



The early history of the International Gynecologic Cancer Society (IGCS)

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The recent death of Charles Paul Morrow caused much sadness among all who knew him. The three co-authors of this paper collaborated with Paul to establish the International Gynecologic Cancer Society (IGCS) in the mid-1980s, and we decided that it would be appropriate to document the early history of the Society to honor Paul, and as a reference for future generations. This historical account will cover the genesis of the Society, and its first 10 years of operations.

GENESIS OF THE IGCS

In 1983–84, Peter Heintz, then at Leiden University in The Netherlands, undertook a 12 month sabbatical at the University of California, Los Angeles (UCLA). The Director of the program at the time was the late Leo Lagasse. Heintz was impressed by the high standard of gynecologic oncology practiced there, compared to what he had seen in Europe, and in The Netherlands in particular.

Neville Hacker, who had trained at UCLA, was on the faculty, and was a member of the Society of Gynecologic Oncologists (SGO). Heintz was concerned that he and other gynecologists outside the USA were unable to join this Society because it was only open to those with their American Board Examinations. Hacker was planning to return to Australia when an appropriate opportunity arose, so they discussed what they could do to develop the subspecialty outside of the USA.

Hacker suggested that they speak to Paul Morrow with a view to forming an international society which would be open to anyone who was involved in the management of patients with gynecologic cancer. When the three met in Los Angeles, Morrow suggested that they also involve his recent Fellow, Denny De Petrillo from Toronto, Canada. De Petrillo enthusiastically accepted the challenge.

Morrow proposed that we use his Third International Congress in London in September 1985 to advance the concept. At this meeting, discussions were held with a number of physicians from the UK, including John Monaghan, John Shepherd, David Leusley, Charlie Chan, Henry Kitchener, Ian Duncan, and the pathologist Harold Fox. Hacker and Heintz subsequently visited the International Federation of

Gynecology and Obstetrics (FIGO) meeting in Berlin and had discussions with a number of European gynecologists, including Albrecht Pfeleiderer, Claes Trope, Erich Burghardt, Paul Knapstein, and Nina Einhorn.

Following the meetings in London and Berlin, it became apparent that there was widespread support for the establishment of an international society. Subspecialization had been approved in the USA over a decade earlier, and Fellowship training there was well established. Entry into Fellowship programs was difficult for those outside of the USA, as the focus was naturally on training a cohort of their own gynecologists initially.

It was decided to proceed with the formation of a new Society, but money was needed to make this a reality. We decided that the best way to raise finance would be to hold a scientific meeting in the USA with many international speakers. De Petrillo proposed that the meeting should be held in San Francisco. In a letter to De Petrillo dated March 7, 1986, Morrow stated: "I am grateful to you for naming this the Fourth International Conference on Gynecologic Cancer, and also for generating the momentum needed to get the new organization process going".

FOURTH INTERNATIONAL CONFERENCE ON GYNECOLOGIC CANCER

The Fourth International Conference on Gynecologic Cancer was planned for May 1–3, 1986. De Petrillo was assigned to develop a program, and he did this in conjunction with Conley O Lacy from the University of California, San Francisco. A faculty was assembled, mainly from the USA, Canada, and Europe. All faculty members had a genuine interest in establishing an international society. In addition to Morrow, Hacker, and Lacy, members of the faculty from the USA were Hervy Averette, Richard Boronow, Carmel Cohen, Clarence Ehrlich, Robert Hilgers, Howard Homesley, John Cavanagh, John Lewis, Robert Park, Ralph Richart, John Stern, Duane Townsend, and Leo Twiggs. In addition to Heintz, members from Europe were K Bertelsen, Nina Einhorn, Jan Neijt, Sergio Pecorelli, F Uyttenbroeck, Jan Vermorken, and Eve Wiltshaw. In addition to De Petrillo, members from Canada were Alon Dembo, Gary Krepart, Ken Swenerton, and Gillian



Figure 1 Paul Morrow (President) with Peter Heintz (Vice-President) and Denny De Petrillo (Secretary-Treasurer) at the First meeting of the International Gynecologic Cancer Society, Amsterdam, The Netherlands, 1987.

