

The Evolution of an (accidental) Surgeon Scientist

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*Professor and Program Director, Duke-NUS Medical School Singapore
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THE NMRC AWARDS CEREMONY AND RESEARCH SYMPOSIUM
Parkroyal Collection Marina Bay, Singapore.
28th May 2025

Outline

1. How my journey to lucrative private practice surgery in Singapore was **subverted** – a personal story
2. Some **important questions** to be addressed about clinician scientists
3. Some **recommendations** if you want to be (also subverted) a Clinician-Scientist

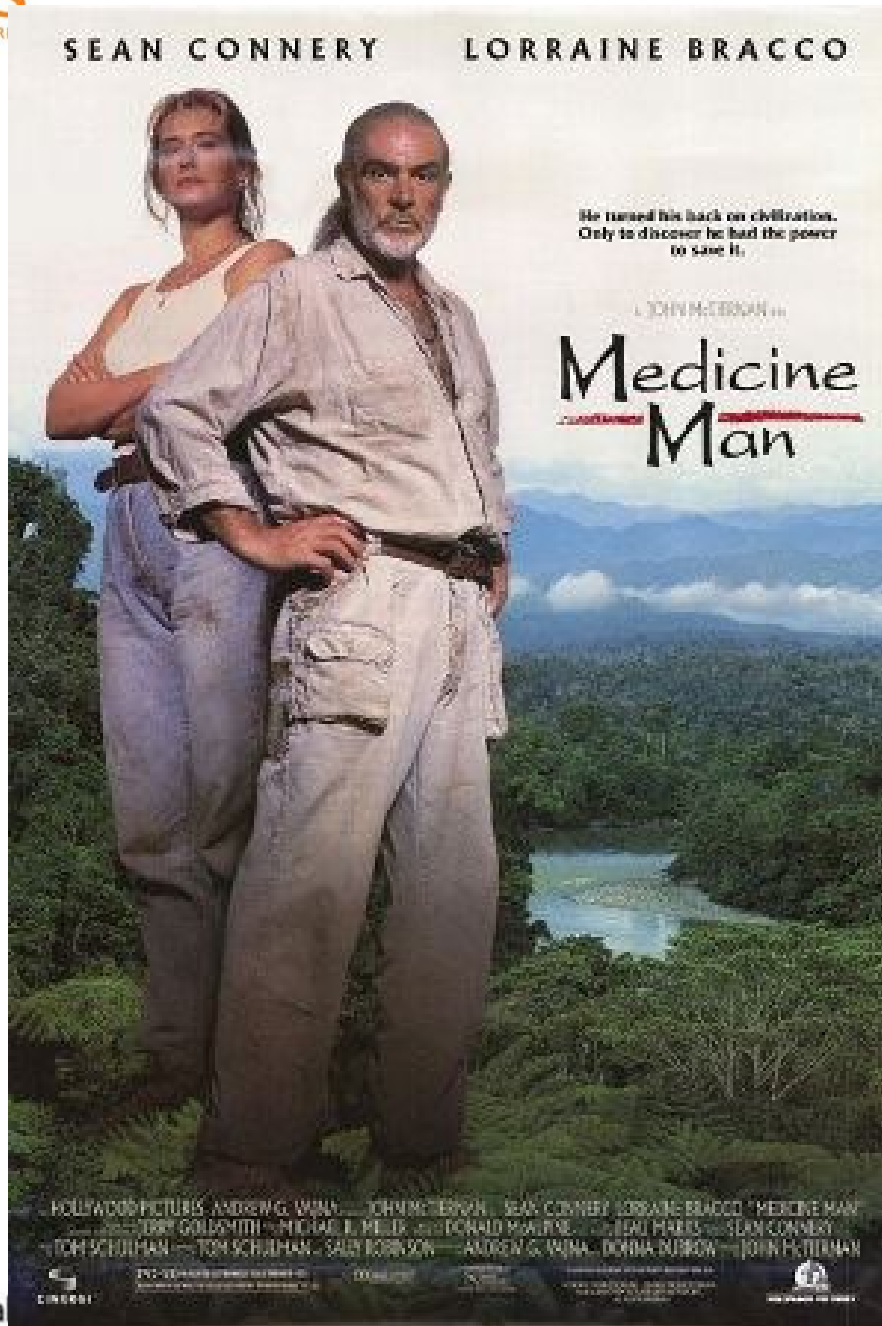
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2. Some important questions to be addressed about clinician scientists
3. Some recommendations if you want to be (also subverted) a Clinician-Scientist

long ago in a galaxy far away



.....all I wanted to do was to
go to a good Medical School



**Because doctors
are so smart and
live such
interesting lives!**

***..doctors in movies
have such so much
adventure!***

***....and even get to
save lives in exotic
place***



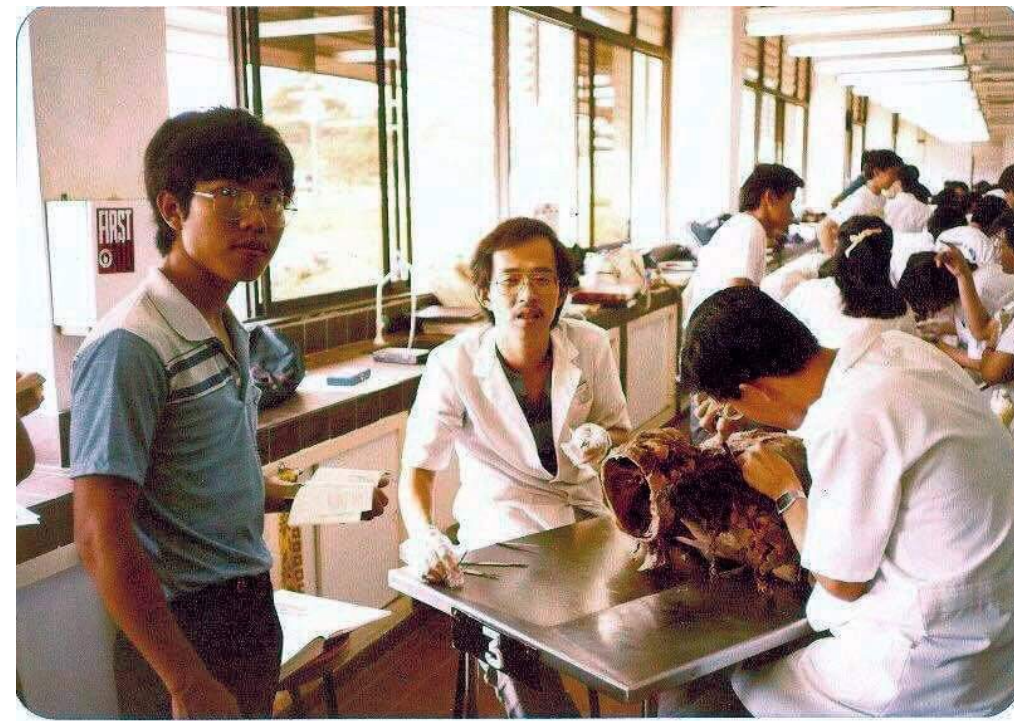
And surgeons
are even
better!

