William A. Cook

A pioneer in developing endovascular devices, Bill Cook's contributions outside of the medical field are perhaps just as praiseworthy.

We understand that you served as an Army medic in 1953; was that your first experience in the medical field? How did this shape your future goals? Yes, I was a pre-medical student at Northwestern University in Evanston, Illinois, and when I joined the Army I was assigned to the Medical Service Corps. I became a surgical technician, and my commanding officer asked if I would like to teach Physics of Anesthesia to physicians who were to become Army anesthesiologists. I accepted the teaching job, and it gave me a great perspective on the power of medical science. Even in 1953, there were tremendous new products being developed, and I realized that there were many growth opportunities in medicine. Through the years, I developed a philosophy: Make simple medical tools for complex problems. Our companies try to develop products for new medical techniques aimed at reducing patient suffering and the cost of medical treatment.

What were the early days at Cook Incorporated like? We started very small, with a few products and several key employees, all of whom stayed with us for many, many years. In 1963, I had the honor to meet Charles Dotter, MD, who is considered the father of interventional medicine. He was a friend and mentor until his death in 1985. Amazing discoveries and advances were happening in interventional medicine, and we were lucky to be involved with many of the pioneers in this field, including Cesare Gianturco, MD, Stan Cope, MD, and many others. Assisting these giants of interventional radiology and of other medical disciplines in bringing their visions to reality has been the greatest privilege of my life. I still look forward to coming to work and seeing the company and the team we have today, bring that same passion for innovation to medical technologies never dreamed of when I started Cook Incorporated 41 years ago.

When and how did Cook become involved in endovascular therapies? The first endovascular procedure utilizing interventional medicine was performed by Dr. Dotter in 1964 using our dilators. In 1967, Dr. Gianturco performed the first balloon-assisted dilatation and later invented the coronary and peripheral Z stents. President Nixon had one of our vena cava Bird's Nest filters implanted in him in the 1970s. In 1995, the Cook coronary artery stent was the first stent to be approved for use in the US; almost a year later, competitive stents began to enter the market.

In the early 1990s, Cook began development and use of endovascular stent grafts. Through the collaboration of Cook design specialists and physicians, we produced the Zenith AAA Endovascular Graft. As our expertise in treating abdominal aortic aneurysms grew, we began working with other physicians to create an advanced new generation of endovascular grafts using the Zenith platform. These include fenestrated and branch vessel devices that are under development, as well as a thoracic aortic graft that is approved in Australia and Europe and just entered clinical trials in the US.

What was it like to work with Dr. Dotter on such groundbreaking technologies? Charles was a true visionary, in my opinion, and one of the greatest men I ever knew, both personally and professionally. The two of us created several dozen products during our close collaboration from 1963 until 1985. He foresaw nearly every interventional product that we use today, including catheter arterial dilators, balloon dilators, and self-expanding and balloon-assisted stents. In those early years, there was no need to receive FDA approval before using a device on a human, and I am proud to say that even though no federal approval was required, our new products were as safe and effective as they are today. In every instance in which Dr. Dotter used a new device, he was thinking only of the patient's well-being.

Forty-two companies in several countries now form the Cook Group. Which steps or points on the company's timeline were most responsible for Cook becoming a multinational organization with a presence in many industries? Our philosophy has always been to move quickly to take advantage of market opportunities before our competitors can move. Because using percutaneous entry for catheter placement is so easy, physicians in several disciplines asked us to help develop their products. As a result, Sabin Corporation, a plastic molding and extrusion

(Continued on page 96)

(Continued from page 98)
manufacturer, Cook Urological Corporation, a producer of urological catheters, and Wilson Cook Medical Corporation, a fabricator of gastrointestinal flexible endoscope products, were formed to meet the needs of different disciplines. Each of these companies has several divisions that serve other physicians as well.

We've remained a privately held company all these years because we wanted to work on as many products as possible without having to concern ourselves with profits or shareholder desires. Our companies can act quickly without a lot of committee action or other institutional restraints. We have the freedom to maximize our profits or to dedicate capital to new needs. So as physicians in disciplines such as urology and gastroenterology came to us with ideas about using interventional products in their areas, we formed new companies to pursue those opportunities. And when market opportunities in Europe and the Pacific Rim opened to us, we acted to establish Cook manufacturing facilities in those regions as well. Nearly all of these major Cook companies were formed in the late 1960s or early 1970s. There was never a strategic plan to go global; we just took advantage of opportunities when it made good business sense given the different economic, regulatory, and medical reimbursement environments outside the US.

Where do you see the greatest potential for growth, both geographically and with respect to types of products? Medical economics throughout the world is dictating how medicine will be practiced in the future. There is price pressure throughout the world, but we intend to expand our markets by concentrating on endovascular treatment of aortic aneurysms, other conditions affecting the aorta and its branch vessels, peripheral vessels, and repairing venous abnormalities.

In the early 1990s, we licensed from Purdue University the rights to produce and sell a unique product called SIS. It is a collagen-based material. This material has the capability to duplicate most any of the tissues that it touches when placed on the body or in an organ. Cook Biotech has developed, in combination with SIS technology, a replacement venous valve that eventually becomes coated and then is absorbed by the native intimal lining of a vein. The device ultimately creates a working valve composed of the body's own tissues. We hope to have this device in clinical trials soon. That same SIS technology from Cook Biotech is already in use for wound treatment, for soft tissue repair for hernia, stress urinary incontinence, and plastic surgery, and for dura mater replacement in neurosurgery. We see enormous potential for devices incorporating SIS ranging from replacement heart valves to endovascular devices that remodel the aorta and other blood vessels.

We understand that you have a great interest in helping your surrounding communities. When and why did you first decide to become involved with projects such as restoring historic buildings and funding local organizations? It's always been our philosophy that our companies must help their communities to succeed and prosper. The Cook organization has helped develop many community-enhancing projects, such as YMCAs, which improve the quality of life within the towns where we work. We've endowed numerous chairs and established fellowships promoting interventional medicine at major teaching hospitals, and we have done the same for music and education. We funded the Dotter Interventional Institute at Oregon Health Sciences University, and worked closely with many major medical associations to give bright minds in medical science the chance to become the next Gianturco or Dotter. The only way that Cook can survive in this new century is to continue developing and marketing new breakthrough products that will help to reduce medical costs, save lives, and improve patient quality of existence.

Which of your accomplishments make you most proud? I am most proud to be part of a dream where a company and its people make a difference; to be the first lay fellow of the Society for Interventional Radiology; to have piloted a plane for almost 40 years; to have won a Tony Award for BLAST!, a musical I produced; to have a world-champion drum and bugle corps, the Star of Indiana; to have a British championship basketball team; and to have been able to contribute to people's well-being throughout the world.

Which outside interests and projects of yours might our readers be interested to learn? My wife, Gayle, and I have been deeply involved in historic preservation and community revitalization issues, both here in Southern Indiana where we live and work, and in all the communities that support Cook companies. Our biggest restoration project by far has been the West Baden Springs Hotel in West Baden, Indiana, a national historic landmark and a true architectural marvel that would have been lost without dramatic intervention. We hope to see that facility fully restored soon and returned to use as a grand tourism and vacation destination that will benefit one of the most economically distressed areas of our state. I've been deeply involved in providing musical education opportunities since 1984 through the Star of Indiana Drum and Bugle Corps and the professional music troupes, Brass Theater, BLAST!, and CYBERJAM. Giving talented young musicians the opportunity to pursue their passion and play professionally around the world has been a great joy to me. ■