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# LEGENDS IN UROLOGY

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I was humbled by a request to contribute to the “Legends in Urology” series of CJUI. It has been an eye-opening experience to look back at the notable milestones that mark my professional journey.

I was born in the small town of Ajmer in India. I was the youngest of eight siblings. My father was a lawyer, and my mother was a homemaker. My parents instilled in us the value of higher education, discipline, and perseverance. I attended Tikam Chand Jain Public High School and then Government College. As there was no medical college in the state of Ajmer at that time, three students were selected each year to be sent to various schools around India. I was fortunate enough to be chosen and to receive a scholarship to attend Mahatma Gandhi Memorial Medical College in Indore. I graduated as the top scholar in my class at 22 years of age. I completed an internship and residency and received a master’s degree in surgery from the same medical college.

Excited by the advances in surgery in the United States, I developed an interest in pursuing additional training there. I was selected for surgery residency at Cleveland Metropolitan General Hospital in Ohio. I landed in New York on July 1, 1966. This was not only my first trip abroad but also my first time on an airplane. My connecting flight to Cleveland was cancelled due to an Eastern Airlines strike. I did not have enough money for a bus ticket, as I came with only seven dollars, the maximum amount of foreign currency the Indian Government allowed to be carried from India to the US at the time. Fortunately, a friend from medical college, Dr. Chitranjan Ranawat, was living in New York. He was kind enough to let me share his on-call room for the night and bought me a bus ticket to Cleveland the next day.

During my first year in Cleveland, I rotated through urology where I met Dr. Lester Persky, Chairman for the Division of Urology at Case Western Reserve University, who sparked my interest in urology. Working with Dr. Persky, I was exposed to various surgical procedures, including prostatectomy with transurethral resection and prostatectomy via the retropubic approach. These were groundbreaking techniques at the time, which I had not seen performed in India; I was excited to learn more. Thus, I pursued my urology residency at New York University and George Washington University. During my residency, I became interested in the sub-specialty of urologic oncology. I came to New York to attend an American Urological Association (AUA) educational seminar in urologic oncology, where I met Dr. Willet Whitmore. He interviewed me on the spot for a fellowship position at Memorial Sloan Kettering Cancer Center (MSKCC). A few weeks later, I was elated to find out that I was accepted.

I began my fellowship in 1971 under the tutelage of Drs. Willet Whitmore and Harry Grabstald. I enjoyed working with my co-fellows Drs. Norman Block, Arthur Smith, and Bhupendra Tolia and rotating residents from NYU, Einstein, and Cornell. We were all on call for our individual patients every day, which taught us the importance of continuity of care. Dr. Whitmore gave us the freedom to work and operate independently but was available to help us anytime. Our weekly urology grand rounds were multidisciplinary in nature, attended by medical oncologists, radiation oncologists, radiologists, and pathologists. This was a unique concept at the time and invaluable in teaching us how to take care of not just the tumor but the patient as a whole.

After I completed my fellowship, I was ready to return to India. When I asked Dr. Whitmore to write a letter of recommendation, I was pleasantly surprised when he asked if I would consider joining the faculty at MSKCC. I accepted the position as Assistant Attending Surgeon, which was the best decision I ever made for my academic career. I was the third attending at MSKCC in urology besides Drs. Whitmore and Grabstald. Transitioning from fellow to attending, I was swamped with a high surgical case load. I was fortunate to have as my first fellow Dr. Paul Schellhammer, who became a lifelong friend and served as president of the AUA. Whit too was always there to help me when needed.

During my first decade as an attending, I was involved with Drs. Whitmore, Grabstald and Basil Hilaris, a radiation oncologist, in exploring the role of bilateral pelvic lymphadenectomy and retropubic brachytherapy using iodine-125 implantation for localized prostate carcinoma. We showed the efficacy of brachytherapy in select patients, which led to the development of a less invasive technique of perineal implantation, which is now commonly used by radiation oncologists.