*..they are so
cool!*

To become a
surgeon, I would
need to go to
medical school
first



*Fresh off the boat from
a small(ish) town in
Borneo*



Looking haggard in medical school

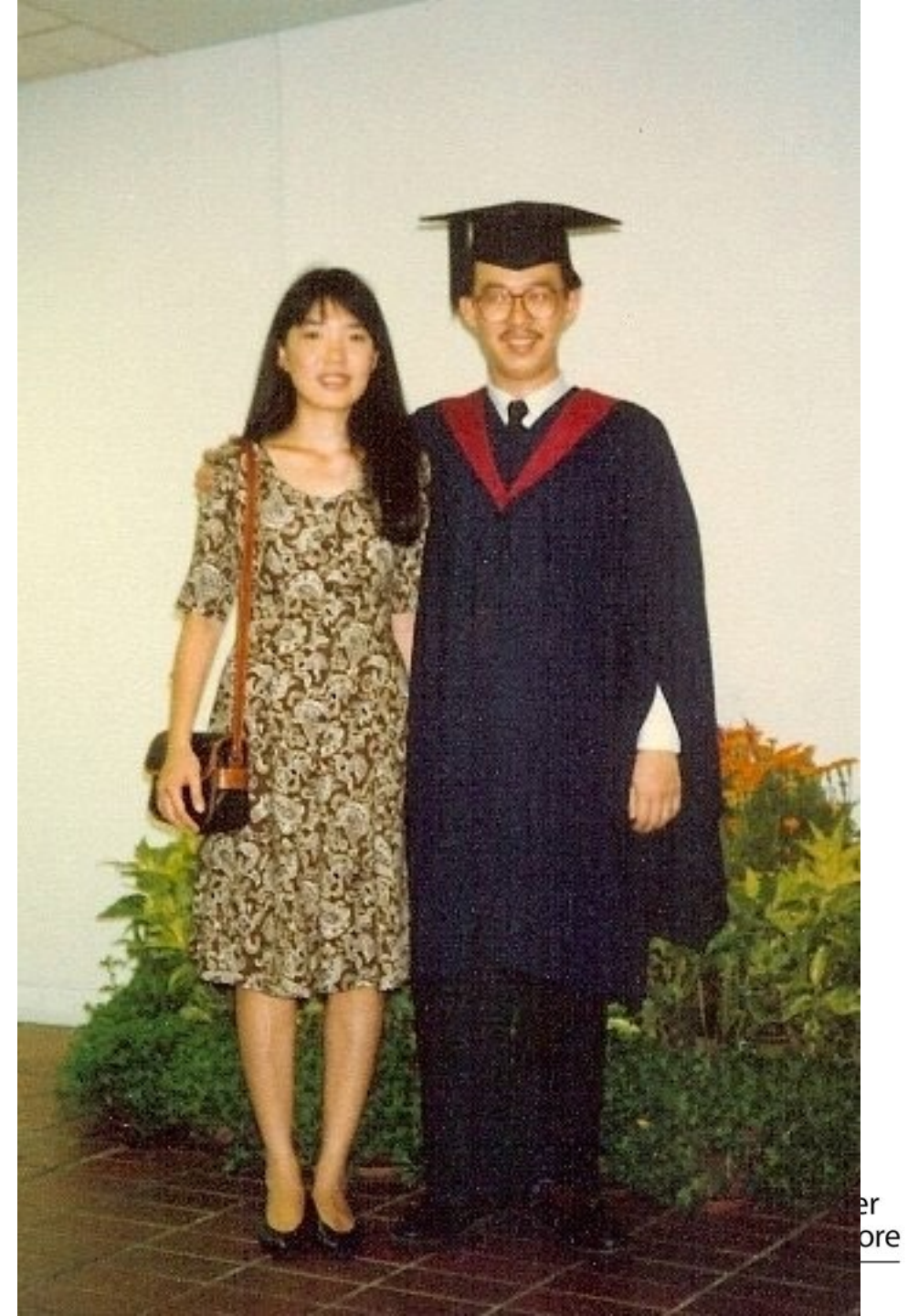


*Too little sleep in Kent
Ridge Hall, NUS*

Graduated from Medical School



Met someone interesting





Surgical Training

- The training is **long** and **arduous**
- You feel that you have to give up a lot during the “**best times**” of your life
- Once you begin it is **difficult** to move away laterally to start something else

Made many friends



Got Married



✓ passed
**FRCSE and
MMed (Surgery)**

✓ had our 1st
child



Completed Advanced Surgical Training and Fellowship in Liver Transplantation



Professor Russell Strong

Professional Trajectory of a Surgeon in Singapore

Age/years	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68
Duke-NUS			Training to become a senior consultant surgeon (including overseas Fellowship aka HMDP) \$\$								Practice in Public Hospital \$\$\$\$			Private Surgical Practice (aka Mt Elizabeth/Gleneagles Hospital) \$\$\$\$\$\$											
YLLSM	Training to become a senior consultant consultant surgeon (including overseas Fellowship aka HMDP) \$\$										Practice in Public Hospital \$\$\$\$			Private Surgical Practice (aka Mt Elizabeth/Gleneagles Hospital) \$\$\$\$\$\$											

Professional trajectory changed during AST



*Head of General
Surgery, Singapore
General Hospital*

*“the better surgeon is the
one who understands
science and can conduct
research – PhD is a good
idea”*



**PhD
(Surgical
Physiology)**



FIGURE 4 Data acquisition at 1 second per frame using the Gamma camera



FIGURE 5 Regions of interest over the heart, left ventricle, lungs, and the aorta.

