

## ORIGINAL ARTICLE

**IHPBA: the first 25 years**

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**Abstract**

**Background:** The International Hepato-Pancreato-Biliary Association (IHPBA) was established in 1994. In the prior 16 years, considerable international hepatic, pancreatic and biliary association activity had been undertaken. In the subsequent 25 years, the association has grown and evolved dramatically. The aim of this historical account is to document how the IHPBA has advanced from 1994 through 2019.

**Methods:** Original materials written by the founders of the precursor societies and Regional Associations were collected. Input from the first five Secretary Generals was solicited. Numerous documents provided by the Management Associations were gathered.

**Results:** The IHPBA's origins, vision and mission are documented. The leadership, committee evolution and World Congresses are chronicled. The Regional Associations, National Chapters, membership growth and logos are detailed. The IHPBA's official journal, *HBP*, and learning platform, *myHPB*, are discussed. The Warren Fellowship and the IHPBA's Foundation are described. The education and training, research and outreach missions are reported. The HPB Medallion recipients are acknowledged. The financial growth, corporate partners and harmonization efforts are documented. Thoughts about the future are expressed.

**Conclusion:** In 25 years, the IHPBA has matured into an international organization devoted to relief of worldwide suffering caused by hepato-pancreato-biliary disorders by improving education, training and patient care.

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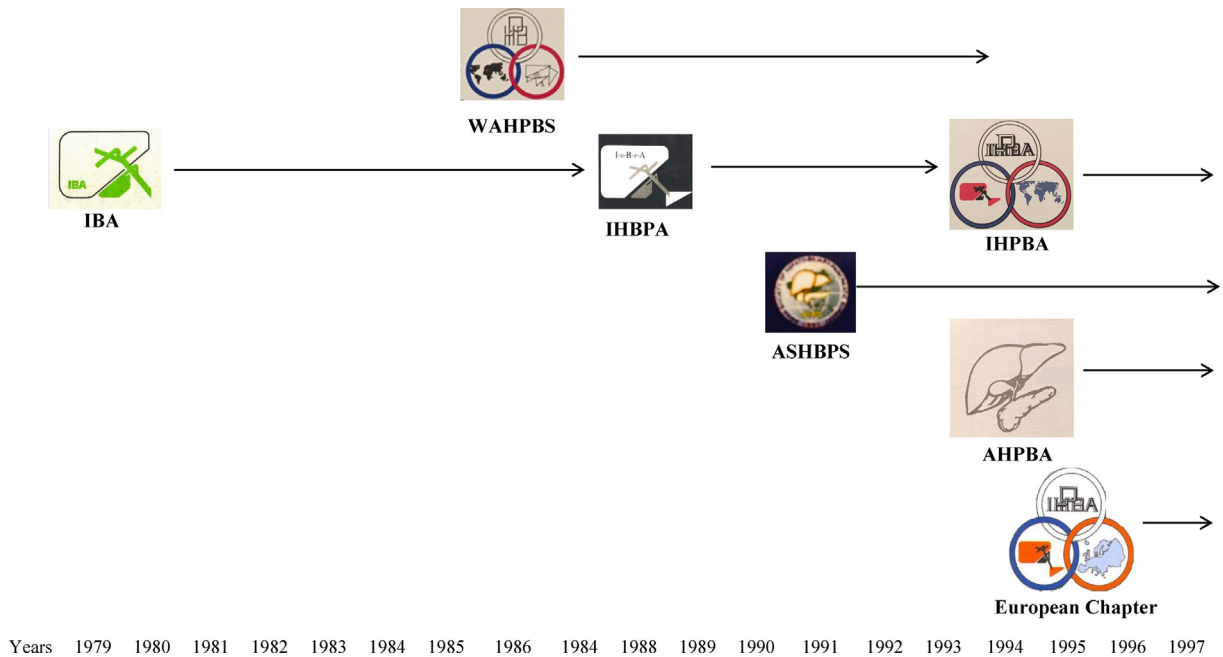
Hepato-pancreato-biliary (HPB) surgery was uncommon in the 1950s and 1960s. In the 1970s, however, several advancements occurred which led to the evolution of a new surgical subspecialty. These developments included advancements in imaging (both ultrasound and computerized tomography), anesthesia, antibiotics, parenteral nutrition, pancreatobiliary endoscopy and interventional radiology. As a result, a multidisciplinary approach evolved, and the International Biliary Association (IBA) was conceived in 1978 and officially formed in 1979.<sup>1</sup>

During the 1980s and early 1990s, considerable international hepatic, pancreatic and biliary association activity took place prior to the creation of the International Hepato-Pancreato-Biliary Association (IHPBA).<sup>1</sup> David Carr-Locke and Robin Williamson were Secretary General of the International Hepato-Biliary-Pancreatic Association (IHBPA) and the World Association of Hepato-Pancreato-Biliary Surgery (WAHPBS), respectively, when these two societies merged to form the IHPBA in

1994. Both Carr-Locke and Williamson devoted considerable time and energy to enact the merger, to create Bylaws and to design the first IHPBA World Congress. Henry Pitt had served on the Program Committee for both the IHBPA and the WAHPBS and chaired the Program Committee for the first IHPBA meeting in Boston. David Carr-Locke became the first IHPBA President (1994–1996). Robin Williamson was the first IHPBA Secretary General before becoming the second President (1996–1998).

**Origins**

The “mother organization” of the IHPBA was the International Biliary Association (IBA) (Fig. 1).<sup>1</sup> The idea to form the IBA was conceived by George Berci in 1978. An Organizing Committee consisting of 14 surgeons met on October 15, 1978 in San Francisco during the American College of Surgeons Clinical Congress. Subsequently, an Ad Hoc Committee including



**Figure 1** Evolution of HPB associations 1979–1997

George Berci (USA), Jacobus Greep (Netherlands), Frank Lazorthes (France), Clarence Schein (USA), Ron Tompkins (USA) and Karl Wiechel (Sweden) was formed. This committee met for three days (March 23–25, 1979) in New York City and developed a constitution, bylaws, the society's name, and a logo. The first meeting of the IBA was held in New Orleans, Louisiana on May 14, 1979 at the Hilton Hotel just prior to the annual meeting of the Society for Surgery and the Alimentary Tract. At this first meeting, two Scientific Sessions were presented, and the 27 members present approved the Constitution and Bylaws.

