

The inaugural Joerg Vollmar lecture



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COMMENT & ANALYSIS

It was a great privilege to be asked to give the inaugural Vollmar lecture at the Deutsche Gesellschaft für Gefäßchirurgie in Munich in October 2009.

The Joerg Vollmar stiftung is a fine ornament at the DGG and very fitting soon after the death of this great contributor to German vascular surgery. He was in his key post as Direktor der Abteilung Gefäß und Thoracische Chirurgie from 1970 till 1991.

My first question is why an Englishman should give this but it is surely in recognition of the international status of Professor Vollmar.

Many advances occurred in vascular surgery during his active life. Frau Vollmar told me that he came to

London as a trainee in cardiothoracic surgery and met professor Charles Rob in the early 1950s and from that moment, in London decided on a future in vascular surgery. It should be remembered that Cid dos Santos had introduced endarterectomy in 1948 and DeBakey applied this to the carotid in August 1953. Nevertheless, it was Eastcott, Pickering and Rob in 1954 who wrote first about a successful carotid procedure. It was an exciting place for a young man to be and Joerg Vollmar got interested. The Dacron era began from Houston in these years and he went to that “vascular Mecca” also for training at the feet of DeBakey who had in turn studied in France and Germany and was a

fluent speaker of both languages.

Ulm became the headquarters of vascular surgery in Germany for many years. I well remember. As a young man, visiting the Austrian Vascular Society in Salzburg in 1977 and every paper was discussed by either Vollmar, van Dongan or Denck. It seemed to be a territorial issue with each having a circle of influence, van Dongan in the German speaking world from Amsterdam and Denck from Vienna. In the middle was Vollmar in Ulm. These pioneers were well travelled and very aware of international advances. Their role was to bring back the tidings from afar and put the work of juniors into context.

It should not be forgotten that many of these achievements were made in post-war Germany which was divided during the Vollmar years. He was still very dominant in 1992 when we celebrated the first East and West German vascular meeting which took place in a very run-down Dresden. Vollmar will have heard with me a performance of Zauberfloete which was put on for us by the Semper oper on the Sunday night. It was a production in which Stasi were seen as part of the Mozart nightmare. These German artistes were expressing their feelings in the only way they could and it brought tears to our eyes.

Vollmar was not known for evidence based results. These came after his time and it was my generation who had the privilege of championing these. I decided to ask myself what has happened since 1992 and what

sary to operate till an aorta reaches 5.5cm. This was not proved until 1998 when the UKSAT was reported first (Figure 1). The two groups were followed for 12 years "to be sure that no late benefit occurred in either arm." (Figure 2)

This opened the door for aneurysm screening and endovascular aneurysm repair at a threshold of 5.5cm. EVAR 2 is unique but EVAR 1 is followed fortunately by DREAM, ACE and OVER.

The trials essentially ask a question of what to do if either open repair or EVAR can be offered. Registries alone are not enough. We had to compare like with like by random allocation. This meant that surgeons like me had to learn clinical trial technology and surround themselves with statistical advice and economic skills. It was no longer an era for a surgeon to be

war. He was a first generation European pioneer and in my view the leader in his subject in Germany. It is important to recognise the prevailing attitudes at the time a great man achieves and only then is it put into context.

In short Joerg Vollmar launched vascular surgery in Germany and it is fitting to establish this stiftung. His influence spanned the period when West Germany was separated from the east block but he saw in the combined Germany and was influential in it. He would love to have seen the evidence base which we learned after his time. It was a great pleasure to recognise this man in the inaugural lecture.

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Vollmar would appreciate of it. We have the UK small aneurysm trial (UKSAT) which set the threshold for intervention for aortic aneurysm. This was mirrored by ADAM with similar protocol. Together, with high level of evidence, we see that it is not neces-

able to lead on his own.

I will not repeat the results of trials with which I have been associated as they are in the literature. The purpose of this piece is to recognise that Vollmar made his enormous contribution in a difficult time after the

Figure 1

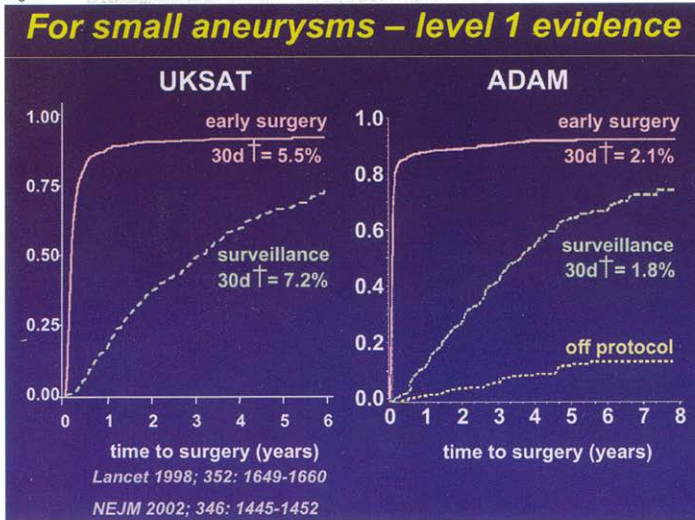


Figure 2

