Meeting in 2001.

The matter of members of the Society living outside the boundaries of the Midwest was addressed. It was decided that such members would have no requirement for meeting attendance. Also, if requested in writing, they would be exempt from paying dues. Senior members were also exempted from paying dues.

By the time of the 1993 meeting, the Treasurer's report indicated the Society continues to be financially strong, with $156,981.67 in total funds. Quorum requirements were changed from 25 to 75 members.

Councilors to the Society were renamed as follows:
First-year Councilor - Councilor-at-Large
Second-year Councilor - Recorder of the Society
Third-year Councilor - Chairman, Membership Committee

The Eighteenth Annual Meeting of the Society was held on September 24 and 25, 1994, in Cincinnati, Ohio. As of that meeting, there were 320 members, with 261 active, 58 senior, and one honorary member. Sixteen new members were accepted into the Society at this meeting. Thirty-four industrial exhibitors were present. One hundred eighty-two members and guests were registered.

Sixty-four abstracts were submitted for review and 24 were accepted for publication. No Guthrie Award was given for 1994. The Council recommended that the standards for this award should be maintained at a high level. The award will continued to be limited to residents and fellows.

As of 1994, the Midwestern Vascular Surgical Society was one of the only regional vascular societies, which supports the Lifeline Foundation with an annual grant of $5,000.

A suggestion that membership of the Society be expanded to include Canadian surgeons in contiguous provinces was not approved by the members of the Society. However, Society members are free to sponsor Canadian guests and papers to the meeting. At the 1995 meeting (Drake Hotel, Chicago), membership had grown to 300 members with 244 active members and 55 senior members. Two hundred thirty-six physicians, 69 spouses, and 135 exhibitors were in attendance, making a total of 440.
Sixty-nine abstracts were submitted for presentation and 23 were selected.


The Executive Council expressed the need for educational grants from industrial supporters of the Society. Such grants will be necessary in the future to defer escalating overhead costs that face the Society. The membership unanimously voted to raise membership fees from $50 to $100 per year.

Sixteen new members, elected in 1994, were presented before the Society for receipt of their membership certificates. Fifteen names were approved for election to membership in 1996 by Dr. Jeff Rubin, the Membership Committee chair. New guidelines were presented for the membership application. In the future, graduates from certified vascular fellowship programs will not be required to submit case summaries as part of the membership application.

At the 1995 annual business meeting, the members of the Society voted unanimously to hold the annual meeting in the year 2000 in a resort area outside of the geographical area of the Midwest.

The Society again voted to contribute $5,000 to the Life Line Foundation.

The 1996 meeting was held in St. Louis, Missouri, with Gregorio A. Sicard, M.D., as Chairman of Local Arrangements. Membership was now 358 members, with 277 active members, 39 senior members, 41 senior retired members, and one honorary member.

There were 204 registrants and 33 industrial exhibitors. Fifty-six abstracts were submitted, and 22 abstracts, including the Guthrie paper, were accepted. As of this meeting, for those papers accepted for publication in the Journal of Vascular Surgery, only primary discussants' remarks were to be published. Twelve abstracts were reviewed for the Guthrie Award. Beginning in 1997, the members of the Society voted to present the winner of the Guthrie Award with both a plaque and certificate. Also, as of 1997, to avoid conflict of interest, reviewers of abstracts for the Guthrie Award were both from outside the Midwest Regional Society area as well as from within the region.

For the first time, a new member breakfast meeting was scheduled for new members, all resident presenters and vascular fellows. This was hosted by the Executive Committee and Past Presidents of the Society.

Because the annual meeting has been operating at a deficit, the membership agreed that registration costs be regulated on an annual basis to cover all meeting costs and, thus, avoid a deficit.

Thirteen candidates for membership in the Society were unanimously approved.

On September 12 and 13, 1997, the 21st Annual Meeting was held at the Drake Hotel in Chicago. One hundred and four members were preregistered, with 11 guest physicians, 7 residents, and 46 spouses, for a total of 168 preregistrants. There were 110 exhibit personnel preregistered as well. There were 34 industrial exhibits.

Fifty-three abstracts were submitted for the scientific program, and 12 for the Guthrie Award. Twenty-three papers were selected, and one for the Guthrie award.