Thomas. These speakers became the official Steering Committee members of the new Society.

With so many national and international faculty speaking at the meeting, there was a large number of participants, and sufficient money was raised to ensure a successful first meeting of the new Society. Lectures were held during the day, while planning meetings were held at night.

The four 'Founding Fathers' wanted to develop an international society in which membership would be open to anyone who was involved in the diagnosis or treatment of women with a gynecologic malignancy, or anyone who was doing research on these cancers. This would include not only gynecologic oncologists, but also medical and radiation oncologists, pathologists, palliative medicine specialists, psycho-oncologists, and research scientists. We wanted to ensure that the four major specialties were represented on the Council at all times, and that there was also global representation on the Council. Although breast cancer was treated by gynecologic oncologists in some centers, it was decided not to devote scientific sessions to breast cancer.

An Ad Hoc Membership Committee was established, chaired by Paul Morrow. Other members were Carmel Cohen, Alon Dembo, John Kavanagh, and Ralph Richart. Its function was to establish the specific criteria for membership internationally.

An Ad Hoc Bylaws Committee was chaired by Neville Hacker, and the first draft of the bylaws were sent to De Petrillo on June 9, 1986. Key recommendations included: (i) the new Society should be called the International Gynecologic Cancer Society, (ii) the official language should be English, (iii) the Society should have no geographic limitations, and (iv) the Society should meet every 2 years. The Governing Body should be called the Council, and it should consist of the following:

1. President, who should serve for 2 years
2. President-elect—2 years
3. Past President—2 years
4. Vice President—2 years
5. Secretary-Treasurer—4 years (the initial Secretary-Treasurer to serve for 6 years)

6. Assistant Secretary-Treasurer—2 years
7. Eight at-large members—4 years each. There should be at least one at-large council member from gynecologic oncology, medical oncology, radiation oncology, and pathology.

An Ad Nominating Committee was chaired by Robert Park to draw up the first slate of officers. There was a strong feeling that Felix Rutledge should be offered the honor of being the inaugural President, and he had expressed strong enthusiasm for the Society. However, although offered the position, he felt that he was near the end of his professional career and did not wish to take on a new challenge. Morrow then accepted the position of inaugural President and De Petrillo the role of Secretary-Treasurer. Other members of the first Executive Committee, to be ratified at the first official meeting of IGCS, were as follows: President-elect Nina Einhorn, Vice-President Peter Heintz, 4-year Council terms for Alon Dembo (radiation oncology, Canada), Harold Fox (pathology, UK), Neville Hacker (gynecologic oncology, Australia), and Albrecht Pfeleiderer (gynecologic oncology, Germany), while 2-year terms for Martine George (medical oncology, France), John Monaghan (gynecologic oncology, UK), Robert Ozols (medical oncology, USA), and Sergio Pecorelli (gynecologic oncology, Italy).

The final meeting of the Steering Committee was held on February 3, 1987, at the Doral Country Club in Miami, Florida, in conjunction with the Annual Meeting of the Society of Gynecologic Oncologists.

Peter Heintz was assigned the task of organizing the first meeting in 1987. It was felt that Amsterdam, 'The Venice of the North', would be an ideal venue to get the new Society started. It was outside the USA, and it was hoped that this venue would encourage a strong contingent of rank and file practitioners from Europe to join the new Society. In addition, it was hoped that Amsterdam would be a sufficiently enticing venue to attract participants from the USA.

FIRST MEETING OF THE INTERNATIONAL GYNECOLOGIC CANCER SOCIETY, AMSTERDAM, THE NETHERLANDS, OCTOBER 4–8, 1987

There was a lot of excitement about the new Society by those promoting it, but some apprehension about how it would be received. Great satisfaction was taken from the fact that about 300 registrants from most parts of the world attended. The profit of about \$100 000 made future planning for the new Society a reality.

The Keynote Address was given by Malcolm Coppleson (Australia) on 'The future of gynecological oncology', while Paul Morrow (USA) addressed the meeting as Chair of the Steering Committee (Figure 1).

