
LEGENDS IN UROLOGY

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They say I have been an influential researcher and opinion leader in prostate cancer. But the territorial disputes of the cancer world have never been far away. I practiced urology most of my life in Malmö – the bleak but hypnotic industrial city in southern Sweden that formed the setting for Stieg Larsson’s novels and the hit TV drama ‘The Bridge’.

I was trained as a medical student in southern Sweden at Lund University, which is one of the oldest universities in Scandinavia. In our healthcare system, surgical training is mandatory for doctors and for 2 years one practices as an internist. I did some psychiatry, general medicine, and surgery. I wasn’t going to be a surgeon, but I changed my mind because I worked with the charismatic Chief of Surgery in a small hospital in southern Sweden, Dr. Arne Weiber, who later on received a prestigious award from his Royal Highness, the King of Sweden. I became a general surgeon, and later on switched to urology.

I had a good relationship with the university hospital and had just paid a visit to the Department of Urology at Lund University where I met two professors of chemistry and pathology respectively. I started to do research in prostate cancer in the early 1980s and finalized my PhD a few years later. At that time, only two researchers in the world were focused on a very special type of prostatic cells, the neuroendocrine cells, and neuroendocrine differentiation. In 1991 I came to the University of Rochester, New York to work as a researcher, and started collaboration with one of the pioneers, Dr. Anthony Di Sant’Agnese, Professor of Surgical Pathology at Strong Memorial Hospital, in Rochester. At the time, Abraham T. K. Cockett was the Chief of Urology and the Secretary of the American Urological Association; he eventually became President. He opened a lot of doors for me. In a few months, I became laboratory director of his department. We were very fortunate because we had a lot of endowments, mainly from Eastman Kodak Company, and Bausch & Lomb and recruited a lot of very good researchers from India, Japan, China, and Scandinavia. I stayed in Rochester for almost 3 years doing research focused on prostate cancer. In total we published almost 50 peer reviewed articles in a very short period of time. It became the most productive scientific and academic period of my life.

Common wisdom says it’s not the destination that matters, but how one embarks on and continues a journey. As immediate past Secretary-General of the European Association of Urology (EAU), in the last 8 years (2007-2015), and before that having served as adjunct Secretary-General for 3 years, I had the unique privilege to help lead an organization whose aims are not only focused on achieving optimal urological care, but also in uniting the various urological specialties across regional differences and variable viewpoints.

The challenge for anyone can be intimidating, particularly at a time when my predecessor Prof. Pierre Teillac decided to prematurely end his tenure in 2006. I accepted the challenge confident that with the support of the EAU Board and the capability of the Central Office, the tasks ahead will be properly addressed with the necessary resolve.

I can say now that my optimism and confidence were matched in the succeeding years with equal responsiveness, thanks to the efforts of colleagues and members of the EAU Board, the executives and staff of the Central Office and the EAU general membership. The inspiration to roll up our sleeves and do the nitty-gritty work was there because the positive energy was not only present but also mutual.

Teamwork and the right people have helped the EAU in many ways. Our goals to strengthen the Education Office, Guidelines group, the Scientific Office and many other EAU entities have been possible with the appointment of the right people at the right time. I would refrain from mentioning here the names, not only because there are many, but we all know that any achievements we have seen were the result of collaboration and cumulative effort.

In the last years, we have not only witnessed the growth in our membership, but have reached clear milestones such as the influence of our Guidelines Office, our scientific journal *European Urology* now with an impact factor close to 15, the reach and depth of our education projects and the expanding interest for our annual and specialized meetings. From the translation of the Guidelines publications into at least 50 languages, new links made by our International Relations Office to the collaborative work with urology associations in other regions, the underlying motive remains the clear forward development of urology. The EAU now has 17,000 members and the number of urologists attending the EAU's annual congress has risen threefold, to 15,000, representing all European countries. Its members now come from not just Europe, but Latin America, Oceania and South East Asia.

Our focus on endemic growth was balanced by our capacity to look beyond borders and consider the views of colleagues in other continents. However diverse the cultural contexts are we still share the same dilemmas and challenges. In the last decade the EAU has entered the global stage and with it comes the responsibility to share resources and help in many worthwhile projects. The global financial crises, however, has not only dampened economic growth but has also spilled right into the areas of medical science and research.

One of the many urgent challenges the EAU faces now is how to overcome financial obstacles that may affect on-going projects. It has always been a challenge to form lasting partnerships with industry, but with economic drawbacks still lingering, our goals to address both local and international concerns hang on a delicate balance. Yes, we are aware of the difficulties but we also see the ways on how to best integrate our relationship with the industry. It won't be a smooth ride, as they say, but with the right approach a win-win situation is within our reach.