Handling radionuclides

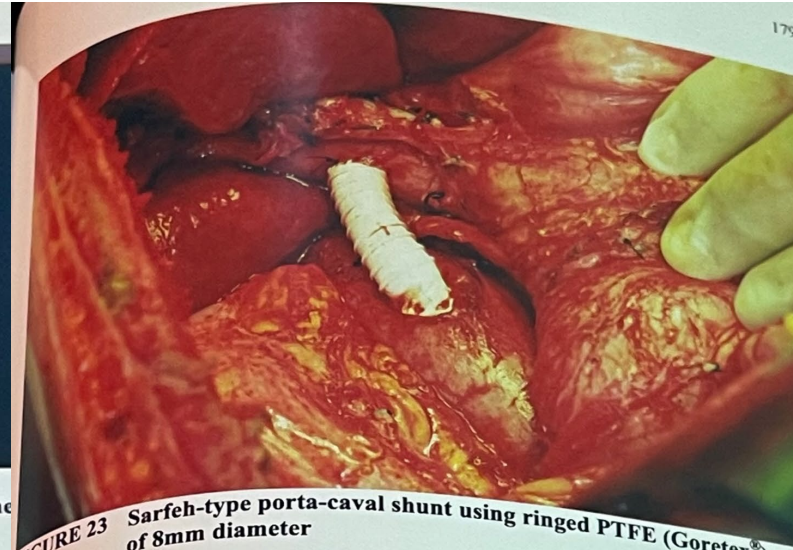


FIGURE 23 Sarfeh-type porta-caval shunt using ringed PTFE (Goretex®) graft of 8mm diameter



FIGURE 24 Patency of harvested graft confirmed

Complex surgery in large animal models

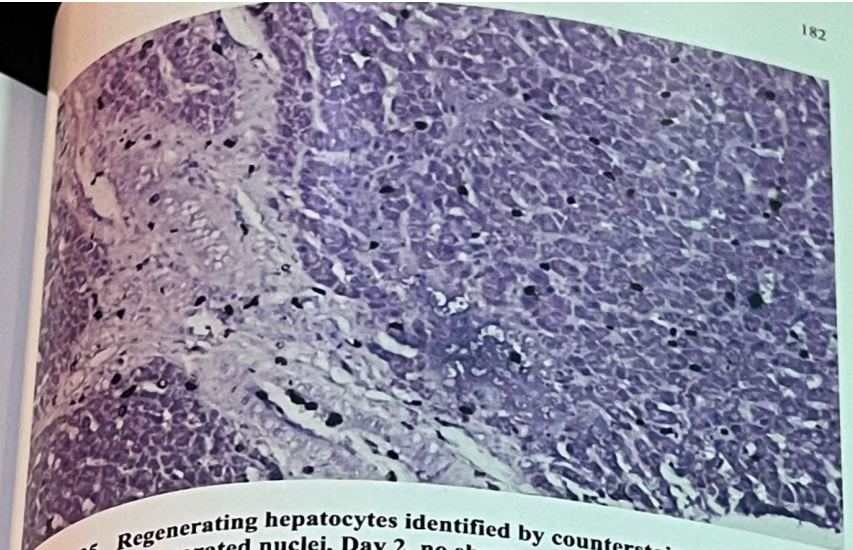


FIGURE 25 Regenerating hepatocytes identified by counterstained BrdU-incorporated nuclei, Day 2, no shunt.



FIGURE 26 Regenerating hepatocytes identified by counterstained BrdU-incorporated nuclei, Day 2, with porta-caval shunt.

Immuno-histochemistry

**CHANGES IN LIVER BLOOD FLOW AFTER MAJOR
HEPATECTOMY**

PIERCE K.H. CHOW

MBBS (Singapore), MMed. (Surgery), FRCS (Edinburgh),
FAMS (General Surgery)

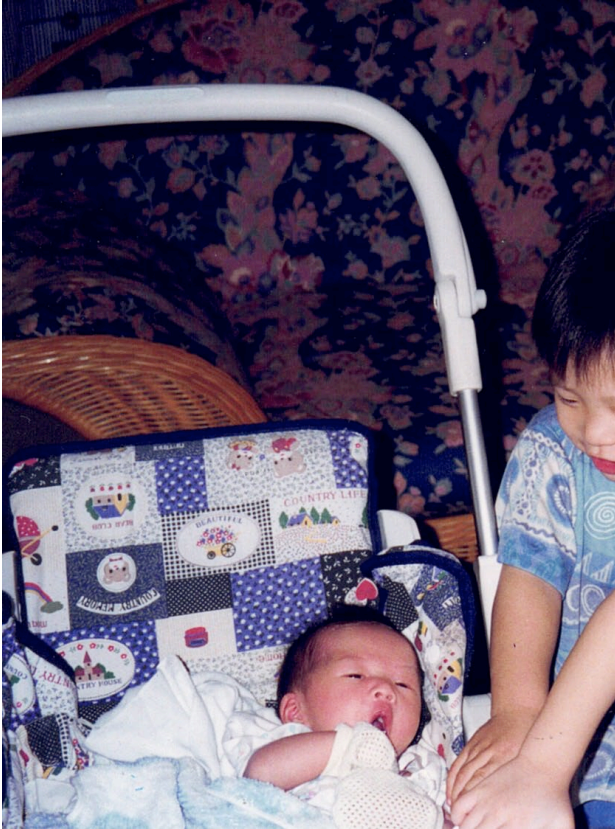
**A THESIS SUBMITTED
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
DEPARTMENT OF SURGERY
NATIONAL UNIVERSITY OF SINGAPORE**

2003



- Completed HMDP Fellowship in Liver Transplantation
- Consultant Surgeon
- After SARS

Some small people appeared.....