Ronald K. Tompkins from UCLA served as the first President of the IBA (1979–81). By 1993, 15 annual meetings had been held in the USA (4), France (2), Hong Kong (2), the Netherlands, Spain, Italy, Japan, Australia, Canada and Sweden. In addition to Ron Tompkins, Presidents included Jacobus Greep (1982–83), Henri Bismuth (1984), Frank Moody (1985), Jorge P. LaCalle (1986), Les Blumgart (1987), John Wong (1988), David C. Carter (1989), A. R. “Babs” Moosa (1990), Ingmar Ihse (1991), Haile Debas (1992), Alfred Cuschieri (1993), and Larry Carey (1994).

During the IBA's 1985 meeting in Rome, posters were placed announcing the “World Congress of Hepatopancreatobiliary Surgery” to be held in Lund, Sweden in June 1986.<sup>1,2</sup> Stig Bengmark was the driving force behind the creation of the World Association of Hepato-Pancreato-Biliary Surgery (WAHPBS).<sup>3</sup> In response to the disruption caused by the WAHPBS, the IBA, under the leadership of Les Blumgart and John Wong, evolved into the International Hepato-Biliary-Pancreato Association (IHBPA) in 1988 (Fig. 1). This evolution acknowledged the need to have an organization that focused on the liver and pancreas as well as the

biliary system. In addition, the IHBPA addressed the WAHPBS's challenge to become more inclusive in membership by reaching out to developing countries. After a few years, the duplicity and commonality of the two associations became obvious and led to the merger which formed the IHPBA in 1994.<sup>4</sup>

### Vision and mission

Numerous accomplishments were achieved by the IHPBA during the decade from 1994 through 2003. These achievements will be documented in the next section on Leadership. However, the first formal Strategic Planning Meeting was held in Heidelberg, Germany in May, 2005 immediately before the European Hepato-Pancreato-Biliary Association's European Congress.<sup>5</sup> This planning meeting was led by Henry A. Pitt, the sixth IHPBA President, and was informed by a 2004 electronically administered Membership Questionnaire. The robust global membership response guided the Executive Council in their day long deliberations. This effort led to new vision and mission statements (Table 1) as well as a number of strategic initiatives.

Fifteen IHPBA Objectives were codified at that meeting and tracked for a number of years afterwards. The first objective was to foster the development of HPB as a specialty. The second was to have the World Congress be the premiere international HPB meeting. The third was to establish *HPB* as an outstanding journal in the field. The fourth was to set standards for and accredit HPB fellowship training programs. The fifth objective was to strengthen ties with HPB Regional Associations and National Chapters. The sixth was to foster mutually beneficial

**Table 1** IHPBA vision and mission developed in 2005

Vision
The IHPBA will be the premier international organization devoted to relief of world-wide human suffering caused by hepato-pancreato-biliary (HPB) disorders by improving education, training, innovation and patient care.
Mission
The Mission of the IHPBA is to improve evidence-based care and optimize the outcomes of patients with HPB disorders throughout the world by:
<ul style="list-style-type: none"> <li>• Disseminating research and the best treatment practices</li> <li>• Advancing HPB specific training</li> <li>• Fostering research and innovation</li> <li>• Encouraging multidisciplinary collaboration</li> </ul>

relationships with other specialty organizations. The seventh was to expand education and support for HPB patients.

Additional objectives focused on HPB research and career development through the Warren Fellowship, encouragement of clinical trials, development of practice guidelines and expansion of membership to 1500. Further objectives included sound financial management as well as optimization of communication with a web-based membership directory, an e-newsletter and an online journal. Finally, acknowledgement of individual contributions through the HPB Medallion and documentation of the association's history were stated objectives. In retrospect, almost all of these initiatives were achieved over the ensuing 5–10 years.

## Leadership

The IHPBA Presidency spans two years to correspond to the biennial World Congress. During the first 25 years, the association has had 13 Presidents (Table 2) five from Europe–Africa, four from the Asia–Pacific region, and four from the Americas. Under the leadership of Joseph Lau, the fifth IHPBA President, a decision was made to rotate both the Presidency and World Congress among the three regions. Similarly, the Executive Committee (Past-President, President, President-Elect, Secretary-General, Treasurer and Chair of the Scientific Committee) has been balanced with representatives from the three regions. In addition, the IHPBA Council as a whole including the Congress Chairman, Secretary-Elect, Treasurer-Elect, Presidents of the Regional Associations and Councilman-at-Large are regionally balanced.

David Carr-Locke, the first IHPBA President (1994–1996), played a key role in the merger of the IHPBA with the WAHPBS, accomplishment of the first two World Congresses (Boston – 1994 and Bologna – 1996) and development of the AHPBA (1994) as well as the European Chapter (1995). Robin Williamson, the second IHPBA President (1996–1998) also was a key player in the merger. Under his leadership, the IHPBA received remuneration for each attendee at the World Congress,

**Table 2** IHPBA presidents 1994–2020

Years	President	Country
1994–1996	David Carr-Locke	United States
1996–1998	Robin Williamson	United Kingdom
1998–2000	Huug Obertop	The Netherlands
2000–2002	James Toouli	Australia
2002–2004	Joseph W.Y. Lau	Hong Kong, China
2004–2006	Henry A. Pitt	United States
2006–2008	Marcus W. Büchler	Germany
2008–2010	Yuji Nimura	Japan
2010–2012	C. Wright Pinson	United States
2012–2014	O. James Garden	United Kingdom
2014–2016	Palepu Jagannath	India
2016–2018	Oscar Imventarza	Argentina
2018–2020	Martin Smith	South Africa

and he oversaw the decision to create a new journal, *HPB*. Huug Obertop, the third IHPBA President (1998–2000), helped to solidify the relationship between the IHPBA and the Asian Society of Hepato-Biliary and Pancreatic Surgery (ASHBPS) by awarding the fifth World Congress to Tokyo in 2002 with Tadahiro Takada as the Congress Chairman. Also, during this time, a Bid Manual was developed for World Congresses; *HPB* was launched; and the 2000 Brisbane World Congress led to modest financial reserves.