In addition to proffered papers, 10 workshops were conducted: Germ cell tumors (chaired by E Wiltshaw, UK), Individualized treatment for vulvar cancer (N Hacker, Australia), Lower genital tract HPV infections (R Richard, USA), Biological response modifiers and monoclonal antibodies (J Berek, USA), Quantitative pathology (J Baak, Netherlands), Microinvasive carcinoma of the cervix (M Coppleson, Australia), Prognostic factors in endometrial cancer (R Boronow, USA), Ovarian cancer: management of surgically complete responders (R Young, USA), Psychological aspects of gynecological cancer (B Andersen, USA), and Chemo-radiation for cervical cancer (A Dembo, Canada).



Figure 2 First Council of the International Gynecologic Cancer Society in Amsterdam, 1987. From left to right: Denny De Petrillo, Martine George, Sergio Pecorelli, Neville Hacker, Nina Einhorn, Alon Dembo, Paul Morrow, John Monaghan, and Peter Heintz. Absent from the photo are Harold Fox, Robert Ozols, and Albrecht Pfeleiderer.

The first Executive meeting of the new Society was held on October 8, 1987. At this meeting, the IGCS was officially founded, and the first Executive Council was approved (Figure 2).

INTERNATIONAL JOURNAL OF GYNECOLOGIC CANCER

The inaugural Council of the IGCS felt that it would be important to start a new journal, which would be more readily available to researchers in all corners of the globe. It was determined that this journal should be called the *International Journal of Gynecologic Cancer*. Discussions were held with the publishers and terms and conditions were agreed.

Harold Fox, the pathologist from Manchester, accepted the role of inaugural Editor-in-Chief, and he did a great job of getting the fledgling journal recognized. He was ably assisted by Assistant Editor-in-Chief, John Monaghan, and three Regional Editors, Peter Heintz



Figure 3 Nina Einhorn (President) and Neville Hacker (Chair of the Organizing Committee) at the Third meeting of the International Gynecologic Cancer Society, Cairns, Australia, 1991.

representing Europe, John Kavanagh representing the Americas, and Neville Hacker representing the Pacific region. The first volume of the new journal was published in 1989.

SECOND BIENNIAL MEETING OF THE IGCS, TORONTO, CANADA, OCTOBER 9–13, 1989

The Chair of the Organizing Committee was K Joan Murphy, and there were 350 registrants. A strong scientific program was highlighted by two Keynote Lectures. One was given by Kenneth D Bagshawe (UK) entitled 'Gestational trophoblastic disease: present and future' and the other by Albert Diesseroth (USA) entitled 'Haematopoietic growth factors: background and potential therapeutic applications'. The Presidential address was given by C Paul Morrow.

In addition to proffered papers, there were 12 workshops. These were entitled: (1) Carcinoma of the cervix in young women (N Hacker, Australia), (2) Ovarian cancer: what to do after a second-look laparotomy (A P M Heintz, Netherlands), (3) Hormone replacement after ovarian and endometrial cancer (M Quinn, Australia), (4) Cervical cancer: how radical should a radical hysterectomy be? (A D De Petrillo, Canada), (5) Ovarian germ cell tumors: adjusting the intensity of the regimen to the risk of the disease (J Kavanagh, USA), (6) Management of early stage ovarian cancer (S Pecorelli, Italy), (7) Early diagnosis of ovarian cancer (R Bast, USA), (8) Ovarian cancer: strategies for overcoming platinum resistance (R F Ozols, USA), (9) Cervix cancer: advances in brachytherapy (R Hunter, UK), (10) Quantitative pathology (J P A Baak, Netherlands), (11) Monoclonal antibodies (J Berek, USA), and (12) Cervix cancer: the high-risk patient after radical hysterectomy (A Fuller, USA).

At the Business Meeting, Nina Einhorn was confirmed as President-elect.

THIRD BIENNIAL MEETING OF IGCS, CAIRNS, AUSTRALIA, SEPTEMBER 22–26, 1991

Neville Hacker was chair of the Organizing Committee, and there were 350 registrants. The attendance was particularly pleasing because there were fears that having an early meeting so far from the USA and Europe might decrease enthusiasm for the Society.