Early on in my career, I started a clinical trial at MSKCC using a novel antiandrogen SCH-13521 (developed by Schering Corporation) in patients with both hormone-naïve and hormone-refractory metastatic prostate adenocarcinoma. Later this drug was found to be effective and approved under the name flutamide. Now antiandrogens are frequently used in the management of prostate cancer.

Dr. Whitmore taught us the technique of retroperitoneal lymph node dissection (RPLND) for treatment of testis tumors, which was not commonly performed at the time. It became apparent that surgery was not enough to achieve a cure, leading to the advent of actinomycin D chemotherapy in the 1960s. In the 1970s, we participated in the development and evaluation of the combination chemotherapy regimens VAB I through VAB VI under very able medical oncologists Drs. Robert Golbey, Davor Vugrin, and George Bosl. These trials showed the value of initial chemotherapy, post-chemotherapy surgery, and adjuvant chemotherapy. The VAB protocols were designed to reduce the burden and toxicity of chemo yet improve the efficacy of treatment. The principle was to treat those patients who needed it and avoid treatment in those who did not. This led to the concept of surveillance for stage I non-seminomatous germ-cell tumors (NSGCTs) of the testis. We initiated the first surveillance study in the US, and I presented the first report at the American Society of Clinical Oncology (ASCO) meeting in San Diego in 1982. This approach was initially rejected by urologists despite being widely accepted by oncologists. We later published results on the largest series of 105 patients with Stage I NSGCTs from a single center, demonstrating excellent survival, and now active surveillance has become the standard of care.

Dr. Harry Herr was my third fellow and joined MSKCC as an attending in 1979. Harry and I conducted three NCI-funded prospective, randomized trials showing that intravesical therapy with bacille Calmette-Guérin (BCG) reduced the frequency of tumor recurrences, delayed tumor progression, and improved survival. Further, we defined the variables predicting tumor recurrence and progression in patients with superficial bladder cancer. Dr. Herr and I conducted a retrospective review of BCG-refractory patients and found that early cystectomy improves survival; this approach is now widely followed by the urology community.

One of my colleagues at MSKCC was the illustrious Dr. Alan Yagoda. In 1983 he developed MVAC, the first effective chemotherapy regimen against metastatic bladder cancer. We studied MVAC as neoadjuvant therapy prior to surgery because 50% of our patients were still dying of occult metastases. We found MVAC broadened the spectrum of patients who could benefit from surgery and improved survival in patients with unresectable or metastatic bladder cancer who had post-chemotherapy surgery. I presented the preliminary results at the AUA annual meeting in 1985. This has now become a standard practice.

I have worked more than 50 years at MSKCC, with appointments as Professor of Clinical Urology at Weill Medical College of Cornell University and Adjunct Professor of Clinical Urology at State University of New York, Down State Medical Center. During this time, I had the pleasure of working under the leadership of four eminent urologists who have all been instrumental and supportive in my journey. After Dr. Whitmore retired in 1983, Dr. William Fair was recruited as Chief of Urology. Under Dr. Fair, we studied the value of neoadjuvant androgen-deprivation therapy prior to radical prostatectomy for localized prostate carcinoma, which is now used in select patients. I served as Interim Chief of Urology at MSKCC from 1996 to 1997. Dr. Peter Scardino succeeded as Chief of Urology in 1998, and he spearheaded the development of the Sidney Kimmel Center for Prostate and Urologic Cancers. Dr. James Eastham succeeded Dr. Scardino in 2008 when Dr. Scardino became Chair of Surgery at MSKCC. The department has grown remarkably over the years from 3 to 26 faculty members.

