
LEGENDS IN UROLOGY

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I salute The Canadian Journal of Urology for instituting their program of the “Legends in Urology.” I am in the process of retiring as Chair and Senior Associate Dean at UCLA, so my meanderings enclosed herein are put to pen at an appropriate time. I must say, however, that I really don’t feel that I am a Legend now, or that I ever will be, and am flattered to be included among the others who have contributed to The Canadian Journal of Urology’s legend series.

I had the privilege of training at the University Hospitals of Cleveland beginning in 1965. Many of the greats in all of the surgical and medical specialties were clustered on the faculty at the old Lakeside Hospital. I went to Cleveland planning to be a general surgeon. After my first 2 years, I was fortunate to be chosen to spend 2 years as a Clinical Associate at the National Cancer Institute. This opened up huge new vistas for me. I worked with people who had become the leaders in cardiac surgery, neurosurgery, urology, and future heads of some of the most prestigious cancer centers in the country. I also was exposed to advanced clinical and laboratory urologic oncology, and decided that I indeed wanted to become a urologist. Once again, fortune shone on me. Lester Persky and the Chairman of Surgery in Cleveland, working with both boards, developed a program which would fulfill all the requirements for board certification in general surgery and urology. I returned to Cleveland in 1969 and entered that program, finishing in 1973. I achieved board certification in surgery and subsequently did so in urology. My research experience at NCI and the combined clinical training program prepared me to achieve my future goals in academic urologic oncology.

Throughout my career, I have benefited from the expertise, encouragement and kindness of my mentors. Dr. Lester Persky was invaluable to my career, and remained a dear friend until his death. Just before finishing in Cleveland, Lester introduced me to Joe Kaufman. Joe then invited me to look at a job at UCLA. I was reluctant, since I had never been to California, and I had heard that people behaved strangely, smoked pot, etc., and I really wasn’t interested. However, Lester told me I couldn’t insult someone as important as Joe Kaufman, so I made the trip west. I was delighted with what I found, and Joe offered me a position, which I immediately accepted.

After 5 years, Jorgan Schlegel, Chairman at Tulane University, made me a fantastic offer to return to my home town on the faculty at Tulane. We settled in to life in New Orleans once again. In less than 2 years, Don Skinner left for USC, and Joe Kaufman and the cancer center director put together an offer that I simply couldn’t refuse.

I returned to UCLA and began developing a clinical and research program. Willard Goodwin and Joe were giants of American urology at that time, and I learned a great deal from them. Less than 3 years after my return, Joe Kaufman had a stroke and I was thrust into the position of Acting Chief. After a national search, I was named permanent Chief of the Division of Urology in 1984. At that time we had five fulltime faculty, a very small research program, and very few resources. Joe could no longer work, and Willard was essentially completely retired. Little did I realize, as I assessed the huge challenges ahead, that it would prove to be the greatest opportunity of my career. I first identified some good friends and donors and secured enough resources to begin hiring faculty. My basic philosophy was to have a world-class clinician in each of the subspecialties, including renal transplantation,

to serve as the basis of a translational research program in all areas. We had no endowment, and the institution provided limited resources. With the help of our friends in the community, however, we grew rapidly, opened new outpatient facilities, and initiated new research programs.

Another critical event in my career was the arrival of Dr. Gerald Levey in the new position of Vice Chancellor for Medical Affairs, with authority over the medical school and all of the hospital systems. Jerry realized the potential for urology as a department, and with his help, we were granted departmental status in 1996. Our growth then further accelerated. We currently have 29 fulltime faculty members, a very large and diverse research portfolio, and three busy outpatient facilities, including the new Frank Clark Urology Center on the Westwood campus. The residency program is expanding to four per year for a six-year program, and we have six total fellowship positions filled yearly.