.....and they never left

Professional trajectory changed during AST



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*“the better surgeon is the
one who understands
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research – PhD is a good
idea”*

**PhD
(Surgical
Physiology)**

*“can you do some
research to improve the
outcomes of patients
with hepatocellular
carcinoma (HCC)”*

**Randomized
controlled
trials (RCTs)
Started the
Asia-Pacific
HCC trials
group**

The Beginning of the Asia-Pacific Hepatocellular Carcinoma (AHCC) trials group

- Created in **1997** when clinicians from:
 - The Chinese University of Hong Kong
 - The Undayana University, Bali, Indonesia
 - The University Kebangsaan in Malaysia
- Joined a RCT in HCC proposed by the Dept of General Surgery, Singapore General Hospital (SGH) and NMRC Clinical Trials and Epidemiology Research Unit (CTERU) – SCRI
- The **1st collaborative oncology trial in the region** - became truly Asia-Pacific with centers Myanmar, Thailand, Australia and South Korea and New Zealand



AHCC Trials Group

Aim: to carry out **definitive multi-centre trials and other research** on HCC in the Asia-Pacific where the disease is endemic.

- In 1997 - very **few therapeutic options** for HCC and relatively few large clinical studies in HCC
- Clinicians looking after HCC patients in the Asia-Pacific were **bonded** by a common need for a trials group that seek efficacious treatment for a common cancer that had few therapeutic options

Travelled off the beaten path



Using various forms of transport



Asia-Pacific HCC (AHCC) Trials Group 2025 – 57 centres

Australia

- Royal Prince Alfred Hospital
- Royal Adelaide Hospital

Brunei

- The Brunei Cancer Centre

China

- Nanjing Bayi Hospital
- Zhongshan Hospital, Fudan University Shanghai
- Beijing Cancer Hospital
- Guangxi Medical University Cancer Centre
- Second Affiliated Hospital Zhejiang University School of Medicine
- Harbin Medical University Cancer Hospital

Hong Kong

- Queen Mary Hospital

Indonesia

- Sanglah General Hospital
- University of Indonesia

Japan

- Kyorin University School of Medicine
- University of Tokyo
- Kinkai University Hospital
- National Cancer Centre
- National Center of Global Health and Medicine

Malaysia

- Penang Adventist Hospital
- Prince Court Medical Centre
- Sarawak General Hospital
- University Malaya Medical Center

Mongolia

- National Cancer Centre

Myanmar

- Yangon GI & Liver Centre

New Zealand

- Auckland City Hospital
- Cancer Trials New Zealand

Philippines

- Davao Doctors' Hospital
- Makati Medical Center
- St. Luke's Medical Center
- The Medical City

Singapore

- Changi General Hospital
- Singapore General Hospital
- Sengkang General Hospital
- SingHealth Polyclinics
- Khoo Teck Puat Hospital
- National Cancer Centre
- National University Hospital
- Tan Tock Seng Hospital

South Korea

- Samsung Medical Center
- Ajou University Hospital
- Asan Medical Centre
- Korea University Anam Hospital
- Seoul National University Bundang Hospital
- Severance Hospital, Yonsei University College of Medicine
- St Mary's Hospital
- St Vincent Hospital, Catholic University Medical College

Taiwan

- National Taiwan University Hospital
- Taipei Veterans General Hospital
- Chang Gung Memorial Hospital – KS
- Chang Gung Memorial Hospital – LK
- China Medical University Hospital
- National Cheng Kung University Hospital

Thailand

- Siriraj Hospital, Mahidol University
- National Cancer Institute
- Chulabhorn Hospital

Vietnam

- Choray Hospital
- National Cancer Institute K

USA

- Duke University School of Medicine

Professional trajectory is now changed



*Head of General
Surgery, Singapore
General Hospital*

*“the better surgeon is the
one who understands
science and can conduct
research – PhD is a good
idea”*

**Deviation from
expected natural
trajectory**

*“can you do some
research to improve the
outcomes of patients
with hepatocellular
carcinoma (HCC)”*

**PhD
(Surgical
Physiology)**

**NMRC Clinician Scientist
(Senior)**

- translational research
- randomized controlled
trials (RCTs)

2008

**Randomized
controlled
trials (RCTs)
Started the
Asia-Pacific
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group**