James Toouli, the fourth IHPBA President (2000–2002) embarked on plans to incorporate the association in the United States, rewrite the Bylaws in the process, hire an Executive Secretariat, MedConnect, establish a website, develop National Chapters and create the Warren Fellowship. Joseph W.Y. Lau, the fifth IHPBA President (2002–2004) focused on formalizing the vision of the association as a world coalition with three Regional Associations and multiple National Chapters in a federated manner. During this time, a new Publishing Agreement, which established that *HPB* was owned by the IHPBA, was signed; mainland Chinese membership growth was encouraged; and the HPB Medallion was created. Henry A. Pitt, the sixth IHPBA President (2004–2006), developed the Membership Questionnaire and oversaw the 2005 Strategic Planning Meeting (described above). New vision and mission statements as well as multiple objectives were developed. As a result, the Education and Training Committee, the HPB Fellowship Registry, the IHPBA Kenneth Warren Foundation and the Research Committee were created. Also, major National Chapters in Brazil, India and China emerged at this time.

Marcus W. Büchler, the seventh IHPBA President (2006–2008) had three priorities: (i) increased membership, (ii) HPB clinical trials and (iii) the quality of *HPB*. By linking registration at World Congresses to IHPBA membership, the goal of having more than 1500 dues-paying members was achieved in

2012. In addition, IHPBA Trials Guidelines were approved by Council. Also, in 2008, a new Publishing Agreement for *HPB* was signed with Wiley Blackwell, and O. James Garden was appointed as the new Editor. Yuji Nimura, the eighth IHPBA President (2008–2010) oversaw the hiring of Crow Segal as the new Executive Secretariat. Also, Associate Editors, Mark Callery and Saxon Connor, were appointed for *HPB*; the number of issues increased from six to eight to ten per year; and the quality of manuscripts improved. C. Wright Pinson, the ninth IHPBA President (2010–2012) held another strategic planning meeting which reaffirmed the vision and mission but updated the goals. Efforts to enhance Executive Committee communication, publish regular electronic Newsletters, grow National Chapters, and stabilize finances all were undertaken. In 2010, the Buenos Aires World Congress was successful in multiple aspects including financially. As a result, the IHPBA achieved fiscal stability under Wright Pinson's leadership.

O. James Garden, the tenth IHPBA President (2012–2014), supervised the appointment in 2013 of ASC Global as the third Executive Secretariat. To improve financial governance, an Audit Committee was formed, and biennial audits were begun. Initial ASC Global accomplishments included an update of the World Congress Bid Manual and launch of a new IHPBA website. Paleplu Jagannath, the eleventh IHPBA President (2014–2016) established the humanitarian outreach program, promoted regional humanization, and formulated the plan to broaden the role of the Foundation. Oscar Imvatarza, the twelfth IHPBA President (2016–2018) played a key role in linking the outreach program with the World Health Organization, initiated the committee self-nomination process, and fostered national chapter growth and participation through the “HPB Passport” program. Martin Smith, the thirteenth IHPBA President (2018–2020) oversaw outreach programs and chapter development in Africa, worked with the Regional Associations to coordinate humanitarian efforts, and redefined the Development Committee by creating three subcommittees with expertise related to (i) industry, (ii) chapter development, and (iii) outreach.

## Committees

The committees of the IHPBA have evolved over 25 years. From the beginning, the Executive Committee, the Scientific Committee and the Nominating Committee were part of the framework. Of note, in the beginning the Secretary General also collected dues and served as a Treasurer. However, when the Bylaws were rewritten by Secretary General Henry Pitt in 2000 as the IHPBA was incorporated in Wisconsin, the Treasurer position was added. Initially, the Treasurer chaired the newly formed Publication Committee, in part, to oversee the finances of *HPB*. Subsequently, this committee's role expanded, and the name was changed to the Publication and Communications Committee. Also, a Membership Committee chaired by the Secretary General

with the goals to initiate National Chapters and increase overall membership was created. The new Bylaws also included a Development Committee as the importance of raising funds for World Congresses and other activities expanded.

A few years later in 2005, the need for an Education and Training Committee became a priority to track and standardize fellowships. At the same time the association's desire to foster clinical trials led to the development of the Research Committee. This new committee also took on the responsibility of choosing the Warren Fellow. The last two committees to be formed were the Finance Committee and the Audit Committee. As the IHPBA became financially more complex, fiscal policies were required, and the importance of formal audits became apparent.

## World congresses

From 1994 through 2018, the IHPBA has held 13 World Congresses (Table 3). Initially, the three Regional Associations had not matured, and a worldwide rotation did not exist. However, by 2006, two World Congresses were hosted in the Americas; two were held in Europe; and two were conducted in the Asia Pacific region. As documented above, with Joseph Lau's leadership the IHPBA Council agreed in 2004 to rotate the World Congresses among the three regions. These decisions are made six years in advance and involve a formal bid process frequently among two to four potential host cities. Of note, the decisions in 2002 to choose Mumbai, India rather than Hong Kong and in 2004 to have the World Congress hosted in Buenos Aires, Argentina rather than in the United State or Canada were key in making the IHPBA a genuine worldwide association.

The initial World Congress in Boston in 1994 was attended by 800 and “broke even” financially. The next two World Congresses in Bologna and Madrid had approximately 1000 attendees but did not result in financial stability for the IHPBA. The next six

**Table 3** IHPBA world congress chairmen and location 1994–2018

Year	Chairman	Congress Location
1994	David Carr-Locke	Boston, United States
1996	Antonio Cavallari	Bologna, Italy
1998	Enrique Moreno Gonzales	Madrid, Spain
2000	James Toouli	Brisbane, Australia
2002	Tadahiro Takada	Tokyo, Japan
2004	C. Wright Pinson	Washington DC, United States
2006	O. James Garden	Edinburgh, United Kingdom
2008	Paleplu Jagannath	Mumbai, India
2010	Eduardo de Santibañes	Buenos Aires, Argentina
2012	Jacques Belghiti	Paris, France
2014	Sung Gyu Lee	Seoul, Korea
2016	Luis D'Albuquerque	São Paulo, Brazil
2018	Pierre-Alain Clavien	Geneva, Switzerland

World Congresses in Brisbane, Tokyo, Washington DC, Edinburgh, Mumbai and Buenos Aires were attended by 1200 to 1600 and were profitable for the IHPBA. By 2010, a clear partnership among the IHPBA, the Regional Association (AHPBA) and the National (Argentine) Chapter was formalized. The 2012 meeting in Paris had the largest attendance 3,072, and the last three Congresses in Seoul (2,752), São Paulo (2,099) and Geneva (2,959) all had outstanding participation.