The Presidential address was given by Nina Einhorn (Sweden) (Figure 3) who was introduced by Robert Bast (USA). A Presidential Panel, entitled 'FIGO staging', was held for the first time. The Keynote Speaker was the pathologist from The Netherlands, Jan Baak, who spoke on 'Quantitative pathology: prognostic, therapeutic and chemosensitivity testing possibilities'.

The 12 workshops were: (1) Gynecologic pathology (H Fox, UK), (2) High-dose chemotherapy for ovarian cancer (J Kavanagh, USA), (3) Radiation therapy for gynecologic cancers (A Dembo, Canada), (4) Psychosocial issues (M Davy, Australia), (5) Intraperitoneal therapy for ovarian cancer (C Cohen, USA), (6) Surgery for advanced ovarian cancer (P Heintz, Netherlands), (7) Lower genital tract intraepithelial neoplasia (M Coppleson, Australia), (8) Ploidy analysis in modern gynecologic oncology (C Trope, Norway), (9) Conservative surgery for vulvar cancer (R Boronow, USA), (10) Borderline ovarian tumors (A Fuller, USA), (11) Choriocarcinoma (J Lewis, USA), and (12) Multimodal approaches to advanced cervical cancer (P Knapstein, Germany).

Society statement



Figure 4 Participants at the Utrecht Retreat, The Netherlands, 1998. Standing left to right: Robert Hilgers, Denny De Petrillo, Robert Mortel, Claes Trope, Neville Hacker, Uzi Beller, Peter Heintz, John Kavanagh, John Monaghan, and Juan Sardi. Kneeling: Martin Tattersall and Sergio Pecorelli.

At the Annual General Meeting on September 25, Ralph Richard was made President-elect.

FOURTH BIENNIAL MEETING OF THE IGCS, STOCKHOLM, SWEDEN, AUGUST 29 TO SEPTEMBER 2, 1993

The Chair of the Organizing Committee was Nina Einhorn, and there were again about 350 registrants. One of the leaders in the field of gynecologic radiation oncology, Alon Dembo, had passed away since the last meeting, and an Alon Dembo Memorial Lecture, entitled 'Hormones and cancer', was delivered by Barbara Hulka (USA). The Keynote Lecture was entitled 'Genetics and cancer' and was given by the Swedish immunologist and cancer biologist, Georg Klein. Ralph Richard's Presidential address was entitled 'Cervical neoplasia in the developing world', while the Presidential Panel was entitled 'The management of the patient with low grade CIN on Pap smear'.

In addition to proffered papers, workshops were held on the following topics: Gynecologic pathology (H Fox, UK), New chemotherapeutic agents (J Vermorken, Netherlands), Ovarian cancer (S Pecorelli, Italy), Pelvic exenteration (T Iversen, Norway), Cell growth regulation (R Bast, USA), Endometrial cancer (H Homesley, USA), Familial cancer (B Ponder, UK), Radiobiology (R Withers, USA), Minimally invasive surgery (D Dargent, France), Uterine sarcomas (J Monaghan, UK), and Quality of life (D De Petrillo, Canada).

At the Annual General meeting Eve Wiltshaw, the medical oncologist from London, UK, was made President-elect, and Robert Hilgers (USA) was made Secretary-Treasurer Elect.

FIFTH BIENNIAL MEETING OF IGCS, PHILADELPHIA, USA, SEPTEMBER 4–8, 1995

The Chair of the Organizing Committee was Robert Young, and there were about 450 registrants.

The Presidential address, entitled 'A Lifetime in Medical Oncology', was given by Eve Wiltshaw (UK), and the Alon Dembo Memorial Keynote Lecture, entitled 'The role of human papillomaviruses in anogenital cancers' was given by Peter Howley (USA).

Scientific debates were held on the following topics: 'Treatment of high-risk endometrial cancer should include post-operative radiation' (moderated by J Aalders, Netherlands), 'Adjuvant therapy is effective in early-stage ovarian cancer' (R Young, USA), and 'Primary surgery is optimal therapy for bulky stage 1B cervical cancer' (P Zola, Italy).

