



# The annual ASCI meeting: does nostalgia have a future?

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**For many academic physician-scientists, the yearly Tri-Societies meeting of the ASCI, AAP, and AFCR during the 1960s, '70s, and '80s was an annual rite of spring and the focal point of the academic year. In this brief essay, I set down some miscellaneous recollections of these meetings and some thoughts about why they were of such central importance in the careers of those of my generation.**

I have had a privileged position from which to participate in the yearly Tri-Societies meetings of the ASCI, AAP, and AFCR. I served successively on the councils of all three organizations, more or less continuously, from 1978 to 2001, including stints as president of both the ASCI and AAP. I watched with dismay as attendance declined from a high of close to 4,000 in the mid- to late '80s to the present levels of about 500–700. While the causes of this shrinkage were manifold (and debatable), they undoubtedly included the expansion of subspecialty meetings and changes in the culture of academic departments of medicine. Today, even the subspecialties have spawned subspecialties. For example, the American Heart Association meetings regularly attract more than 30,000 attendees. However, even more specialized meetings such as the Heart Failure Society of America draw several thousand.

Attendance at the annual Tri-Societies meeting, at first with one's mentor, was an initiation rite; a process formalized some years later by election to the ASCI and/or the AAP. It must be difficult for young physicians today to appreciate the centrality and importance of the annual clinical meetings for those of us of a certain age. Moreover, I know from many conversations with colleagues of my vintage (see Figure 1) that we all share a real sense of nostalgia for these good old days on the Boardwalk of Atlantic City or in Washington, DC.

So what was so magical about the meeting, at least as I remember it, during those years? First was its centrality in the academic calendar. In academic departments of medicine and other research establishments throughout the country, it was a given that faculty would, each year, submit abstracts of their best work for presentation at the clinical meetings. This pattern was supported and encouraged by department chairs who were invariably active in the societies. When the program was announced, typically in the April issue of *The Journal of Clinical Investigation*, but also in the now-defunct *Clinical Research* (also known as the "green rag"), we all rushed to read which titles had been selected for presentation. The most prestigious spot was in the plenary session, which at its peak could command an audience of several thousand. These plenary platform presentations were accorded an extra two minutes, thus totaling 12 minutes rather than the ten allotted for presentations in subspecialty sections. As described in Lloyd (Holly) Smith's essay (1), over the years this program was the central showcase of many breakthrough discoveries in biomedical research.

In my view there were a number of benefits of this annual focus on the clinical meetings each spring. One of the more important ones was the focus on communication skills in oral presentations. At many institutions the chair of medicine or other comparable individual would personally conduct rehearsals of all presentations in the days before the meeting, with all principal investigators in attendance, as well as the junior trainees who would present many of the papers. These sessions presented a marvelous opportunity for direct mentoring in oral presentation skills that is rarely seen today. The very short, ten-minute framework for these talks further heightened the need for a clear, concise, and highly focused presentation.

I am reminded of one of these rehearsals in the mid-1970s conducted at Duke by the then chair of medicine, James B. Wyngaarden. One of my MD/PhD students, Lewis (Rusty) Williams, was presenting a paper on our newly developed techniques for radioligand binding to the adrenergic receptors (2). He showed a Scatchard plot of the binding data with a regression line through the data points. After the run-through, Wyngaarden questioned the placement of the regression line based simply on how it appeared to his eye. He instructed Rusty to check his calculations and report back the next day. In fact, the line had been slightly misplaced, further solidifying Wyngaarden's reputation.

These highly focused short presentations put a real emphasis on telling an interesting and compelling story. Preparation for these talks emphasized teaching trainees how to shape their data into the final compact story, an invaluable skill that undoubtedly served them well throughout their careers. It always seemed to me that these skills are very much the same as those involved in shaping clinical data into a concise, interesting, and coherent case presentation on rounds. Even more generally, I believe this sort of instruction taught both communication and analytic skills to physician-scientists in a way that occurs all too infrequently today.

Another element of these meetings was the sense they fostered of a shared profession of like-minded individuals devoted to a common ethos and a shared set of aspirations. The annual meeting was an opportunity to hear the latest advances in scientific medicine and to bond and reconnect with colleagues from all over the country. I believe we have, to a significant extent, lost touch with this shared sense of professional identity as physician-scientists, and perhaps this has contributed to the declining number of young physician-scientists. Their role models are just not as visible as they once were. This is both a professional and personal loss for the current generation. I count as some of my most valued friends and colleagues individuals with whom I first connected either at

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## personal perspectives



**Figure 1**

AAP councilors in 1993, many of whom are also ASCI members. Back row: Arthur Rubenstein, J. Claude Bennett, Robert Glickman, Robert Schrier, Stuart Kornfeld. Front row: Robert Lefkowitz, Leon Rosenberg, Jean Wilson, David Hathaway, and Anthony Fauci.

the meetings or through activities shared through our dedication to the goals espoused by the ASCI.