## Regional associations

The Asian Society of Hepatobiliary and Pancreatic Surgery (ASHBPS) held its inaugural Congress on January 10–11, 1991.<sup>2</sup> Subsequently, the ASHBPS met in the odd years through 2005. During the 2003 Chennai, India meeting, discussion with leaders of the IHPBA led to the decision to form the Asian-Pacific Hepato-Pancreato-Biliary Association (A-HPBA) with Tadahiro Takada (Japan) as the first President and James Toouli (Australia) as the President-Elect. By 2019, the A-HPBA had held seven biennial congresses, had co-hosted World Congresses in Mumbai (2008) and Seoul (2014) and had 16 National Chapters.

The American Hepato-Pancreato-Biliary Association (AHPBA), like the IHPBA, was founded in 1994.<sup>6,7</sup> The first Americas Congress was held in Miami in 1997 with J. Michael Henderson as the President, William C. Meyers as the President-Elect and Henry A. Pitt as the Secretary. Biennial congresses were held until 2005 when annual meetings were initiated. Following a “Going Global” strategic planning session by President Mark Callery, the name was changed from American to Americas, and outreach to Latin America blossomed.<sup>8</sup> By 2019, the AHPBA had 18 National Chapters.<sup>9</sup> The AHPBA also has co-hosted IHPBA World Congresses in Washington, DC (2004), Buenos Aires (2010) and São Paulo (2016).<sup>10</sup>

The European Chapter of the IHPBA was founded in 1995 with Basil Kekis (Greece) as the first President.<sup>2</sup> The first European Congress took place in Athens that year. During the 6th European Congress in Heidelberg with Chris Bröelsch as President, the Chapter’s name was changed to the European Hepato-Pancreato-Biliary Association (EHPBA). In 2011 the EHPBA expanded its influence to Africa and was renamed the European-African Hepato-Pancreato-Biliary Association (E-AHPBA). By 2019, the E-AHPBA had 19 Chapters including four with multiple countries, three Middle Eastern and three African. The E-AHPBA also cohosted the World Congress in Geneva in 2018.

## National chapters

The concept of having National Chapters was initiated by the IHPBA at the turn of the 21st century. When the Bylaws were rewritten to establish incorporation, both Regional Associations and National Chapters were included and defined. A Membership Committee also was established with a stated goal to develop

more National Chapters. At the time, the BRIC (Brazil, Russia, India and China) countries were targeted as major emerging national economies. As a result, National Chapters in Brazil, India and China were established with initial Congresses attended by 600, 800 and 1,000, respectively.

The Indian Chapter was the first to co-host a World Congress in 2008 followed by the Argentine Chapter in 2010. Other early chapters included Australia/New Zealand, Canada, Czech Republic, Egypt, Germany, Greece, Italy, Japan, Korea, Netherlands, Poland, Singapore, Scandinavia, South Africa, Spain, Thailand, Turkey and the United Kingdom. By 2019, 53 Chapters had formed including 18 in the Americas, 16 in the Asia Pacific region and 19 in the Europe-Africa-Middle East area (Table 4). A trend in recent years has been to develop multinational chapters like the Caribbean, CIS (Commonwealth of Independent States), MENA (Middle East and North Africa), Nordic (Denmark, Finland, Norway, Sweden) and West-East Balkan. Thus, by 2019, the number of countries with IHPBA members approached 90. In addition, recent World Congresses have been attended by individuals from approximately 100 countries which makes the IHPBA a truly global organization.

## Membership

When Robin Williamson, the first IHPBA Secretary General, handed the membership list to James Toouli in 1997, 1781 names

**Table 4** National chapters by region

AHPBA	A-HPBA	E-AHPBA
Argentina	Australia + New Zealand	Belgium
Bolivia	Bangladesh	CIS
Brazil	China	Czech Republic
Canada	India	France
Caribbean	Indonesia	Germany
Chile	Japan	Greece
Colombia	Korea	Italy
Costa Rica	Mongolia	Israel
Ecuador	Myanmar	Kenya
El Salvador	Nepal	MENA
Guatemala	Pakistan	Netherlands
Honduras	Philippines	Nigeria
Mexico	Singapore	Nordic
Nicaragua	Sri Lanka	Poland
Panama	Thailand	South Africa
Paraguay	Vietnam	Spain
Peru		Turkey
Uruguay		United Kingdom
		West-East Balkan

CIS=Commonwealth of Independent States.

MENA = Middle East and North Africa.

were listed.<sup>4</sup> The distribution at the time included 847 from Europe, 397 from Asia, 242 from North America and 295 from the rest of the world. However, only a proportion of these “members” were paying dues. At the turn of the century, MedConnect was hired as the Executive Secretariat and began “professionally” collecting dues. Initially, the dues-paying members were in the 800–900 range (Fig. 2). By 2004–05 with the added benefit of *HPB*, approximately 1000 individuals were paying dues annually.

The 2005 Strategic Plan set the goal to have 1500 dues-paying members. In 2008, a new policy was adopted to link registrations at World Congresses to IHPBA membership. As a result, the 1500 goal was achieved for the first time in 2012. A challenge, however, going forward was retaining new members in the odd, non World Congress, years. Nevertheless, by 2014–15 membership had increased to 1900. With the growth of the Regional Associations and National Chapters in Latin America, Africa, the Middle East and throughout Asia, membership in 2019 was approximately 2700. Currently, members come from 100 countries with 46% in the Americas, 28% in the Asia Pacific region and 26% in Europe, Africa and the Middle East.

## Logos

The initial logo of the IHPBA (1994) was derived from the precursor associations (Fig. 1). The IBA’s logo included a stylized picture of the liver and biliary tree with the letters “IBA” over segment VI of the liver. The WAHPBS logo had three rings with “HPB” on top, three regions of the world in the lower left and triangles representing the liver, gallbladder and pancreas in the lower right ring. In response, the IHPBA added a triangular pancreas and moved “I-h-B-p-A” over segments VIII and IV of the liver. The initial “combined” IHPBA logo had three rings in

white, blue and red with IHPBA in the top ring. The left lower ring included the IHPBA logo, and the right lower ring included the three world regions.