At the 1997 meeting, the Council voted to stop the annual audit of Society funds in order to eliminate the expense of the audit. This decision was made because the majority of Society funds were going through the Society’s management arm. Thus, the funds were already audited annually. The Council established a new internal audit committee comprised of the three elected councilors to carry out an annual review of the books. The Council also voted to continue its contribution to the Lifeline
Foundation.

As of 1998, CME credit was handled by the National Vascular Societies, who were now able to sponsor regional CME activities. According to Article IV, No. 3, of the Society By-Laws:

“3. Any active member who is absent from three consecutive annual assembly meetings without adequate explanation of this absence made in writing to the Secretary shall be dropped from membership in the Society by vote of the Council. Membership may be reinstated by a vote of the Council.”

The Council expressed concern about member attendance at the annual meetings. According to the By-Laws, a member who has missed three consecutive meetings must submit a letter of explanation. The member can be reinstated by a vote of the Council.

The 13 new members of the Society elected to membership in 1996 received their certificates at the Past-Presidents Breakfast.

In 1997, 13 physicians made application for membership in the Society and 9 were approved.

On September 25-26, 1998, the 22nd Annual Meeting was held in Dearborn, Michigan. There was a total attendance of 297, including 144 physicians, 112 members, 22 guests, and 10 residents. Additional registrants included 28 spouses and 98 exhibit personnel. All 35 exhibit booths were taken. Sixty-three abstracts were submitted, and 23 were chosen for presentation.

For the Guthrie Award, 13 submissions were made and one selected. The Society continued the Past Presidents Breakfast for nine new members elected in 1997. Two future events received further discussion and planning: The 2000 Meeting at the Camelback Inn Resort at Scottsdale, Arizona, and the 25th Anniversary Book, which will include the history of the Society, the Presidential addresses, and an additional history of Charles Guthrie.

At the September 1999 meeting of the Society in Chicago, Illinois, seven new members were admitted to the Society. New council members were elected as follows:

President-Elect - Patrick J. O'Hara, MD (Ohio)
Councilor - Brian G. Rubin, MD (St. Louis)
Secretary - John D. Corson, MD (Iowa)

As of June 8, 2000, the membership committee reported the current membership statistics:
Active members - 275
Honorary - 001
Senior - 102
Total - 378

At the council meeting of June 10, 2000, held at the Royal York Hotel in Toronto, Canada, the council voiced continued concern about the impact of endovascular surgical procedures on the field of vascular surgery. The number of endovascular procedures performed by radiologists and cardiologists is steadily increasing. The council recommended that all vascular surgeons become trained and competent in endovascular procedures. The goal of the council was formally stated; i.e., that no vascular fellow should graduate from a vascular training program without an appropriate number of endovascular procedures. It was noted that as of the June 10, 2000 meeting, 6 of the 20 national vascular fellowship programs that train outside fellows in endovascular procedures came from the Midwestern Vascular Surgical Society.

For the year 2000, the most significant event was the first meeting of the Society outside of the Midwest. The meeting was scheduled for Scottsdale, Arizona, to celebrate the millennium. The format was established to be different from previous years. This will be a three-day meeting with a scientific
assembly each morning with afternoons free.

At that meeting, the 24th Annual Meeting of the Society, Dr. Roy Greenberg from the Cleveland Clinic was invited to deliver the Honored Guest Lecture on “Biomechanical Issues Associated with the Design and Development of Endovascular Aortic Grafts.”

It was agreed that all 25 Presidents of the Society would be personally invited to the 25th Annual Meeting in Chicago, September 2001. Their registration fee would be paid by the Society.

Dr. Pfeifer and Dr. Hallett reported on the status of the 25th Anniversary Book on the history of the Midwestern Vascular Surgical Society. This book will be a two-volume, leather-bound set. One book will be a biography of Charles Guthrie, and the other book will be the history of the Society. The W. L. Gore Company agreed to fund the entire project of 1000, two-volume sets at a cost of over $30,000. The Society expressed its gratitude to the W. L. Gore Company for their continued support of our activities.

This printing of 1000 sets will enable the Society to present a set to each member of the Society, as well as to present a set to each new member of the Society as they are admitted to membership. This presentation to new members will be possible for many years to come.

At the council meeting of November 5, 2000, there were 63 abstracts for the clinical meeting and four abstracts for the Guthrie Award. The membership committee recommended that new members must be present to receive their certificate of membership and their copies of the 25th anniversary books. If there are extenuating circumstances, the member may be permitted to receive them the following year. There are now 376 members, including 101 senior members and one honorary member. The Lifeline Foundation report indicated the Lifeline Foundation has now paired up with the NIH to establish research activities.