Another aspect of the meetings was the communal mentoring that was so prevalent an activity at the meetings during the 1970s and '80s. It is my sense that today, mentoring of young physician-scientists is very much a local activity that falls to chairs of medicine or other senior faculty at the home institution. But at the annual meetings, there was a remarkable aggregation of the most respected and knowledgeable academic physicians of the era and the opportunity to avail oneself of their wisdom. I vividly remember conversations I had at those meetings as a relatively young faculty member myself with the likes of senior figures such as Eugene Braunwald, Donald Seldin, Holly Smith, Helen Ranney, Arnold (Bud) Relman, and many others. Analogous opportunities for many of today's young academics must be quite rare indeed.

I also have many whimsical or lighthearted recollections, like jogging on the Boardwalk in Atlantic City or down Rock Creek Parkway in Washington to the Lincoln Memorial, with colleagues whom I would see only this one time each year. Another is of my presidential address to the Society, which I was privileged to deliver in 1988. My clearest recollection is of Joseph L. Goldstein's reaction. During one part of my talk, I dealt with issues relating to the integrity of the scientific process. I was, at that time, very taken with an essay that had just appeared by Harry Frankfurt, a noted philosopher of the time, entitled "On Bullshit" (3). It has recently been republished in book form and spent some weeks on the *New York Times* best-seller list (4). I quoted extensively from the essay, in particular the interesting and important distinctions Frankfurt draws between lying and bullshit. When I had finished, I returned to my seat in the front row of the auditorium next to Joe Goldstein, who had himself been president of the Society two years before. His presidential address, entitled "On the origin and prevention of PAIDS (paralyzed academic investigator's disease syndrome)," is a classic that should be read by all aspiring physician-scientists (5). Joe leaned over to me and, after offering congratulations on my

address, said "Bob, I can't believe you said bullshit so many times." "How many times did I say it Joe?" I asked. "Ten" was the prompt response. While this number seemed much too high to me, I resolved to check my text when I returned to my room. In fact, Joe was exactly correct, as can be verified in ref. 6.

One other lighthearted vignette may serve to illustrate the focus and intensity that many of us used to bring to attendance at the meeting. Except for the plenary programs, multiple concurrent subspecialty sessions were in progress simultaneously, each consisting of ten-minute talks with five-minute discussion. Since talks of interest to an individual were often found in venues that were somewhat removed from each other, careful planning was necessary to know in advance exactly which presentations one wanted to hear. I recall, in this context, one meeting held in San Francisco, probably in the early 1980s at the Hilton Hotel downtown. In an odd juxtaposition, this hotel was located, as some may recall, not far from the so-called Tenderloin district. I had just had lunch at a local deli, and while eating had pored over the program booklet, check-

ing off the talks in the various sessions that I would try to hear. As I hurried back to the meeting, I was accosted by an attractive young woman in a smartly tailored business suit apparently heading in the same direction. I initially took her to be an attendee at the meeting as well. After a few pleasantries she asked me, "What do you like this afternoon?" I pointed out several interesting talks that had caught my eye. "No, no," she responded, "What would you like to do?" Sufficiently brain-dead that I still was totally missing her meaning, I murmured something about trying the trolley if the program wasn't so packed. With mounting exasperation, she gave it one last explicit try, explaining directly that she was not attending the meeting and was in fact a hooker looking for clients. Somewhat bemused, I thanked her for the offer and graciously declined, while explaining that I was chairing the afternoon cardiovascular session.

So what about our annual meeting and its future? Can it continue to flourish and remain relevant to the next generations of physician-scientists? I believe that it can and that, moreover, it is headed in the right direction. The meeting has evolved dramatically over the past five to ten years as it has responded to the changing academic climate and needs of the membership. After a period of peripatetic wandering in the 1990s, it has now found a home in Chicago. At a time when scientific conferences are constantly trending toward greater and greater specialization, our meeting provides a remarkably broad exposure to varied aspects of current biomedical science each year. I am not aware of any meeting that provides such a wide spectrum of science in as compact a forum. My own personal preference, however, would be to reinstate one plenary session at the meeting consisting of presentations selected competitively from submitted abstracts from members' laboratories. To me this would bring back a bit of the flavor of the meetings as they were some years ago.

