
LEGENDS IN UROLOGY

Ian M. Thompson, Jr, MD
President and Chief Development Officer
The Children's Hospital of San Antonio Foundation and
The Friends of CHRISTUS Santa Rosa Foundation
Professor Emeritus
The University of Texas Health Science Center at San Antonio
Member, Texas Urology Group
San Antonio, Texas, USA



The die was cast for my career before I was born. My father, the son of brilliant Scottish and Irish immigrants, trained in Urology at Tulane, where he met my mother, a medical student. After completing his residency, he was drafted and joined the 43rd MASH in Korea, the only urologist in mainland Korea. I remember him telling how a South Korean government official went into urinary retention; he performed his TURP, leading to annual Christmas greetings. I was born at Maxwell AFB in Alabama while he was in Korea. He always had a fondness for the Army...something that would affect me later.

After serving on the faculties of UTMB Galveston and the University of Michigan, he was recruited to establish a Urology department and residency at the University of Missouri in Columbia. Life in the 1960s in a small, Midwestern college town was utopian. My sister and I walked to school. I spent much of my time in my parent's library with books collected by them and by my grandparents; classics, biographies, drama. It was possible to 'leave' the Midwest and travel the globe and through history. At age 8, they sent my sister and me to spend summers in Mexico City with a physician's family. Urologists from around the world would come to Columbia to visit and learn. In 1965, we lived in Spain while my father did a sabbatical with Professor Gil Vernet. The first 6 months included touring Europe, school in Barcelona, followed by living in a Mediterranean-facing house in Fuengirola, a fishing village in southern Spain. It was culminated by a voyage home – the long way: Port Said, Aden, Sri Lanka, 4 ports in Australia, Manila, Hong Kong, ports in Japan, Hawaii, returning to San Francisco with a boatload of memorabilia and memories. High school was at a University of Missouri Lab School where we could take college courses. I began in 8th grade with Spanish courses, moving to graduate-level courses and, at graduation, offered dual enrollment in graduate school. Fluency in Spanish has allowed me to develop friends, world-wide opportunities, and made me an Iberophile.

My father had other plans and recommended that I apply for a service academy. He'd already had two heart attacks and a CABG, including an MI during a South Central Section meeting. The night before I started West Point, we went to a play in his beloved NYC, followed by dinner and drinks at Sardi's. He was a remarkable raconteur, surgeon, and leader in Urology. At West Point, I realized that I'd prefer medicine to combat arms and applied to go directly to medical school. In the cold NY winter, New Orleans (Tulane) was appealing. After 4 years at West Point, it was amazing to return to 'normal' life: New Orleans was exotic: food, music, and culture. During summers, I worked in the Urology research labs at the Tulane National Primate Research Center, under Dr. Blackwell Evans; I caught the 'research bug' and never looked back.

I was selected for the Urology residency at Brooke Army Medical Center (BAMC) in San Antonio. Among my mentors were Drs. Ritchie Spence and Moe Gangai who taught us how to compassionately care for patients. There was a group of brilliant residents during that time, both at the Army and Air Force programs. Without a basic science program at BAMC, several of us reviewed our prostate cancer DRE-based screening program. This foray into research and enrolling patients in National Cancer Institute clinical trials through the Southwest Oncology Group (now – SWOG), ignited an interest in oncology. As I completed my residency, considering a fellowship, Don Lamm, a world-renown BCG expert and UT faculty, advised me to apply to Memorial. In 1987 we moved to

NY. I met other fellows who would be lifetime friends including Joel Scheinfeld, Eric Klein, Ofer Nativ, and Vin Laudone to mention just a few. Being there for Dr. Whitmore's final clinical year was magical; sitting on his couch with him talking to me as a peer taught me a lesson I'll never forget.

Just prior to starting the fellowship, I asked David Crawford, the Chair of the GU Committee of SWOG, what he thought about a clinical trial to determine the impact of adjuvant radiation for pT3 prostate cancer. Amazingly, he encouraged this very junior investigator to develop the trial. During the fellowship, on a computer as big as a suitcase, I typed the adjuvant radiotherapy trial (S8794). Overseeing the trial taught me about design and conduct of clinical trials.

A 'small interruption' in my life was caused by Iraq's invasion of Kuwait. The Army selected senior (e.g., I was Chief of Urology) physicians and surgeons to staff the 41st Combat Support Hospital. In November 1990 we flew to Saudi Arabia and then joined the 82nd Airborne Division in Iraq and Kuwait as they attacked the Republican Guard. Our CSH went from the occasional patient to 'drinking from a firehose' during combat operations. The highlight of the April homecoming was landing at Kelly AFB where the free-world's longest runway was lined with San Antonians waving US flags.