Fortunately, both the executive and administrative make-up of our organization are solidly grounded and while other associations go through a quick rotation of key people, the EAU relies on the continued transfer of expertise and knowledge, a clear advantage at a time of uncertainty. We persevere because we believe that the vision is shared, unbroken, among our membership. Our reach can only go as far if our roots are as deep; equally, the trust we have in our colleagues and partners will sustain this belief.

We also need to boost other areas. Our policy on oncology requires further re-thinking, and where we need to be more proactive amidst fast-changing developments in science and research. On the other hand, I am optimistic that the new generation will find ways on how to reach out and convey our views to political decision-makers, particularly in the international level. Boundaries may have been drawn; we only need to find our voice above the tumult.

Patients look for the best treatment centers. So they'll go where the specialists involved in their care work well together, not where they are constantly battling over who is 'top dog'. We have to work as a team and bring all people in cancer under the same roof and be particularly responsible for collaborative cancer initiatives – for example setting up an annual European Multidisciplinary Meeting on Urological Cancers (EMUC) with the European Society for Medical Oncology (ESMO) and the European Society for Radiotherapy and Oncology (ESTRO).

For me personally, building a strong the European Cancer Organization (ECCO) and getting all disciplines to work together in the interests of patients are synonymous. But the cause is made more difficult by tensions created by the increasing role of organ-specific specialties in cancer. Turf wars between medical oncologists and urologists are a particular source of vexation for me. In some European countries, urologists – normally surgeons by training – play the central role in treating urological cancers, even though more and more specialize in oncology. Many see little benefit in handing control of cancer patients to medical oncologists who have less knowledge of, say, the prostate. Medical oncologists, they say, should be brought in at their request rather than coordinating care. So although "working together" is my mantra, achieving it in urological cancer has been fraught with difficulty in Europe. In some countries, there is a major battle. In Germany for example urologists are pretty well handling

everything including chemotherapy, and they are not much working together with medical oncologists,” adding that there are urologists within the EAU who want to be independent of all other specialties – not just medical oncology but areas such as imaging too.

In Scandinavia we are known to emphasize the benefits of consensus-thinking, where leadership goes back to its constituents. My mindset is rooted in this tradition of shared leadership. But in the last 8 years it has also dawned on me that it can be a mix of consensus leadership and a reliance on the monopoly of decision-makers, particularly when time or timing is of crucial consequence. When I took over as EAU Secretary General in 2007, I changed its military-style top-down management model to a more level, consensual structure, with four team leaders who I “trust with everything”. It was based on the structures at my own department. “It’s more time consuming, but I totally believe in it because it is about mutual trust.” My last 4 years as Secretary General has turned my attention more and more toward politics, and I sometimes joke that when I stepped down from EAU, my next challenge will be Secretary General of the United Nations.

After 8 years as EAU Secretary General, 40 years as a practicing urologist and 20 years as Chairman of the Department of Urology, I was recruited by Ferring Pharmaceuticals as Executive Medical Director, Global Clinical Research and Development. The company was interested in my clinical and scientific experience in addition to my global network of key opinion leaders in urology established during my 20 years with EAU. After 1 year I moved to Global Medical Affairs as Vice President in uro-oncology. A new dimension of my life started which I did not anticipate. However, it gave me an opportunity to continue my scientific career to develop and improve drugs for our patients with urological disorders. In addition to continue and enjoy my academic life in terms of science and education. Finally, to travel around the globe, take part in scientific meetings, update cutting edge knowledge and meet old friends and colleagues.

There are dinosaurs fighting to maintain the ‘status quo’ on both sides, but I’m optimistic that within 5 years this will change. Patient organizations like The Prostate Cancer Patient Organization in Europe (UOMO) are getting better organized and asking for everyone to work as a team, and we have asked politicians in Brussels to look at the same thing. I don’t have much time for dinosaurs, hierarchies or those who insist on being “in charge”. I am from the Scandinavian school of openness and informality, and proud that everyone I have worked with at the hospital or the EAU headquarters in the Netherlands, calls me Per-Anders – or even “Papa Pelle”, a family nickname that somehow spread.

I am often asked how I view developments in medicine while in the frontline of leadership. Without doubt I am honored to meet and see the views of many key opinion leaders whose ideas, thoughts and visions have inspired me in many ways. Their fortitude, drive and dedication to medical science and patient care have been sources of deep inspiration.

The journey that started decades ago for me has actually not ended, and despite the hours of jetlag, the missed hours for family and friends in Sweden, I remain grateful for this opportunity, for having the unique chance to make a difference in this continuing effort to see progress in urology. Joy was not in ending long hours of demanding travel but in living out the small details.

Yes, the view from the driver’s seat was exhilarating, and I can truly say it was the best journey of my life.

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