MINISTRY OF HEALTH
SINGAPORE

National Medical Excellence Award 2012

National Outstanding Clinician Scientist Award 2012

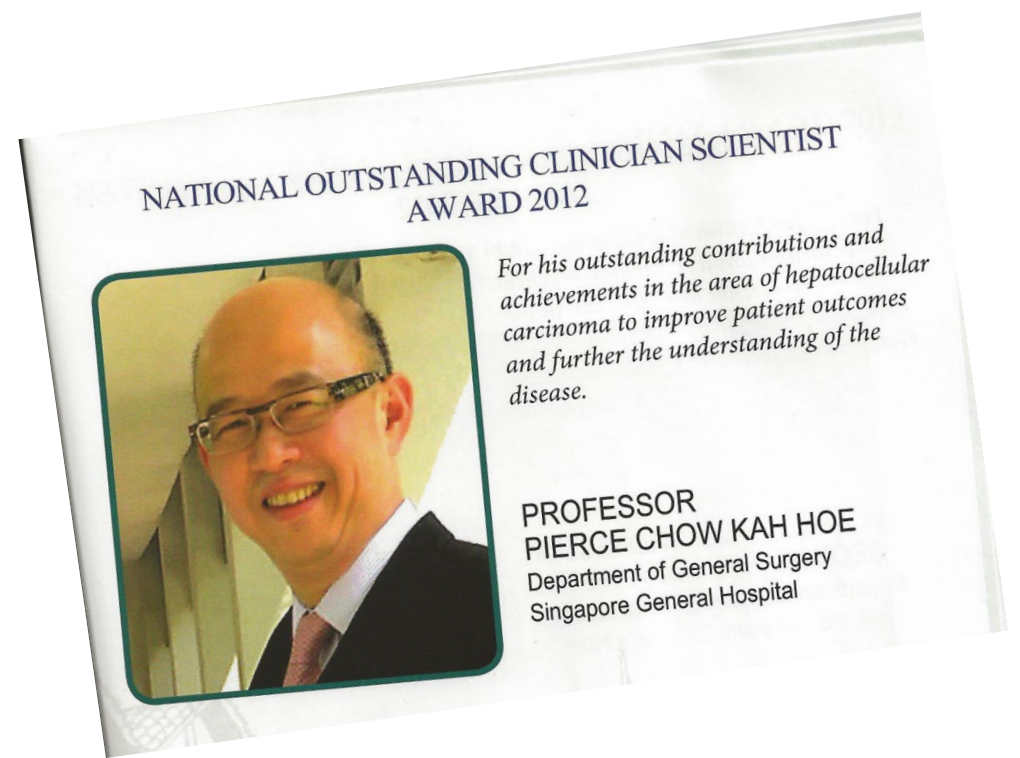
Presented to

Professor Pierce Chow

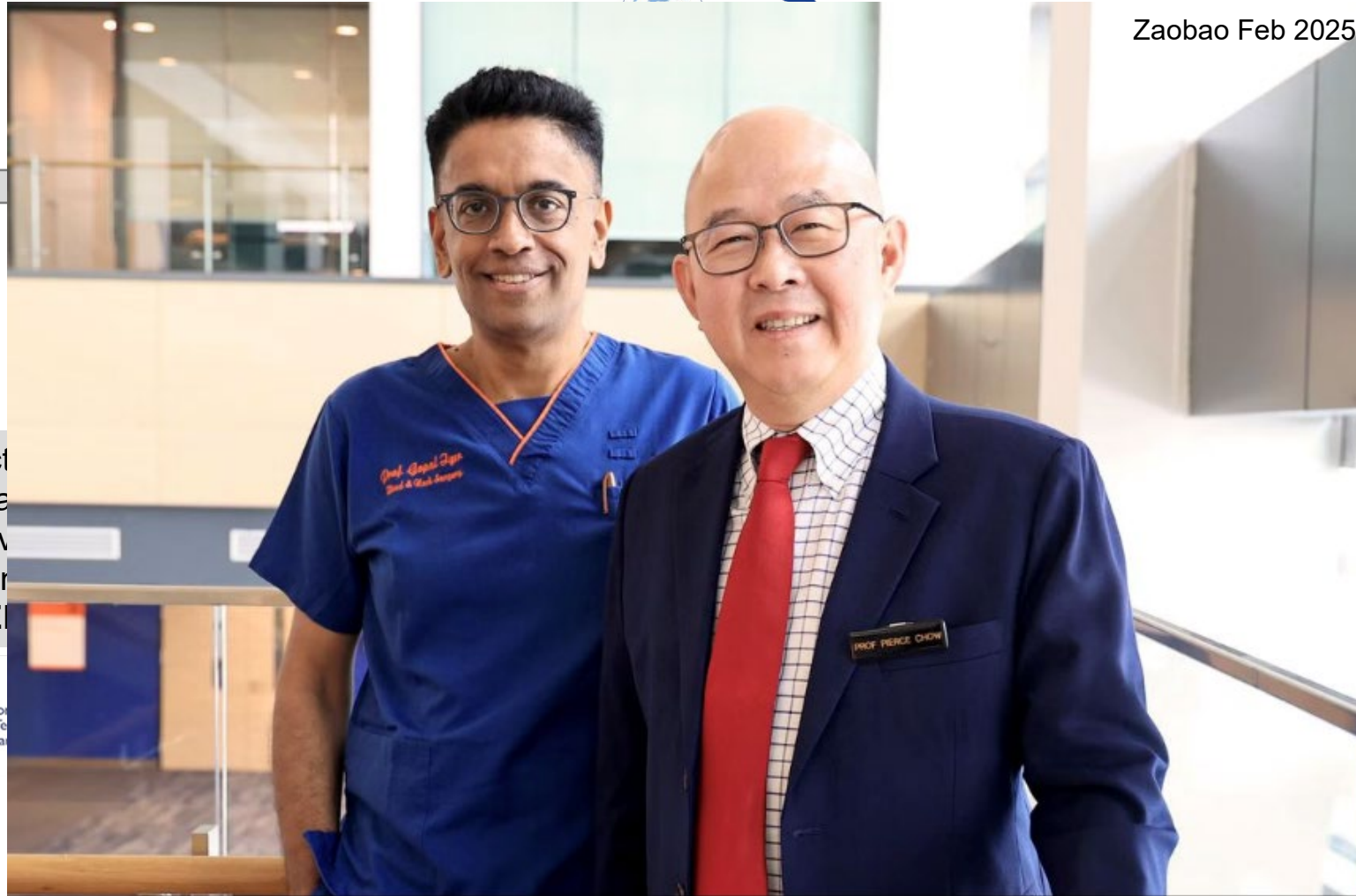
Singapore General Hospital
National Cancer Centre Singapore
Duke-NUS Graduate Medical School

"For his outstanding contributions and achievements
in the area of hepatocellular carcinoma to improve patient
outcomes and further the understanding of the disease"

Mr Gan Kim Yong
Minister for Health



Spectrum of Clinical and Translational Research on HCC at the NCCS



Zaobao Feb 2025

in Asia

HIGH-RISK

ADVANCED

AHCC10: Early detection of miRNA, microbiome and biomarkers in the evolution of chronic liver disease in a **prospective cohort** (EASO)

double-blind, randomized phase II study of safety and efficacy of SIRT-Y90 versus bevacizumab versus SIRT-bevacizumab in patients with locally advanced hepatocellular carcinoma (**STRATUM**)

SIRTeX

post-mortem based identification of biomarkers of response in advanced HCC receiving Y90 +/- bevacizumab, overlapping on **AHCC09**



Hepatocellular Carcinoma (HCC) (EASO 210)

What the point of the story?

- Why do we need to have **Clinician Scientists**?
- Why would you ever want to be a **Clinician Scientist**?
 - Why did I become a clinician scientist?

What the point of the story?