Research

I began my research at the NCI and continued after accepting a faculty position at UCLA. Most of my work dealt with immune modulation and immunotherapy. Looking back, our research seems very naive compared to the sophistication of our knowledge in this field today. We first injected BCG into a bladder melanoma and it disappeared. We had studied the effects of BCG at NCI, and wanted to develop a method of instilling it in the bladder. The Human Subject Protection Committee refused to grant us permission, feeling there were too many risks. Dr. Morales really deserves the credit for BCG, and I don't know if publication of our experience with this patient in JAMA in the early 70s influenced his decision to use BCG or not. We did some of the early trials with non-specific immunotherapy, and the second trial with interferon. After taking the reins as head of urology, I actually became more of a research administrator and facilitator, and no longer found time to maintain a laboratory. I am proud that we developed a multidisciplinary renal carcinoma clinic in 1982, which Arie Belldegrun subsequently took over upon his arrival at UCLA, and has expanded greatly. In 1996, in partnership with Dr. Owen Witte, head of the Howard Hughes Institute at UCLA, we started a prostate cancer translational research program. With help from our donors, we sought out the best young scientists and physicians on the campus, and gave them the necessary resources. We then recruited some critical faculty members and subsequently were able to successfully compete for a SPORE in Prostate Cancer. I was the original PI, and Rob Reiter was PI for the renewal, which was successfully funded. The program is now a model of multidisciplinary collaborative translational research. Our faculty in other subspecialty areas have had similar success in building translational research programs.

Education

Having a talented and energetic aspiring young urologist choose you as one of their teachers is an honor that often compensates for many of the arduous administrative duties of a Chair. As expected, some are more successful and more appreciative than others, but being able to contribute to their education and their career is always rewarding. I am proud of all of our residents we have trained over the years, and our American and foreign fellows who in many cases have achieved great things and have positions of leadership in many departments around the world. Many remain as friends and, in many ways, family through the decades.

Reflections

I measure my personal contributions to basic research as modest, and my contributions to clinical research as reasonable. My greatest contribution to urology, my university and the extended community is the current Department of Urology and UCLA Health System. I spent 4 years as head of the Medical Enterprise Committee during difficult times, and though I'm sure I made mistakes, I believe in the end I was able to help the institution. It is obvious to all that I have not sought regional or national positions in urology. I have instead chosen to focus on my university and my department, and for that I have no regrets. My greatest pride is UCLA medicine and especially the Department of Urology and all of its faculty, staff and students. I purposely have not discussed "honors." If anyone would happen to be interested – and I doubt they would be – it is all in my CV, which really has limited importance, and is not a very lengthy read.

Advice

To young urology residents and fellows, I hope you always place your happiness and the happiness of your family at the top of your list of goals. We need leaders in urology in all areas, but we also need excellent physicians who

function in the community, organize medical systems, military, etc. Never try to be anything that you are really not in order to please someone else's pre-formed opinions of how you should be. For aspiring Chairs, building a department requires that you follow only a few simple rules. It doesn't require a great intelligence or any special gift. First, decide where you want a department to be, and within your institution, develop strategies to secure the resources to accomplish the goal. Secondly, pick the faculty that fit the vision, help them get the resources, and let them develop themselves. They must always be given credit for their work and feel secure that you have only their interests in mind. I am fortunate to have the greatest faculty a Chair could imagine. Throughout the years they have achieved beyond my lofty expectations. Thirdly, become a major participant in your institutional affairs and administration, no matter what type of institution. Urology departments are small compared to most of the other departments in an academic medical center. Unless the Chair and the urology faculty become important to the institution and active in all of its affairs, you will have difficulty securing the resources required and be lost among the redwoods. Fourthly, the duties of a Chair now are complex and arduous, and most of us have had little training in these matters. Be certain that you really want to be Chair, and understand all the implications.

Finally, years ago, after a family tragedy, John Donahue send me a copy of *Desiderata*. I hung it on the wall and have tried – admittedly with only modest success – to live by its words. I recommend you read it.

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