In 2009, Wiley Blackwell became the new Publisher, and James Garden was appointed the new Editor of *HPB*. In 2010, Crow Segel became the new Executive Secretariat. Under Wright Pinson’s leadership, a second Strategic Planning Meeting was held in 2011. Among the many decisions made at the time was a change of the logo to a more modern, stylized symbol (Fig. 3). The three rings were retained as representation of the liver, pancreas and biliary tree as well as the three world regions. However, the circles became ovals, and the colors were changed



Figure 3 IHPBA logo 2011–2019

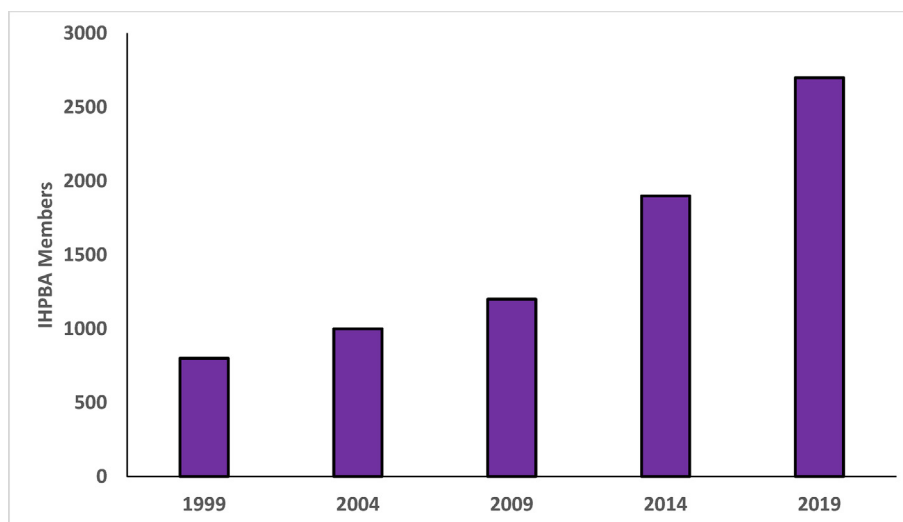


Figure 2 Membership growth 1999–2019

to gold (top), dark red (lower left) and purple (lower right) with bold gold “IHPBA” letters below the rings.

## HPB

One of the first decisions made by IHPBA leaders was to create a new journal *HPB*.<sup>11</sup> Robin Williamson was the first Editor, and Isis Medical Media was the first Publisher (Table 5). The first volume with four issues was published in 1999. Initially, Robin Williamson almost single handedly kept the journal alive by personally editing papers from units where English was not the primary language. After five years, a new Publishing Agreement was negotiated with Taylor and Francis by Henry Pitt, the Secretary General. Key provisions established that *HPB* was owned by the IHPBA and that, when profitable, the revenue would be shared. For the next five years, James Toouli was the Editor-in-Chief, and a Publication Committee chaired by Markus Büchler, was formed.

In 2008, a new Publishing Agreement negotiated by Wright Pinson, the IHPBA Treasurer, was signed with Wiley Blackwell. This Agreement included a \$50,000 donation to the IHPBA Kenneth Warren Foundation as well as provisions for the AHPBA and, potentially, the EHPBA and A-PHPBA to participate in the ownership. This partnership with Wiley Blackwell began with volume 11 in 2009 when O. James Garden became the third Editor-in-Chief. At the time, *HPB* was not fully indexed, and citations were still low. However, over the next five years, indexing was achieved; the number of issues per year increased from six to ten; *HPB* became the official journal of the AHPBA and E-AHPBA; and the impact factor increased.

From 2014–19 with James Garden as Editor-in-Chief, and Mark Callery, Saxon Connor and Steve Wigmore as Associate Editors, the impact factor increased to 3.131. This achievement actually surpassed the impact factors of the *Journal of Gastrointestinal Surgery* and the *Journal of Hepatobiliary and Pancreatic Science* which also were initiated approximately 20 years earlier. During this time, the A-PHPBA also adopted *HPB* as its official journal. Another milestone conceived by James Garden in 2016 was the creation of *myHPB*. This innovative e-learning platform provided IHPBA members with up-to-date, quality-assured content. At the time, Rebecca Minter chaired the Education and Training Committee and played an important role in developing the preoperative surgical planning content. *myHPB* includes master class videos and key educational resources as well as a meeting space for discussion of the latest developments.

**Table 5** *HPB* editors-in-chief and publishers

Editor-in-Chief	Volumes	Publisher	Volumes
Robin Williamson	1–5	Isis Medical Media	1–5
James Toouli	6–10	Taylor and Francis	6–10
O. James Garden	11–20	Wiley Blackwell	11–18
Stephen J. Wigmore	21–	Elsevier	19–

In 2013, the Publishing Agreement with Wiley Blackwell was extended for three more years. In 2016, bids were again received, and Elsevier Limited became the official publisher of *HPB* beginning with volume 19. This contract was negotiated by Martin Smith, the Secretary General and Chair of the Publications and Communications Committee. This partnership has been characterized by excellent collaboration, and a key element of the agreement has been the availability of *HPB* to low income countries at a very reduced fee. In 2019, Stephen J. Wigmore was appointed as the fourth Editor-in-Chief.

## Warren fellowship

In 2000, Kenneth Warren, an *HPB* surgeon who practiced at the Lahey Clinic in Boston, donated \$100,000 to the IHPBA for an international research program. Initially, the Warren Fellowship provided \$25,000 for salary support for 12 months for a junior IHPBA member to work in a senior IHPBA member's laboratory in another country. Ken Warren died in November, 2001 but met the first Warren Fellow, Tjarda van Heek, shortly before he passed away. In 2005, Ken's children Tom, Sally and George committed to continue funding the Fellowship. A year later the IHPBA Kenneth Warren Foundation was incorporated in the United States with Henry Pitt as the President.