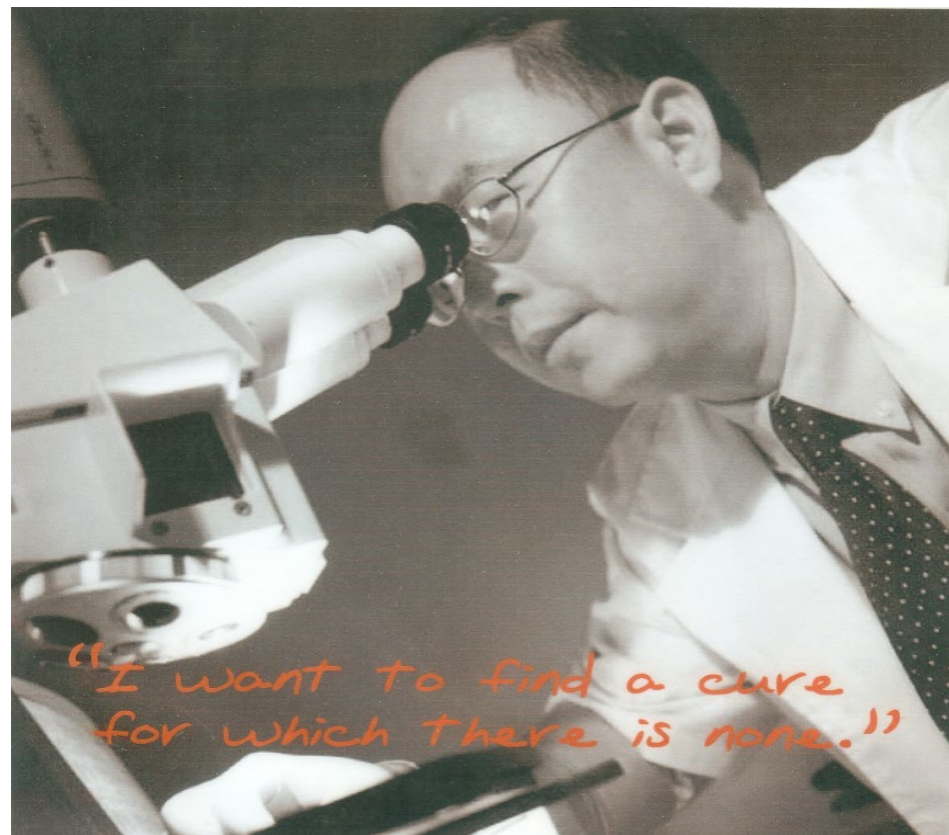
- Why do we need to have **Clinician Scientists**?
- Why would you ever want to be a **Clinician Scientist**?
 - Why did I become a clinician scientist

We need **Clinician Scientists**
because there are increasing number of things which
only they can do

What a clinician (surgeon) does



What a research scientist does

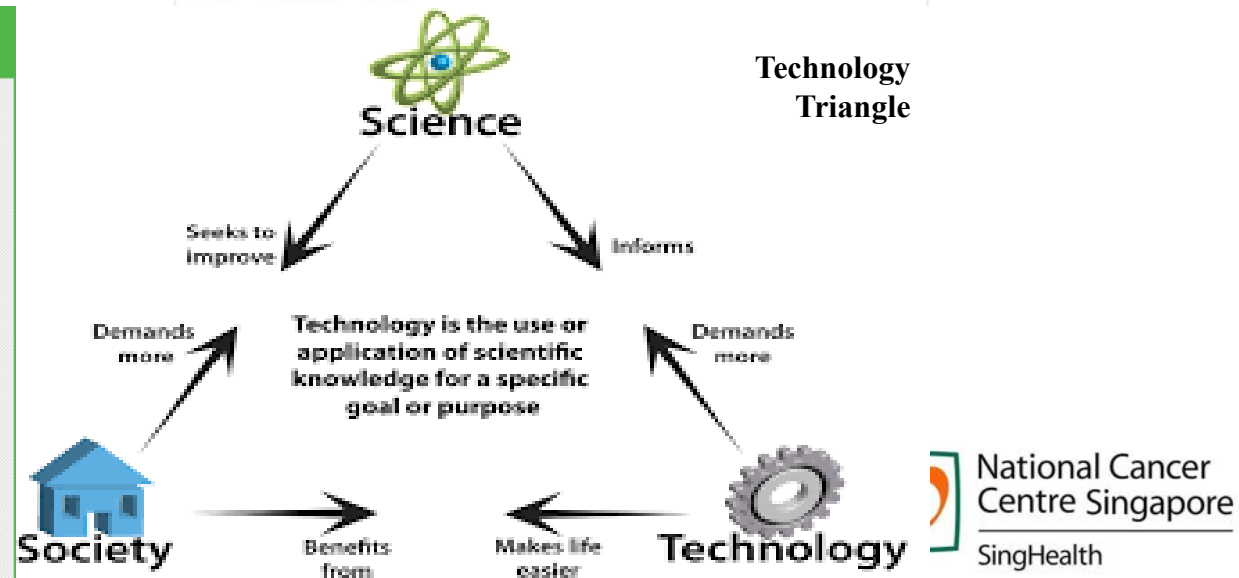
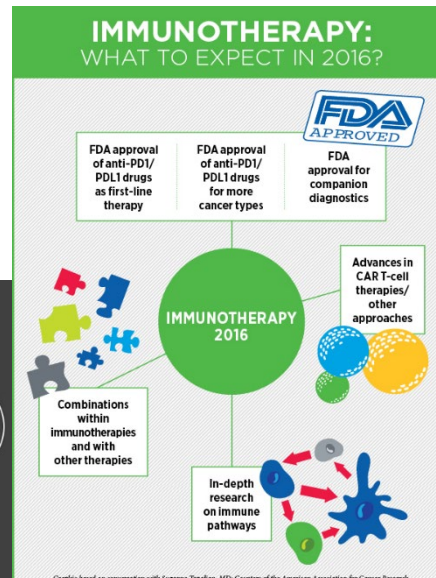


This is because **the world has changed** in important ways and is continuing to change rapidly

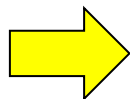


A Vastly Changed Landscape

- Advances in the recent 2 decades not been only in Biomedical Science but also in the: *physical, computational, behavioral and social sciences.*
- These sciences have integrated



- **Multi-faceted**
- **Share risk factors with other diseases**
- **Multiple etiologies e.g. diabetes mellitus, HCC**

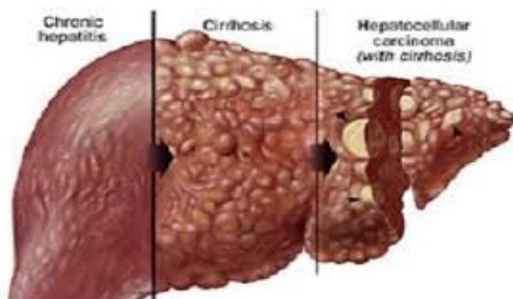


- **Broad-based**
- **Large scale**
- **Trans-institutional**



(for single PI/small group)

1. *No single lab has sufficient breadth*
2. *Logistically challenging coordination of large multi-institutional projects*
3. *Technology resides in different intuitions*



What has changed in the Landscape?