Perhaps the most important thing that we as members can do to support the Society is to actively work to engage the interest of our young colleagues and to involve them in the annual meeting. One



way to accomplish this would be for each of us to bring one young trainee or junior faculty member with us to the meeting each year at no expense to them. Chairs of departments of medicine might also develop programs to sponsor attendance at the meeting of faculty not yet elected to membership. I believe that the experience of interacting with members at the meeting, and being a part of this gathering of some of the best and most important people in academic medicine, would do much to encourage their aspiration to become a part of this scene. It would also introduce them to the network of more senior figures who can help to advise them and shape their careers in the future. It is, after all, through such collective mentoring and intergenerational interaction that we can best pass along the very rich traditions as well as the values of scientific medicine to which so many of us have dedicated our careers.

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1. Smith, L.H., Jr. 2008. Homage to Atlantic City. *J. Clin. Invest.* **118**:1224–1227.
2. Williams, L.T., and Lefkowitz, R.J. 1976. Alpha-adrenergic receptor identification by (3H)dihydroergocryptine binding. *Science*. **192**:791–793.
3. Frankfurt, H.G., 1986. On bullshit. *Raritan*. **6**:81–100.
4. Frankfurt, H.G. 2005. *On bullshit*. Princeton University Press. Princeton, New Jersey, USA. 80 pp.
5. Goldstein, J.L. 1986. On the origin and prevention of PAIDS (paralyzed academic investigator's disease syndrome). *J. Clin. Invest.* **78**:848–854.
6. Lefkowitz, R.J. 1988. The spirit of science. Presidential address to the American Society for Clinical Investigation, Washington, DC, 30 April 1988. *J. Clin. Invest.* **82**:375–378.

## The physician-scientist: a value proposition

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**The American Society for Clinical Investigation has supported the career development of physician-scientists for the past 100 years. As the ASCI looks to its next 100 years, it must be a leading force, not only for advancing the research of physician-scientists, but also for stimulating public advocacy for biomedical research in this country.**

When my husband Gary and I left the safe haven of our postdoctoral fellowships at the Whitehead Institute and Brigham and Women's Hospital, respectively, to join the faculty at the University of Michigan in 1987, we entered uncertain territory, lured by strong recruiting. The welcome that embraced us there — an inspiring academic environment and supportive mentors — made all the difference. Bill Kelley, chair of the Department of Internal Medicine, was energetically building outstanding academic programs. I joined a cardiac catheterization lab with colleagues Bill O'Neill, Eric Topol, Steve Ellis, and Eric Bates; Gary joined a nascent Howard Hughes Medical Institute unit including David Ginsburg, Francis Collins, Jeff Leiden, Craig Thompson, John Lowe, and Andy Feinberg. Bill set his young faculty free to pursue their research ideas, and sparks erupted. We were in our mid- to late 30s, energetic and creative, and we fed off each others' vitality. It was a period of extraordinary productivity. Bill understood the value of fostering an engaging, intellectually vibrant academic culture, standing back to let us pursue our creative interests but stepping in when we needed support or resources.

I benefited tremendously, personally and professionally, from this academically enriching environment and Bill's support. My initial job was as an interventional cardiologist. Angioplasty treatment of focal coronary artery lesions, in combination with thrombolytic therapies, was on the rise. However, we saw substantial numbers of our patients return to the clinic with restenoses. Cardiologists addressed the clinical problem with mechanical interventions aimed at shaving off the atheromatous lesion by atherectomy, rotor blades, and early metallic stents. I didn't think that the solution lay solely in the domain of mechanical devices; rather, I believed that cura-

tive interventions would have to be based on an understanding of the molecular and cellular biology of the restenosis process — and I was determined to advance that understanding. I approached Bill in 1988 with a request to initiate a pilot basic research project to understand the growth regulation of endothelial and vascular smooth muscle cells within restenotic lesions, using molecular approaches including gene transfer. Bill provided \$50,000 a year for two years (a lot of money in the late 1980s) and promised me space if I could obtain NIH funding. With the start-up funds, I conducted a series of experiments, piloting the techniques and methods for transfer of recombinant genes into blood vessels in situ, for which NIH R01 funding followed in 1989 (1, 2).

The values embodied in my first academic environment are precisely those articulated by the ASCI. We elect young members for their outstanding scholarly achievements in biomedical research. We are dedicated — individually and as a professional society — to advancing human health through our work at the bench, the bedside, and the blackboard. And just as we all have benefited from mentoring, we in turn commit ourselves to mentoring the next generation of physician-scientists. My experience in Michigan taught me that innovation, creativity, and, above all, striving for excellence must be the major drivers; the ASCI embodies and articulates those same values.

I was deeply honored to be elected to the ASCI in 1993, but to be honest, I have no memory of attending my first meeting. Somehow, I had more immediate concerns on my plate. My focus at the time was twofold — conducting experiments and publishing my research results; and, with Gary, raising our three children, who were then ages 7, 5, and 1. I suspect that the often-competing demands of my research and family were similar to challenges faced by other young mothers who were developing their careers at academic health centers and probably no different from the bal-

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