PAST RECIPIENTS

The William W.L. Glenn Lecture was established in 1989 in honor of Dr. Glenn, a pioneer cardiac surgeon who made important contributions to the treatment of congenital and acquired heart disease. Dr. Glenn was the first surgeon to hold the office of AHA President.

1989  George A. Trusler  2001  Sir Magdi Yacoub
1990  John W. Kirklin  2002  D. Craig Miller
1991  Aldo R. Castaneda  2003  L. Henry Edmunds, Jr
1992  David C. Sabiston, Jr  2004  Timothy Gardner
1993  Norman Shumway  2005  Sidney Levitsky
1994  William Norwood, Jr  2006  Richard Weisel
1995  Jaroslav F. Stark  2007  Eric Rose
1996  C. Walton Lillehei  2008  Tirone E. David, MD
1997  Andrew S. Wechsler  2009  Thomas L. Spray, MD, FAHA
1998  Denton A. Cooley  2010  Joseph Gerald Reves, MD
1999  Gordon K. Danielson  2011  Hartzell V. Schaff, MD, FAHA
2000  Vincent L. Gott

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Dr. Frank W. Sellke is the Karl Karlson and Gloria Karlson Professor of Cardiothoracic Surgery and Chief of the Division of Cardiothoracic Surgery at the Warren Alpert Medical School of Brown University in Providence RI.

Dr. Sellke is an accomplished clinician, educator and researcher in the cardiovascular field. His research focuses on microcirculation of the heart and other organs as it relates to vasomotor regulation, permeability and collateral development. Other areas of interest include myocardial protection, blood utilization, the role of therapeutic angiogenesis and cell therapy for the treatment of inoperable coronary disease, and the causes and genetic and proteomic predisposition of neurocognitive dysfunction and other adverse outcomes after cardiac surgery.

Dr. Sellke is currently the recipient of multiple grants from the National Institutes of Health. He is formerly the Johnson & Johnson Professor of Surgery at Harvard Medical School and Chief of Cardiothoracic Surgery and Research at Beth Israel Deaconess Medical Center in Boston. Dr. Sellke is Associate Editor of the Journal of Thoracic and Cardiovascular Surgery and the Circulation Journal, Guest Editor of Circulation and serves as a member of several other editorial boards. He is the Editor in Chief of the 7th and 8th Editions of Sabiston and Spencers’ Textbook “Surgery of the Chest.” He is the Editor of the “Atlas of Cardiac Surgery.” Dr Sellke serves as the Immediate Past Chairman of the Advisory Committee on Cardiothoracic Surgery of the American College of Surgeons, Chairman of the DSMB of the National Institutes of Health sponsored Cardiac Surgery Network, and Immediate Past Chairman of the Council on Cardiovascular Surgery and Anesthesia of the American Heart Association.

Since the days of Hippocrates and Galen, medical knowledge has expanded at a seemingly exponential rate. While many of the early discoveries have stood the test of time, many of the early and even recent “advances” have been found to be totally incorrect. Unfortunately, this not only results in the publication of inaccurate data, but may lead to incorrect assumptions, ineffective directions for further research, and in the end, negative or harmful clinical trials and therapies for the treatment of human illnesses based on false information. How can we decrease the likelihood that false information will be propagated? One way is to consider that all scientific knowledge, even well established dogma, is not necessarily correct. Another way is to acknowledge that one study does not prove anything. Furthermore, it is often the case that an incorrect conclusion is not due to incorrect data, but misinterpretation of the data. As it has been demonstrated on many instances, acceptance of knowledge as irrefutable fact can set back science decades or in some cases centuries. How can we prevent the propagation of inaccurate, irreproducible or fabricated information? One must be skeptical of all scientific findings, and especially clinical findings. Even those seemingly well established may in the future be found to be wrong. Data derived from in vitro or animal experiments may be interesting and potentially important, but should reflect what happens clinically. Finally, just because someone is an expert, does not mean that person is correct. Having healthy skepticism of all scientific findings may prevent the propagation of incorrect information and optimize overall scientific advancement.
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Council on Cardiovascular Surgery and Anesthesia

William W. L. Glenn Lecture

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