By 2019, 22 Warren Fellows from 15 countries had received Warren Fellowships (Table 6). Twelve of the fellows were from Europe; eight originated from the Asia Pacific region; and two came from Latin America. Thirteen of the host laboratories were in the United States; seven were in Europe; and one each was in Canada and New Zealand. At the end of 2019, \$530,000 in salary support had been provided to the Warren Fellows, and slightly more than \$500,000 were in the reserves of the IHPBA Foundation. Of note, in 2018 and 2019 additional support for the Warren Fellows was received from the E. Alexander Stent Fund. Stent was one of Ken Warren's patients, and with this additional support the annual stipend was increased to \$30,000, and two Fellows per a year were supported.

## IHPBA foundation

The IHPBA Kenneth Warren Foundation existed for ten years with Henry A. Pitt as the President. However, the sole purpose was to support the Warren Fellowship, and other IHPBA missions including education, training, research, and humanitarian outreach also needed to be supported. Therefore, under the leadership of President Palepu Jagannath and the direction of Treasurer Bill Jarnagin, the IHPBA Foundation was created in 2016. The mission of this new foundation is to support advancement in care of patients with hepatopancreatobiliary disease globally through education, training, research and outreach. Support of the Kenneth Warren Fellows was incorporated into the IHPBA Foundation as one of the research efforts.

**Table 6** Warren fellows 2001–2019

Fellow	Home Country	Year
N.T. (Tjarda) van Heek	Netherlands	2001
Andrew V. Biankin	Australia	2002
Mickael Lesurtel	France	2003
Shailesh Shrikhande	India	2004
Siong-Seng Liau	Singapore	2005
Stefano Crippa	Italy	2007
Hirofumi Ito	Japan	2008
Maxim Petrov	Russia	2009
Juan R. Aguilar Saavedra	Mexico	2010
Jean M. Butte Barrios	Chile	2011
Christian Stureson	Sweden	2012
John S. Hammond	United Kingdom	2012
Ser Yee Lee	Singapore	2013
Guillaume Passot	France	2014
Masato Fujiyoshi	Japan	2015
Alexandra Roche	France	2016
Nouredin Messaoudi	Belgium	2017
Fabio Bagante	Italy	2017
Fangyu Zhou	China	2018
Georgios A. Margonis	Greece	2018
Marta Sandini	Italy	2019
Lindgi Yin	China	2019

As mentioned above, one of the educational efforts supported by the Foundation was the development of preoperative planning modules. By 2019, 22 modules were available on *myHPB*. Another major educational effort spearheaded by Rebecca Minter has been support of the “Medbook for IHPBA.” This web/app-based tool is a centralized case log, training, evaluation and accreditation tool which facilitates standardized case experience across the globe. This tool benefits IHPBA and Regional Association members and leadership as it provides an overview and insight into HPB training worldwide as well as our understanding of the fellow learning curve. The IHPBA Foundation has funded 75 trainee subscriptions for the first year of the project. In addition, the IHPBA Foundation has supported travel grants for trainees to attend the World Congress. Attendance at the Precongress Postgraduate Course is an important educational initiative for the trainees.

The IHPBA Foundation has been led by C. Wright Pinson. Once established, new financial policies of the IHPBA created an annual infusion of funds from the Association to the Foundation (Fig. 3). One of the first policies of the new Foundation was to assure that the initial goal of having a corpus of \$500,000 to support the Warren Fellowship was achieved. At the end of 2019, this goal was accomplished, and the Foundation’s net worth was \$722,000. Additional research efforts supported by the

Foundation have been creation of a Global Gallbladder Registry as well as a registry for non-colorectal liver metastases.

## Outreach

A focus on HPB disease in the developing world was championed by Stig Bengmark when he created the WAHPBS in the 1980s.<sup>1–4</sup> Initial Americas Congresses in the late 1990s also were very inclusive with respect to Latin America.<sup>6,7</sup> Following Mark Callery’s “Going Global” AHPBA Strategic Plan<sup>12</sup> in 2008, humanitarians outreach led primarily by Gazi Zibari<sup>13</sup> and funded by the newly founded AHPB Foundation<sup>14</sup> became an important mission for the AHPBA. Starting in 2014 with a fact-finding trip to Nepal by Paleplu Jagannath, the IHPBA also took up this cause, but the need for a funding mechanism quickly became apparent. Thus, the IHPBA Foundation was created in 2016 when Panepu Jagannath was the IHPBA President, and the outreach mission has been enthusiastically supported by Presidents Oscar Inventarza (2016–18) and Martin Smith (2018–20).

Under their leadership, the IHPBA has been working with the World Health Organization and has established a series of global outreach projects (Table 7). These missions have a goal to assist in the care of patients with HPB disease in developing countries by fostering, mentoring and supporting local surgeons and institutions. Three phases of involvement have been carefully elucidated. These phases are (i) assessment of local advocacy, (ii) development of local expertise and (iii) late capacity advancement with ongoing support. The importance of multidisciplinary teams of HPB surgeons, nurses, radiologists, interventional radiologists and critical care specialists has been emphasized. These outreach efforts also have been key to (i) the development of new National Chapters, (ii) their educational support, and (iii) harmonization with Regional Associations. Since 2014, 19 outreach missions in the Asia Pacific region (10), in the Americas (6) and in Africa (3) have been supported by the IHPBA (Table 7).

**Table 7** Outreach missions 2014–2019

Year	Destination	Year	Destination
2014	Nepal	2017	Peru
2015	Bolivia	2017	Sri Lanka
2015	Sri Lanka	2017	Nepal
2016	Kenya	2018	Nepal
2016	Paraguay	2019	Philippines
2016	Honduras	2019	Nepal
2016	Nicaragua	2019	Bhutan
2017	Bolivia	2019	Ethiopia
2017	Kurdistan, Iraq	2019	Vietnam
2017	Kenya		



## HPB medallion

The concept of the HPB Medallion was initiated by IHPBA President Joseph W. Y. Lau in 2003. The HPB Medallion is the pre-eminent award of the IHPBA, recognizing the work of an individual who has provided leadership and made significant contributions to the field of HPB surgery as well as the IHPBA, itself. From 2004 through 2019, 15 individuals have received the HPB Medallion (Table 8). Recipients receive a beautiful gold medallion commissioned and personally funded by Joseph Lau as well as a plaque and recognition in newsletters, on the website and at World or Regional Association Congresses.