In addition, there were 12 workshops: (1) Chemotherapy and radiation interactions and predictive assays of response (chaired by R Lanciano, USA), (2) Genetics and genetic counseling of gynecologic cancer families (H Gallion, USA), (3) Quality of life (P Heintz, Netherlands), (4) Late effects of radiation treatment (P Eifel, USA), (5) Transcultural aspects of treatment (M Costa, Brazil), (6) Improving radiation therapy treatment (M Randall, USA), (7) Minimally invasive endoscopic surgery (D Dargent, France), (8) Advanced vulvar cancer (N Hacker, Australia), (9) Reduction in radical surgery (J Monaghan, UK), (10) Recent advances in the pathology of gynecologic tumors (H Fox, UK), (11) New developments in reconstructive pelvic surgery (M Hockel, Germany), and (12) Optimal therapy of advanced ovarian cancer (R Ozols, USA).

At the Annual General Meeting, Neville Hacker (Australia) was made President-elect.

UTRECHT RETREAT SEPTEMBER 24–25, 1998

Following its first decade of operations, the then President, Peter Heintz, decided to organize a retreat at Utrecht in order to plan the new Society's vision for the future, and to develop a mission statement. All members of Council were invited, and the facilitator was Jaap Maljers MD from the Plexus Medical Group. Those present were Beller, De Petrillo, Folkerts, Hacker, Heintz, Hilgers, Kavanagh, Monaghan, Mortel, Pecorelli, Sardi, Tattersall, and Trope (Figure 4). In small group discussions and plenary sessions, the following mission statement was developed and published in October 1998.

MISSION STATEMENT

The goal

The International Gynecologic Cancer Society (IGCS) is a not for profit, non-political, and independent organization contributing to the prevention, treatment, and study of gynecologic cancer and the quality of life of women suffering from gynecologic cancer throughout the world.

The IGCS promotes and facilitates the enrichment and dissemination of knowledge and skills of its members in the areas of prevention, treatment, and study of gynecologic cancer. For these areas, the IGCS is recognized worldwide as the foremost scientific and medical organization. The IGCS has no direct or financial involvement in patient care and research.

The people

The IGCS consists of individual members with a major professional interest, either as medical doctor or as scientist, in prevention, treatment, or study of gynecologic cancer. The IGCS strives for a

balanced worldwide representation of the scientific and medical community.

The means

- ▶ The IGCS (pro-actively) **seeks collaboration** with other organizations of medical professionals, national and international, active in the field of gynecologic cancer in order to:
 - Develop and maintain multidisciplinary curricula for the education and training of professionals
 - Develop and maintain evidence-based clinical guidelines covering all aspects of gynecologic cancer
 - Promote the usage of IGCS approved guidelines and curricula by adapting them to the local circumstances in which they will be applied.
- ▶ The IGCS **makes available its knowledge** to any organization or policymaker, national and international, active in the area of gynecologic cancer to achieve:
 - Awareness in the general public of the risk factors and preventive measures
 - Attention for the magnitude and impact of gynecologic cancer.
- ▶ The IGCS **facilitates the communication between professionals** active in the field of gynecologic cancer to:
 - Encourage research by registering trials and research activities and disseminating the outcomes
 - Achieve a widespread knowledge of the evidence-based clinical guidelines and state of the art techniques
 - Promote networking and knowledge exchange between senior and junior medical doctors and researchers.

- ▶ The IGCS **promotes high standards** of research, education, and training, and care through an IGCS ‘seal’ of approval for:
 - Evidence-based clinical guidelines
 - Research programs
 - Training and education programs.

SUMMATION

From very humble beginnings, all of those involved in the founding of the IGCS looked back on the first decade of its existence and felt that this Society was one whose time had come. The Society, and its associated Journal, had succeeded in opening up international dialog about gynecological oncology in a way that had not previously been possible. There were great disparities around the world in relation to the diagnosis and management of women with gynecological cancers and the training of gynecologists to deal with them. Having an international, biennial meeting of all those involved in these issues both highlighted the problems, and helped to facilitate solutions.

The Society went into its second decade knowing that there was still a lot of work to be done to recruit more members, but approaching the task ahead with increased confidence and enthusiasm.

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