



## Preface

# Special Edition on Surgical Endocrinology in Honor of Orlo H. Clark



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*Editor*

The history of the specialty of endocrine surgery can be traced back to a group of individuals who shared camaraderie, expertise, passion, and friendship. Among them was Orlo H. Clark, whose memory we honor with this issue. From these roots, an entire family tree of learning has grown that has sprouted into every crevice of the surgical world. Orlo was a class act, pushing those in the specialty to reach our best potential, challenge the status quo, think outside the box, and be inclusive in terms of every aspect of diversity. His photographic memory and brilliance at understanding the scientific literature challenged and inspired multiple generations of surgeons. From the beginning of his career, before we knew the phrase *diversity, equity, and inclusion*, he was a San Francisco giant—both in surgery and in modeling the way. He and his wife Carol traveled extensively as he planted seeds of knowledge, revealing his passion for Asia and his love of Europe and Scandinavia. His curiosity for different cultures and for people was what truly made him stand head and shoulders above everyone in the room. But he always stood slightly bending down, meeting those below him, reaching down to connect with them, acknowledging each person as an individual and being present with them.

This issue is dedicated to Orlo's profound scientific impact on the "little glands" that have output of much importance. This issue brings together young experts from across the globe, authors who are fruits of the vine that Orlo helped established. The topics are those for which he felt such passion: benign and malignant parathyroid disease; principles of thyroid cancer and the role of lymph node dissection, advancing knowledge of MEN1, and improving management and surveillance; teaching the clinical importance of recognizing genetic implications; being aware of rapid advances in medullary thyroid cancer; and spreading excitement about the science of the development and function of pheochromocytoma. These are ideas he would think are worth sharing.

The idea of specializing in endocrine surgery began in a liminal space—a thin plane between general, vascular, hepatobiliary, urologic, and head and neck surgery; internal medicine; and endocrinology. Endocrine surgery was initiated on the fringe, not at the center of a defined group of surgeons at that time. This origin was beneficial because when we are at the center of something, we can easily confuse essentials with nonessentials and get tied down by trivial markers of success, loyalty tests, and job security. Not much truth and growth can happen there. Endocrine surgery was on the edge. Orlo recognized that this was an auspicious and advantageous position. He and a few friends had a vision, and he believed in it and the promise that it held for something that would endure. Orlo lived by displaying that the best criticism of the bad is the practice of the better. The idea that the friendly surgeons were endocrine surgeons embodied that genuineness of his demeanor.

In endocrine surgery, trainees learned to risk leaving their own secure systems of training, where surgeons performed operations as pure technicians, and instead pursue true mastery of technical excellence. Orlo encouraged his professional children to leave their home base of surgery and connect with other disciplines, like endocrinology, genetics, pathology, nuclear medicine, oncology, pharmacology, radiology, anesthesia, and basic science. He modeled how to always be hospitable—even amid the hostility of others. His true idea of the endocrine surgery specialty was a world that existed as a place of entrance and exit where people came and went freely, not a place of settlement. He used the specialty to open doors, build bridges, and especially to welcome travelers passing through. Orlo was not an insider throwing rocks at outsiders with the nuances and subtleties of specialization, nor was he comfortable defending the status quo. Instead, he exemplified living precariously with two perspectives holding people together. He was not ensconced safely inside the specialty, where perspective and curiosity are lost, nor situated so far outside as to lose compassion, voice, or understanding. Orlo challenged with a necessary, creative tension and curiosity. It was his true gift and unique kind of seeing and living that created a specialty that offers a lasting invitation to continue engaging with the much larger world embellished with beauty and music and art.

From his legacy as a mentor, teacher, friend, husband, father, scientist, and surgeon, we are able to harvest the wisdom of the cycle of life and science. Experiencing first-hand joys, sorrows, glories, and illuminations—each is necessary, he helped us understand, for the development of an endocrine surgeon and, indeed, a full human being.



**Fig. 1.** Orlo at the microphone, recognized by his all stature and long fingers.

Always the teacher, still teaching us now. We could always count on Orlo to come to the microphone and make a thoughtful contribution (**Fig. 1**). Never political, never anything but kind. The relationships he built with every single trainee and fellow were an embodiment of what it means to be inclusive, to open your home and your heart, and to do it with dignity, always thinking of others and doing so with peace and grace.

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## **FURTHER READINGS**

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