From the beginning, the decision was made to rotate the HPB Medallion recipients around the three regions. By 2019, the recipients have come from ten countries with the most from the United States (4), followed by the United Kingdom (2) and Japan (2). Seven of the recipients have been IHPBA Presidents including Williamson, Obertop, Pitt, Nimura, Pinson, Lau and Garden. Their accomplishments are chronicled in the sections above on Vision and Mission, Leadership, World Congresses, Regional Associations, National Chapters, Membership, *HPB*, Warren Fellowship and Foundation.

Frank Moody presented on ampullary disorders at the initial IBA meeting in 1979, hosted the 6th IBA meeting in Houston in 1984 and was IBA President in 1985. Russell Strong performed the first living donor liver transplant (LDLT) and played a key role in the procedure's development throughout the Asia Pacific region. Tadahiro Takado founded the ASHBPS in 1991, was the Congress Chairman for the 5th World Congress in 2002 and was the first A-HPBA President in 2006. Hans Berger was a pioneer of pancreatic surgery in Germany, developed a procedure for chronic pancreatitis which bears his name, and performed

outreach missions to China for many years. Steven Strasberg was the fourth President of the AHPBA, developed a widely adopted classification of bile duct injuries (BDIs) as well as the "Critical View of Safety" to prevent BDIs.

Jacques Belghiti was the Congress Chairman for the 10th IHPBA World Congress in Paris in 2012, was a leading transplant and liver surgeon in Europe and developed the "Liver Hanging Maneuver." Paul Greig played a major leadership role with a focus on education, training and transplantation including development of the HPB surgery curriculum as well as LDLT in North America. Miguel Mercado has been a leading hepatobiliary surgeon in Mexico, has been President of three Mexican medical associations, and has one of the largest experiences with repair of BDIs in the world.

## Finances

From 1994 through 2000, the IHPBA's financial situation was tenuous. By 2000, the association had accumulated approximately \$70,000 in reserves which represents only a small fraction of the budget of a World Congress. The financial success of the 2000 World Congress in Brisbane, Australia helped the IHPBA, but much of the profits remained local as the Gastroenterology Society of Australia assumed the upfront risk. Over the next decade, IHPBA reserves grew gradually; and by 2010, the combined net worth of the IHPBA and the Kenneth Warren Foundation was only slightly more than \$400,000 (Figs 4,5). However, a year later the combined net worth increased to more than \$750,000 in large part due to the financial success of the 2010 World Congress in Buenos Aires. The fact that the IHPBA assumed 50% of the risk, while the AHPBA and the Argentine Chapter each were responsible for 25%, meant that they shared profits in that proportion.

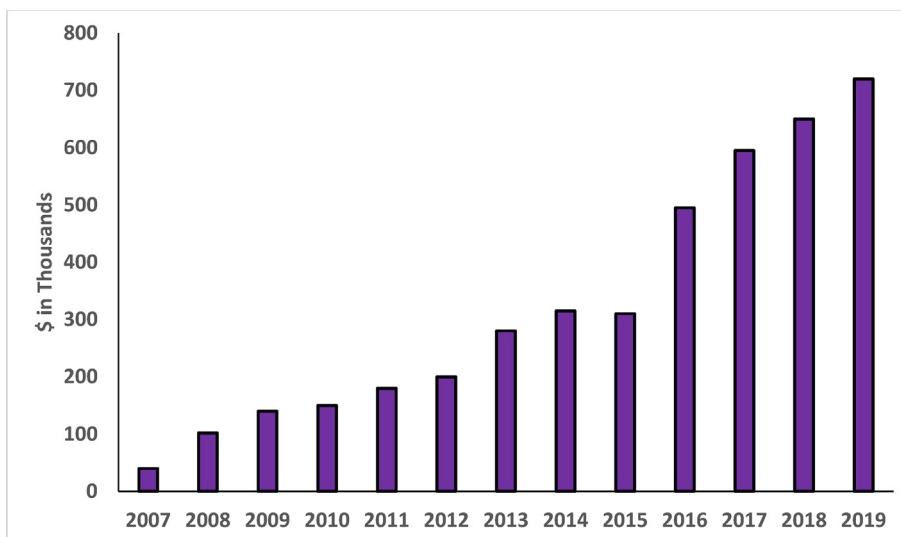
In 2014–15 the combined net worth exceeded \$1.0M for the first time. During this time, a pattern of increased worth in the even (World Congress) years followed by a slight decline in the odd years was observed. In 2016–19 financial reserves of the Association and the Foundation continued to grow. Key factors included continued membership growth (Fig. 2), success of *HPB*, excellent attendance and industry support of World Congresses in São Paulo (2016) and Geneva (2018) as well as new corporate sponsorship.

In 2019, corporate sponsors included Ethicon, AngioDynamics and Sirtex. Angiodynamics and Sirtex have sponsored satellite symposium at World Congresses, filmed content for *myHPB*, and sponsored round-table discussions regarding management of pancreatic cancer. Ethicon also partnered with the University of Toronto, the IHPBA and the AHPBA to create a series of Preoperative Planning Educational Videos for *myHPB*. Thus, in 2018 and 2019, the combined worth of the Association and Foundation exceeded \$2.2M. Tireless work by ASC Global with Alison Shamwana as the IHPBA Executive Director has played a tremendous role in the financial improvements.

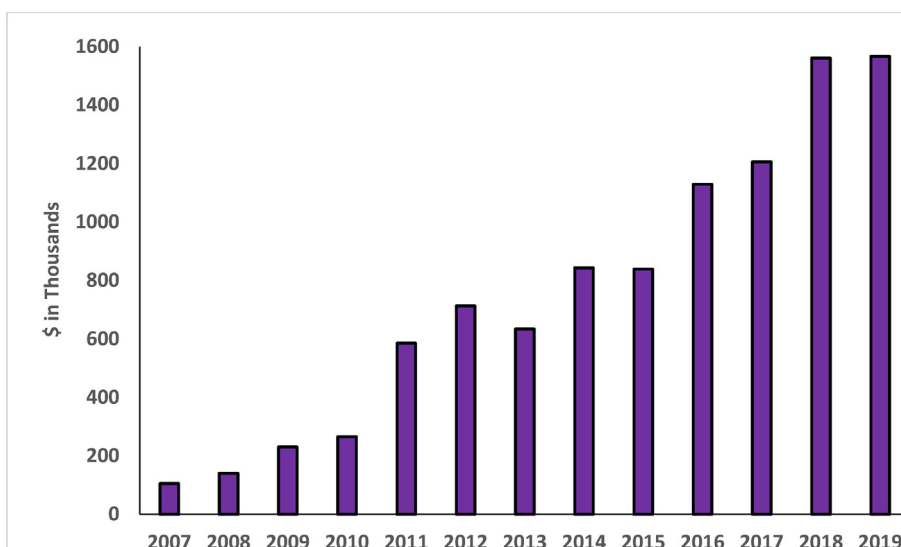
**Table 8** HPB medallion recipients 2004–2019