1. The **nature** of Biomedical Research has fundamentally changed
2. With this change, it becomes crucial to have **Range**, in order to identify opportunities and develop strategies.



'Makes me thoroughly enjoy the experience of being told that everything I thought about something was wrong. I loved *Range*.'
Malcolm Gladwell, bestselling author of *Outliers*



Range

How Generalists Triumph
in a Specialized World

David Epstein
New York Times bestseller

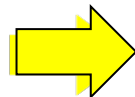
Specialization and massive amounts of data create deep Silos

- Very few people will have a wide **range** of knowledge and experience
- But a **wide** range of knowledge and experience is necessary to understand trends and implications and to identify opportunities and create strategies
- **Clinician-Scientists** have the **range** of knowledge and experience that clinicians and scientists do not have

What is Needed

Major Diseases

- Multi-faceted
- Share risk factors with other diseases
- Multiple etiologies e.g. diabetes mellitus, HCC



Requires

- Broad-based
- Large scale
- Trans-institutional

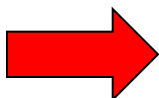
Challenges

(for single PI/small group)

1. Not single lab has sufficient breadth
2. Logistically challenging coordination of large project multi-institutional projects
3. Technology resides in different intuitions

Direction

- Multi-disciplinary
- Multi-institution
- Large collaborative grant



- Clinical Data
- Imaging Data
- Pre-clinical data
- Genomics
- Proteomics
- Metabolomics
- Immunomics
- Data science

New breed of interdisciplinary
CLINICIAN SCIENTIST



What has changed in the Landscape?

1. The **nature** of Biomedical Research has fundamentally changed
2. With this change, it becomes crucial to have **Range**, in order to identify opportunities and develop strategies.
3. Leaders required to **lead multi-disciplinary teams**



Only Clinician-Scientists can lead Multi-Disciplinary Teams

Multi-Disciplinary, Multi-Institution, Multi-National – lead by NCCS

Multi-omics and clinical approach

Singapore Liver Cancer Consortium (SLCC)

Joint Lab at Biopolis
an NCC-lead collaboration
With NUHS/CIS, GIS, IMCB, Samsung
Medical Center

Laboratory for Translational Liver
Research
at Academia

Comprehensive
Liver Cancer Clinic
(CLCC)
At NCCS

Asia-Pacific
Hepatocellular Carcinoma
Trials Group



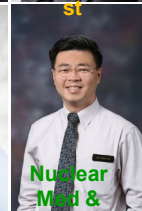
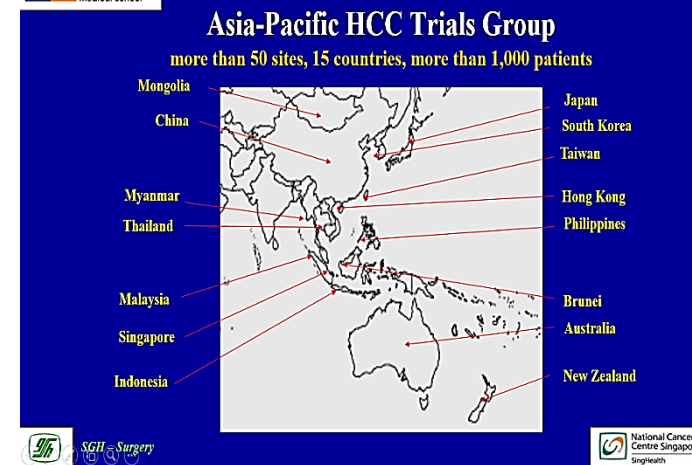
Co-
director



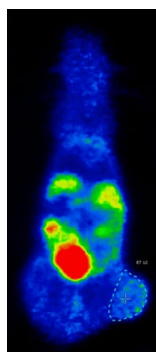
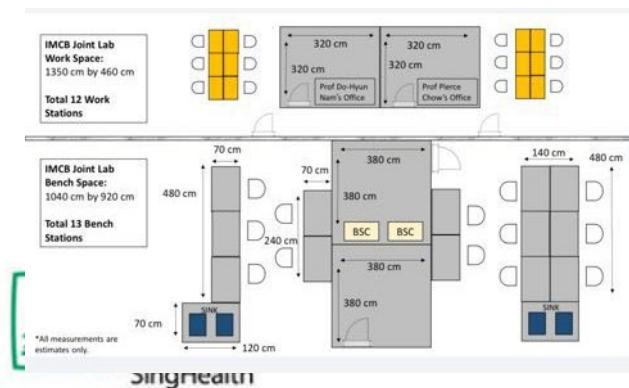
Co-director



DukeNUS
Medical School



In
2017
joined
by
China
and
Japan



With
radiation,
animal and
imaging
facilities at
SEMC



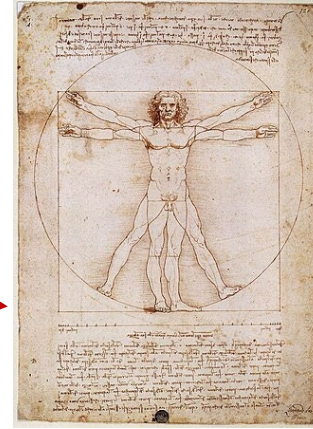
Multi-disciplinary consensus
Prospective patient samples

What Trajectories need to Intersect to create a Clinician-Scientist?



Mentor

- accomplished
- inspires, teaches
- opens doors



Clinician

- Aspirant – wants to be a clinician scientists
- innate talents
- characteristics
 - fortitude
 - adaptability
 - patience

Terrior

- unique environmental conditions
- Institutional culture
- critical mass



What the point of the story?