Over the years I am proud to have helped train and mentor approximately 200 fellows and many more residents who rotated at MSKCC. Many are current leaders in urologic oncology, including Paul Schellhammer, Harry Herr, Richard Macchia, James Montie, Joseph A. Smith, Jr, Yves Fradet, Neil Bander, Laurence Klotz, Peter Carroll, Paul Russo, Robert Stephenson, Vincent Laudone, Ian Thompson, Joel Sheinfeld, Eric Klein, Jack Mydlo, Armen Aprikian, Guido Dalbagni, Machele Donat, Dan Theodorescu, Michael Cookson, Neil Fleshner, Cheryl Lee, Sam Chang, Badrinath Konety, James McKiernan, Jeff Holzbeierlein, Dipen Parekh, Brett Carver, Sharokh Shariat, and

many others. I am happy for their successes and triumphs. I have enjoyed being part of their training; they have been a constant source of inspiration and stimulation.

I have been a career long member of the New York Section of the AUA. I served the section as district representative, treasurer, and lastly president in 2007. My major accomplishment was that I organized a successful annual meeting in Buenos Aires, Argentina in collaboration with the Argentinian Society of Urology. It was educational for both us as well as the Argentinians. In addition, for the first time it resulted in financial gain for the NY Section. Largely because of this work, I received the NY Section Russell Lavengood Distinguished Service Award. I was elected as the NY Section Representative to the AUA Board of Directors from 2008 to 2012. I served as president-elect of the AUA in 2012 and president in 2013. It was indeed a great honor to become the president of AUA, advancing its strategic goals and its mission to further urology through patient care, education, and research. During my tenure some noteworthy accomplishments included the initiation of AUA University, a comprehensive collection of all AUA educational resources and products that are centralized in one location and accessible online; the launching of International Academy, a virtual classroom which is a global resource to members from more than 100 countries; approving the institution of four new guidelines annually; expanding our education goals through collaborations throughout Europe and beyond to Brazil, China, India, Mexico, and Japan; and releasing a new journal called Urology Practice for use in everyday practice.

During my AUA presidency I had the opportunity to visit several countries as AUA ambassador, including China, Japan, Australia, India, Brazil, Argentina, the United Kingdom, Sweden, Mexico, and Canada. In the US, I attended AUA section meetings for the Western, Southeast, New York, Mid Atlantic, and North Central sections. I received a warm welcome and unforgettable hospitality in all these places. It was an enjoyable learning experience, and I made many new friends around the globe.

I have contributed to the medical literature with over 125 articles in peer-reviewed journals, more than 100 abstracts, and many textbook chapters. I have served as an abstract reviewer and frequent moderator for the AUA annual meetings and as a manuscript reviewer for many journals. I am a member of 25 national and international organizations. I was awarded honorary membership of AUA in 2010 for contributions in education. I have been cited in Castle and Connolly Top Doctors of New York and reported in the “The Best Doctors in New York” in New York Magazine. Among the honors that have been bestowed on me are the 1996 Sushruta Award of Excellence in Urology by Indian American Urological Association, a 2003 Special Honor Award for outstanding medical contributions by Consul General of India in United States, the 2006 John K. Lattimer Award for excellence in urology by Kidney and Urology Foundation of America, a 2006 Distinguished Service Award by MSKCC, and a 2009 Award of Distinction by Weill Cornell Medical College. In 2014, I delivered the Prafulla Desai Oration on urologic oncology in Hyderabad, India and was awarded honorary fellowship in the Association of Surgeons of India, which has special meaning to me as an Indian American. In 2017, I was honored with the Society of Urologic Oncology medal for significant contributions in advancing urologic oncology. In 2018, I received the AUA Lifetime Achievement Award for teaching and mentoring generations of urologists and exemplary service and leadership as AUA President.

I have had a remarkable journey as a urologist. I owe deep gratitude to my mentors, colleagues, fellows, residents, friends, and patients. Despite the heavy demands and meaningful rewards of my medical career, my family has been the greatest priority in my life. During this journey I had the continuous support, encouragement, and love of my wife, Lalita, and my daughter, Julie. Unfortunately, Lalita passed away prematurely in March 2019. I miss her immensely. Julie pursued a medical career and is now a radiologist. I am very proud of her along with her husband, Nikolay, who is a cardiologist, and my grandson, Jayden. I would like to close with this quote from Mahatma Gandhi: “Live as if you were to die tomorrow. Learn as if you were to live forever.”

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