Detailed discussion ensured over the problems of endovascular surgery being taken over by the specialties of Cardiology and Radiology. Dr. Mark Mattos, in charge of the Society endovascular initiatives, remarked: “For the first time in the past 30 to 40 years vascular surgery is not changing with changing vascular times.”

Dr. Hallett recommended that the council endorse the concept that all vascular training programs in the Midwest provide adequate endovascular training for trainers, this to be implemented within the next three years.

(Page Editor's note: This material was graciously provided by John Pfeifer, M.D., MVSS Archivist, the original version prepared April 14, 1997, this updated version prepared November 1, 2001.)

September 2001 was the Midwestern Vascular Surgical Society’s 25 Anniversary Meeting clouded by the devastating terrorist attack on the World Trade Center in New York as well as in Washington D.C. and Pennsylvania on September 11, 2001. It was determined that the meeting should go forward as scheduled on September 21-22 at the Fairmont Hotel in Chicago. The Society was well represented. At the opening session, a moment of silence was respected in remembrance of the victims of “9-11”, the second day in the nation’s history that will “live in infamy”.

Of Forty one abstracts received of which three were for the Guthrie award, twenty five papers were presented including the Guthrie Award winner. The Joint Vascular Surgical Societies established a Vascular Society Row to be featured in the exhibit hall at each annual Joint Vascular Societies meeting and it would be a responsibility of the archivist or societal historian to populate that feature. The total membership was now 382.

Twenty of the past 25 presidents (all of whom are still living) attended a presidential dinner with a brief presentation on endovascular grafting by Dr. D. Emerick Szilagyi. His conclusion was that “arterial stent
prostheses placed intraluminally in arterial structures do not become appropriately incorporated; and, therefore, their functional durability is limited.”

The most controversial issue was the proposal for a separate board in Vascular Surgery (The American Board of Vascular Surgery). Dr. James Stanley, our Third President, was named by our Society as a Director on the proposed new board, and Dr. Gregorio A. Sicard, our 22nd President, was named an advisor to the board. Many vascular surgeons were undecided about whether we should become a new independent Board of Vascular Surgery or remain under the existing American Board of Surgery; much discussion in the future is contemplated.

By September 2002, an Endovascular Course was held in conjunction with the 26th Annual Meeting of the Society, chaired by Dr. Jon S. Matsumura. It was held in Madison, Wisconsin. There were 57 attendees at the Endovascular Course with syllabus included and it was a great success. It was decided that the course would be an annual event.

President Timothy Baxter suggested that the Council structure should be changed to include 12 state councilors to assist with recruiting new members. This could be accomplished by forming a state councilor committee, thereby not requiring a change in By-laws. The Council decided to have a Basic Science Session as a parallel session opposite the Endovascular Session. The total membership was 408.

At the combined meeting of the Society for Vascular Surgery and the American Association of Vascular Surgery in June of 2003, the concept of a single vascular society was overwhelmingly approved by the membership. The new society was to be named The Society for Vascular Surgery. All members of both societies would become members. Future membership would be based on AAVS guidelines. This was a historic decision for the two national societies.

The amended Constitution and By-Laws were approved at the annual member meeting in 2003.

The third Endovascular Symposium was held in conjunction with the annual meeting. The first annual Advanced Endovascular Symposium was held in December 2003 with the second such symposium scheduled for December 2004. The society was growing nicely with now 428 members making the Midwestern Vascular Surgical Society one of the largest regional vascular societies in the United States.

We were saddened by the passing of Dr. Jack Cranley, the fourth President of the Society, and one of the great innovators and pioneers in the early history of vascular surgery.

At the 2004 meeting in Omaha, Nebraska, it was recommended that Fellows in Vascular Surgery be given automatic candidate memberships. Also at this meeting, unlike past meetings, the endovascular course was fully integrated into the Society meeting and 47 physicians attended the course. A new screening program had previously been established by the American Vascular Association to create public awareness in vascular disease. The Lifeline Foundation has now merged with the American Vascular Association. Our society conducted a screening at the annual meeting including ankle-brachial indices, carotid duplex scans, and duplex scans for aortic aneurysm.