Year	Recipient	Country
2004	Robin Williamson	United Kingdom
2005	Frank G. Moody	United States
2006	Russell A. Strong	Australia
2007	Huug Obertop	Netherlands
2008	Henry A. Pitt	United States
2009	Tadahiro Takada	Japan
2010	Hans G. Berger	Germany
2012	Steven M. Strasberg	United States
2014	Yuji Nimura	Japan
2015	Jacques Belghiti	France
2016	C. Wright Pinson	United States
2017	Joseph W. Y. Lau	China <sup>a</sup>
2018	O. James Garden	United Kingdom
2019	Paul D. Greig	Canada
2019	Miguel Mercado	Mexico

<sup>a</sup> Located in Hong Kong.



**Figure 4** IHPBA foundation net worth 2007–2019. The IHPBA Kenneth Warren foundation existed from 2007 to 2016



**Figure 5** IHPBA net worth 2007–2019

## Harmonization

In 2015, the A-PHPBA adopted a “Combined Membership for All” with the IHPBA. In 2016, during the World Congress in São Paulo, the IHPBA and AHPBA at their respective business meetings voted on new combined membership packages to be offered in the next year. In 2017, the E-AHPBA also voted at their General Assembly to have combined membership with the IHPBA. Thus, in 2018 for the first time, IHPBA participation was linked to membership in each of the three Regional Associations. This effort led to an all-time high in IHPBA membership of 2700 in 2019 (Fig. 2).

Benefits of combined membership in the IHPBA and a Regional Association include registration discounts at the World

Congress in the even years as well as at a Regional Association Congresses in the odd years. Membership also includes an annual subscription to *HPB* as well as 50 areas of educational content in *myHPB*. Members have access to technical and training guidelines, the online Membership Directory and also receive regular electronic newsletters. Membership also includes access to the international fellowship directory and to the outreach registry as well as eligibility to apply for the Warren Fellowship and serve on IHPBA committees. Importantly, harmonization aligns the Regional Associations with the IHPBA with respect to governance, chapter development, outreach and research.

## Future

As the “First 25 Years” came to an end, a number of major decisions were made. First, Stephen J. Wigmore was appointed Editor-in-Chief of *HPB* in 2019. Saxon J. Connor (New Zealand) remained as an Editor, and he was joined by David J. Cavallucci (Australia) and Ewen M. Harrison (United Kingdom). Three additional Editors from the United States, Michael D’Angelica, Ellen J. Hagopian and Tara Kent also were appointed. Second, Cape Town, South African was chosen to host the 2024 World Congress. Thus, the 16th World Congress is scheduled to be held in Africa for the first time. Third, a decision has been made to develop World Congress legacies.

In 2020, the worldwide COVID-19 pandemic has affected the IHPBA along with the rest of the globe. As positive responses, a COVID-19 discussion forum was rapidly established on *myHPB*, and an HPB-COVID registry and real-time dashboard were quickly initiated. The 2010 Buenos Aires World Congress had been disrupted by the Eyjafjallajökull volcano eruption which limited air travel from Europe.<sup>10</sup> However, tremendous teamwork and leadership by members from Argentina and those who were able to get there from around the world in addition to a Lloyds of London insurance policy helped to save the day. In 2020, the coronavirus pandemic has forced postponement of the Melbourne World Congress from September until February 2021. Thus, the 14th World Congress will be held in an odd year for the first time. Also, the 15th World Congress is scheduled for New York City, the epicenter of COVID-19 in the United States.

An additional recent decision has been to recognize key constituencies such as the early career surgeon group. Another very important step will be the appointment of a “diversity champion” to be announced at the Melbourne World Congress. In this regard, the AHPBA has developed an HPB Heroines group to encourage and support the role of women in HPB surgery.<sup>15</sup> Under Rebecca Minter’s leadership, HPB Heroines have gathered in 2016 in São Paulo and in 2018 in Geneva. This movement along with the support for other minorities as well as leaders from developing nations will be key for the future of the IHPBA. Another recent development has been the creation of groups focused on minimally invasive HPB surgery. Incorporation of these efforts under the IHPBA umbrella will be an important endeavor.

If the next 25 years are as successful as the first, the IHPBA will have more than 5000 members from 150 countries who are members of 100 “National” Chapters. By 2040, the morbidity of hepatectomy, pancreatectomy and complex biliary surgery will be dramatically reduced as IHPBA members further define, educate and adopt best practices. Nonsurgical advances in the early diagnosis and personalized treatment of cancer will make even more patients with HPB malignancies eligible for surgery. Ongoing innovations in technologies like robotics and artificial intelligence will further increase the percentage of HPB

operations being performed minimally invasively. Further elucidation of the key role of the microbiome in HPB disease and surgery also will lead to improved patient outcomes. Thus, the vision of the IHPBA being the premier international association devoted to the relief of worldwide suffering caused by hepatopancreato-biliary disorders will be dramatically advanced in the future.

## Presentation

None.

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The ASHPBS was founded in 1991 by Tadahiro Takada, Yuji Nimura and Masatoshi Makuuchi. They also contributed information related to Asian HPB events in the 1990s. The AHPBA was created in 1994, and J. Michael Henderson and William C. Meyers, two of the cofounders along with Henry A. Pitt, have communicated their perceptions of the early American HPB developments. The European Chapter of the IHPBA was initiated in 1995, and Basil Kekis, the founder, and Dirk Gouma, a former IHPBA Secretary General, have related their European HPB insights. In addition, James Toouli, the second IHPBA Secretary General and second Editor-in-Chief of *HPB*, has shared his views. In addition, John Windsor, the fifth IHPBA Secretary General and O. James Garden, the third Editor-in-Chief of *HPB*, have contributed important historical information.

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## Conflict of interest

None declared.

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