In 1991, Dr. Charles Coltman, the SWOG Chair, called to ask if I would accompany him to the NCI. The Division of Cancer Prevention's oversight board, in response to the PSA-driven spike in prostate cancer and evidence that 5-alpha reductase inhibition (with the recently-approved finasteride) might prevent prostate cancer, recommended a prostate cancer prevention trial. (I'm still not sure why Chuck asked me; take-home message: volunteer.) For a couple of days, a who's-who of cancer prevention at the NCI and this junior urologist, worked in a basement conference room to design the enormous and complex Prostate Cancer Prevention Trial. The next decade was occupied by oversight of the PCPT. (The stories could occupy – and may ultimately be – a book.) Toward the end of the trial, we initiated a Program Project (P01). During a P01 investigators meeting, the Chair of the PCPT Data Safety and Monitoring Committee walked into the room and beckoned me to join them. About 6 months before we thought it might report-out, the DSMC recommended closing the trial as the primary objective – reduction in risk of prostate cancer by 25% - had been met. The challenge was the paradox: while prostate cancer was 24.8% less-common, there was a small but statistically-significant increased risk of high-grade cancer. It required several years for us to discern that this increased risk was due to improved detection of cancer and high-grade cancer due to finasteride's effects on PSA, DRE, and improved prostate biopsy sampling. Ultimately, we showed that the drug was truly effective, including finding a 25% reduction (albeit not statistically-significant) in prostate cancer mortality with finasteride. The experience taught me that it is almost impossible to reverse a 'sticky fact'. I regret most of all that men are not offered 5ARI's as a pathway to reduce their risk of prostate cancer; all they hear about is the risk of high-grade disease, something that most now accept is due to improved detection. My colleagues are currently working on what I think will be the second-most important conclusion, examining the risk of complications of prostate cancer treatment and whether cancer prevention with finasteride reduces these terrible effects.

In 1998, the University of Texas Health Science Center at San Antonio (UTHSCSA) was in need of a Chief of Urology. Considering merging the three (Army, Air Force, and UT) training programs, the Army Surgeon General assigned me to UTHSCSA to lead the Division of Urology. (It was surreal, wearing a uniform as Division Chief.) Ultimately, I retired from the Army and continued in the position. A few years later, we became a Department. With a dramatic faculty growth, doubling the size of the residency, adding a fellowship, and successful grants, the Department rose to #1 in the nation in NIH funding. In 2007, I was asked to take the position as Cancer Center Director. The Cancer Therapy and Research Center had been transferred from a Foundation to UTHSCSA and needed help on its Cancer Center Support Grant (P30). A remarkable team came together and re-established the CTRC as an important member of the Cancer Centers Program of the NCI. I was asked to serve on Subcommittee A (Cancer Centers) of the NCI and have seen the extraordinary science and commitment of the tens of thousands of clinicians, investigators, and staff across the U.S. in NCI-designated Cancer Centers. The program is truly the crown jewel of the NCI. More recently, serving on the Board of Scientific Advisors of the NCI has been an honor.

After almost a decade of service as Director, I retired from UTHSCSA. I was approached by the CEO of CHRISTUS Santa Rosa Health System, a large South Texas healthcare system, to serve as President of CHRISTUS Santa

Rosa Hospital – Medical Center – the hospital where, about a decade before, we began admitting our University patients. The ensuing 4 years – January 2017-November 2020 – were an epiphany: major capital improvements and expansion, improving safety and quality outcomes, and working with a remarkable group of Associates and medical staff (including academic and private practice physicians). Concurrently, I continued to serve as Chair of the GU Committee of SWOG, was joint-PI of a U01, saw clinic, and operated. I joined my son, Ian III, as the ‘junior partner’ of the group. What a privilege! In 2020, as the cruise ship passengers came to San Antonio due to COVID, my hospital was designated as the Regional COVID hospital and Dean Alexander, the Santa Rosa President/CEO, asked me to lead the System’s COVID response. The subsequent 10 months were both stressful and rewarding, as our hearts were broken by the loss of life and suffering but as we watched the medical staff and Associates of CHRISTUS Santa Rosa devote themselves to responding to this national tragedy. Despite enormous challenges and a ‘war-room’-like atmosphere, our faith-based system went beyond all expectations, saving innumerable lives.

In November 2020, with the retirement of the previous President, I was asked to oversee the two Foundations that support the hospital system to include The Children’s Hospital of San Antonio. Much like the moves from Urology Chair to Cancer Center Director to Hospital President, I’d never served in this position before. However, underlying principles are the same: work with great people with an important Mission.

When I reflect on events over the years, I’d like to think that they were the product of good judgment and forethought. Unfortunately, no. Most of the opportunities could be characterized more like a bottle floating in a river, simply following the current. Credit for any successes must go to several factors. First, preparation: remarkable parents who provided a world-view and a love of learning and literature. Second, simply-stated, hard work. Third: serendipity. Fourth: volunteering when offered. Finally, the truly-remarkable colleagues with whom I’ve worked. With apologies to those for whom the limited word-count prevents their names here, a few must be listed. The faculty of the Romance Languages Department at Mizzou, the Engineering Department at West Point, and colleagues at Memorial. David Crawford, for allowing a junior urologist write a phase III trial. Drs. Robin Leach and Susan Padalecki at UTHSCSA, helping build an academic powerhouse and renew the P30 Grant. My colleagues at the NCI, especially Drs. Lori Minasian, Barry Kramer, and Leslie Ford who taught me cancer prevention science. I am profoundly grateful to colleagues on the Urology RRC and fellow Trustees and the staff of the Board of Urology for the support and friendship. Finally, my colleagues and close friends at the SWOG Statistical Center in Seattle, especially Phyllis Goodman and Dr. Cathy Tangen, with whom I’ve worked since the 1990’s on cancer prevention and therapeutic clinical trials and who I think are two of the most brilliant people I’ve known.

My wife, Donna, and I are inspired by the next generation including our daughter Dr. Laura Thompson, son Dr. Ian Thompson III, his wife, Meghan, and our granddaughters, Charlotte and Catherine (Cate). We are confident that they and their generations will continue to change the world for the better.

*Ian M. Thompson, Jr, MD
President and Chief Development Officer
The Children’s Hospital of San Antonio Foundation and
The Friends of CHRISTUS Santa Rosa Foundation
Professor Emeritus
The University of Texas Health Science Center at San Antonio
Member, Texas Urology Group
San Antonio, Texas, USA*