The pressure was now on to establish an American Board of Vascular Surgery. The Society for Vascular Surgery reported that 70% of all vascular surgeons as well as over 70% of Vascular Program Directors are in favor of an American Board of Vascular Surgery. At the society’s council meeting, it was proposed that the Society support the development of a primary Certificate in Vascular Surgery. This vote was unanimous.

The concept of having State Representatives was endorsed by the Executive Council. Representatives would have three year terms and would be appointed by the President. One-third would be replaced every year to allow for continuity with their primary function being lobbying efforts and involvement with the political action committee. The total membership was 427.
At the 2005 annual meeting in Chicago there were now three membership categories: Active Member, Associate Members, and Candidate Members. Associate Members shall consist of allied health care professionals who have a major interest in peripheral vascular surgery and/or endovascular intervention. This group will include Vascular Nurses, RVTs and Physician Assistants. Members must live within the geographic boundaries of the Society and must be proposed by a member and endorsed by two other members. Dr. Emerick Szilagyi, now in his nineties, attended to present the first annual Szilagyi Award. This award is given to the resident trainee who gives the best paper in clinical research. Dr. Robert Hobson was approved for honorary membership. Senior members will be exempt from meeting attendance and payment of dues. This year there was a concerted effort to have our society represented as members on the Medicare Carrier Advisor Committees. 11 of the surgeons listed are MWVSS members and all MWVSS states have representatives on these committees. Total members were 439.

In 2007, Dr. John R. Pfeifer, society archivist, reported that the annual bound book constitutes the annual report for this year. In order to receive the history, members must attend an annual meeting. The 25th Anniversary 2-volume leather bound historical sets are being moved to a fulfillment center in Michigan where the books are maintained under ideal conditions and will be provided to Society headquarters on request.

Dr. Pfeifer has assisted Dr. Szilagyi in writing his autobiography which is now complete. The Society thanked W.L. Gore for fully funding this effort via an educational grant. At 98 and virtually blind, Dr. Szilagyi dictated his entire autobiography from memory without notes.

The 2009 meeting was held in Chicago. The economic was the impetus for an increase in dues and annual meeting registration by only $50 each. Since Chicago has historical had better attendance than other locations for the annual meeting, the members was polled to determine if they would like to meet every other or every third year in Chicago. The majority approved returning to Chicago every other year. Total membership was now 551. The society will dearly miss Dr. William J. Fry from Ann Arbor and Dr. John R. Pfeifer from Livonia who have passed away during this last year.

The 2010 annual meeting was conducted in Indianapolis. The society is financially healthy with the success of the New Horizons course at the annual meeting, the TEVAR course and the change in dues instituted last year. The TEVAR or thoracic endovascular course has been a great success for the society and will continue next year with three dates having been set.

The society members again increased to 580 members but the largest increase was in the senior members group. Since the associate membership has the largest potential for group an effort to attract such members resulted in suggesting that the New Horizon’s Course include a focused component for these members and a lunch meeting. Funds were set aside and registration fee waved for new Associate members to attend the meeting and for leaders to speak at the meeting.

Three members have passed away and will be dearly missed by the society: Dr. Emerick Szilagyi from Bloomfield Hills, Dr. Thomas E. Topper from Evansville and Dr. Vallee L. Willman from St. Louis.

The 2011 annual meeting was conducted in Chicago. Members have been concerned with a non-ABMS board called the American Board of Phlebology which is advertising the expertise of their members. The Society’s Executive Committee prepared a letter to the American Board of Surgery expressing concerns with the American Board of Phlebology and its statements and postures which may be misleading patients as to the certification of its members.

Dr. Raghu Motaganahalli presented a proposal to conduct a Vascular Specific Mock Oral examination at next year’s meeting. This would allow the integrated vascular surgery residents as well as fellows the opportunity to experience such an examination prior to the real event. There was a budget, program and method proposed which was accepted.
Some discussion of the SVS Vascular Quality Initiative under the umbrella of the SVS Patient Safety Organization was discussed as a way to improve patient outcomes.

The Society is 527 members strong with 293 Active members. There was a moment of silence for two members who have passed away this last year: Dr. John H. Hagerman from Toledo and Dr. Burl Dillard from St. Louis.

(Page Editor's note: This material was updated by Michael C. Dalsing, M.D., MVSS Archivist, from Dr. John Pfeifer's notes in the annual book discontinued with his passing in 2009. The remaining years have been updated as current Archivist of the Society.)