- Why do we need to have **Clinician Scientists**?
- Why would you ever want to be a **Clinician Scientist**?
 - Why did I become a clinician scientist?

Why did I become a **clinician scientist**

1. Because patients **need** clinician scientists
2. Because I found that I am **competitive** in research
3. Because I want life to be **interesting**

1. Patients need Clinician-Scientists

- A ***critical mass*** of clinician-scientists is required if patients were to benefit from science and have better clinical outcomes.
- Only clinician-scientists can successfully lead
 - *Translational research*
 - *Clinical trials*
- Very few clinicians from each cohort will *have the aptitude and stamina* - <5%



2. I am Competitive in Research

- A clinician-scientist career is highly Darwinian

Research Article
Hepatic and Biliary Cancer

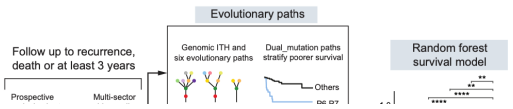
JOURNAL
OF HEPATOLOGY

A multimodal atlas of hepatocellular carcinoma reveals convergent evolutionary paths and ‘bad apple’ effect on clinical trajectory

Authors
Jianbin Chen, Neslihan Arife Kaya, Ying Zhang, ..., Wai Leong Tam, Weiwei Zhai, Pierce Kah-Hoe Chow

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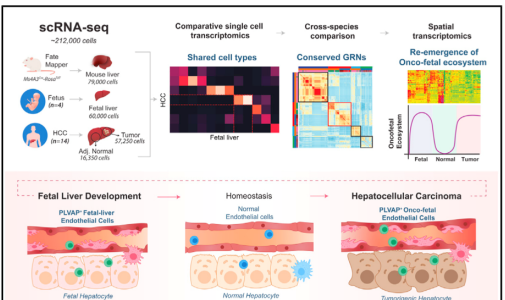
Graphical abstract



Cell

Onco-fetal Reprogramming of Endothelial Cells Drives Immunosuppressive Macrophages in Hepatocellular Carcinoma

Graphical Abstract



Authors
Ankur Sharma, Justine Jia Wei Charles-Antoine Dutertre, ..., Pierce K.H. Chow, Florent Gini Ramanuj DasGupta

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sharmaa@gis.a-star.edu.sg (A. pierce.chow.k.h@singhealth.com.sg) (P.K.H.C.), florent_ginhoux@immunol.a-star.edu.sg (F.G.), dasguptar@gis.a-star.edu.sg (

Atezolizumab plus bevacizumab versus active surveillance in patients with resected or ablated high-risk hepatocellular carcinoma (IMbrave050): a randomised, open-label, multicentre, phase 3 trial

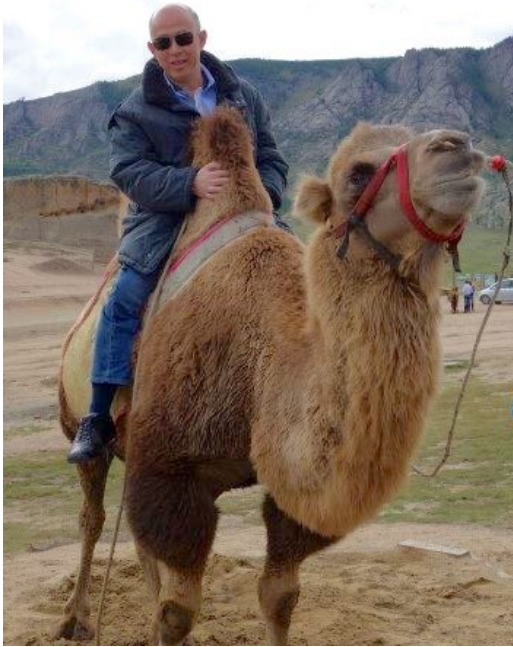
Shukui Qin*, Minshan Chen*, Ann-Li Cheng*, Ahmed O Kaseb*, Masatoshi Kudo*, Han Chu Lee*, Adam C Yopp*, Jian Zhou, Lu Wang, Xiaoyu Wen, Jeong Heo, Won Young Tak, Shinichiro Nakamura, Kazushi Numata, Thomas Uguen, David Hsiehchen, Edward Cha, Stephen P Hack, Qinsu Lian, Ning Ma, Jessica H Spahn, Yulei Wang, Chun Wu, Pierce K H Chow*, for the IMbrave050 investigators†

Summary
Background No adjuvant treatment has been established for patients who remain at high risk for hepatocellular carcinoma recurrence after curative-intent resection or ablation. We aimed to assess the efficacy of adjuvant atezolizumab plus bevacizumab versus active surveillance in patients with high-risk hepatocellular carcinoma.

Lancet 2023; 402: 1835-47
Published Online
October 20, 2023
https://doi.org/10.1016/

MOH-001683-00
NMRC OF-LCG OFLCG21Jun-0016
A*Star IAF ICP I2001E0072
A*Star IAF ICP I2101E0011

3. A Clinician Scientist's life is more interesting



SIV in Mongolia

Pierce Chow FRCS, PhD



42



International advisory board in Barcelona

Outline

1. How my journey to lucrative private practice surgery in Singapore was subverted – a personal story
2. Some important questions to be addressed about clinician scientists
3. Some **recommendations** if you want to be (also subverted) a Clinician-Scientist

Key Performance Indicators of a career clinician scientist

1. **Grants:** continual success in securing competitive national or international research grants to pay for staff, consumables, rent etc to conduct research
2. **Publications:** in high impact journals in the field
3. **Research leadership:** both collaborate in and initiate/lead research enterprises
4. **Recognized expertise:** international recognition of expertise: (chairs) advisory boards, plenary/keynote speaker etc



How to make this work

1. excellent clinician
2. outstanding researcher
3. great teacher

CONVERGENCE

- pick an area to **focus** on:
 - natural affinity, good mentor, institution has natural strengths
- **converge** on the area you have chosen to focus on:
 - clinical work, research, teaching

Final Advice

- Think **long-term**
 - Disasters will occur – move on
- Spend effort demonstrating that you are **reliable** and **provide value**
- Be **brave**
- But be **smart**



Its so cool to be a clinician –scientist



THANK YOU!



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