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our commitment to training future generations of physician-scientists to conduct translational research in urologic oncology. James A. Eastham was appointed Chief of the Urology Service in 2009.

Over the past 50 years Memorial Sloan Kettering Cancer Center has trained more than 200 graduate urologists from around the world as fellows in urologic oncology. Many of the world's leaders in our specialty, who have contributed immensely to the field, have studied here. These former fellows include the following world-renowned leaders in urology:

Paul F. Schellhammer (1974), Professor and former Chair of Urology, and Medical Director of the Virginia Prostate Center, Eastern Virginia Medical School

Mohamed A. Ghoneim (1974), Founder and Director, Urology and Nephrology Center, Mansoura University (Mansoura, Egypt)

James E. Montie (1979), Professor and former Chair of Urology, University of Michigan

Joseph A. Smith, Jr. (1980), Professor and Chair of Urologic Surgery, Vanderbilt University School of Medicine

Neil H. Bander (1983), Professor of Urology and Director of Urological Oncology Research, Weill Cornell Medical College

Yves Fradet (1983), Professor of Urology and Surgery, Université Laval, Quebec

Laurence Klotz (1985), Professor of Surgery and Chief of Urology, Sunnybrook & Women's College Health Sciences Centre, University of Toronto

Peter R. Carroll (1986), Professor and Chair of Urology, University of California, San Francisco

Ian M. Thompson (1988), Professor and Chair of Urology, University of Texas Health Science Center at San Antonio

Eric A. Klein (1989), Chair of the Glickman Urological and Kidney Institute, Cleveland Clinic

David P. Wood, Jr. (1991), Professor of Urology, Oakland University-William Beaumont School of Medicine

Armen Aprikian (1993), Professor of Surgery and Head of the Division of Urology, McGill University; Head of the Department of Oncology and Urologist-in-Chief, McGill University Health Centre

Dan Theodorescu (1995), Professor of Surgery and Pharmacology, Paul A. Bunn Professor of Cancer Research, and Director of the University of Colorado Comprehensive Cancer Center, University of Colorado

Steven C. Campbell (1996), Professor of Surgery and Member of the Section of Urologic Oncology in the Glickman Urological and Kidney Institute, Cleveland Clinic

Neil Fleshner (1997), Professor of Surgery, University of Toronto, and Head of the Division of Urology, University Health Network

Sam S. Chang (2000), Associate Professor of Urologic Surgery, Vanderbilt University School of Medicine; Chair, Site-Specific Task Force (Genitourinary), The American Joint Committee on Cancer

James M. McKiernan (2001), Vice Chair of Urology and Director of Urologic Oncology Service, Columbia University College of Physicians & Surgeons

Daniel Lin (2001), Professor of Urology and Chief of Urologic Oncology, University of Washington School of Medicine

Badrinath R. Konety (2001), Chair of Urology and Director of the Institute for Prostate and Urologic Cancers, University of Minnesota

Pierre I. Karakiewicz (2002), Director of the Cancer Prognostics and Health Outcomes Unit, University of Montreal

Edouard J. Trabulsi (2003), Associate Professor of Urology and Director of Minimally Invasive Urologic Oncology, Thomas Jefferson University

Andrew J. Stephenson (2005), Director of the Center of Urologic Oncology at the Glickman Urological and Kidney Institute, Cleveland Clinic

Dipen J. Parekh (2006), Chair and Professor of Urology, Director of Robotic Surgery, University of Miami

Treatment & Research Achievements

Over the past 50 years, the faculty of the Urology Service has been at the forefront of genitourinary cancer research and has made numerous significant and enduring [contributions to the field of urologic oncology](#), with many of the published papers that documented these contributions co-authored by fellows and residents.

Members of the Urology Service were among the first to explore and define the role of radical cystectomy for bladder cancer, retroperitoneal lymph node dissection for testis tumors, radical nephrectomy for renal cell cancer, and extended radical surgical excisions for locoregional prostatic and other cancers.

With the emergent use of chemotherapy, collaborative investigations focused on the treatment of metastatic urologic neoplasms, which led to the development of the MVAC chemotherapy regimen for metastatic transitional cell carcinoma. MVAC chemotherapy was rapidly integrated with surgery in combined modality strategies for patients with locally advanced, regional, and metastatic bladder cancer.

We conducted a prospective study that established surveillance as an alternative to retroperitoneal lymph node dissection in patients with stage I non-seminomatous germ cell tumors of the testis — the first such study of its kind in the United States.

In the 1950s, the late Memorial Sloan Kettering cancer immunologist Lloyd J. Old and other researchers began investigating BCG as a treatment for cancer, and clinical studies conducted at Memorial Sloan Kettering demonstrated the effectiveness of this therapy for early-stage bladder cancer.

The Urology Service is also at the forefront of translational research on prostate cancer. We were awarded a grant to establish a multidisciplinary Specialized Program of Research Excellence in Prostate Cancer in 2001 and also participated in the Prostate Oncogenome Project, the largest genomic analysis of prostate tumors to date. Our studies have shown that measurement of prostate kallikreins and other proteases can be used to determine prostate cancer risk and prognosis years before a diagnosis.

In collaboration with the Department of Epidemiology and Biostatistics, the Urology Service pioneered the development of nomograms as prediction tools for patient outcomes. Based on standard clinical and pathologic variables, these algorithms allow doctors and patients to make informed treatment decisions. Nomograms have now been developed for many cancers, and members of the American Society of Clinical Oncology voted Memorial Sloan Kettering nomograms the most widely used informatics tool in oncology.

Paul Russo and the clinical renal cancer research team clarified the rationale for kidney-sparing surgical approaches to kidney tumors. The team demonstrated that partial nephrectomy for T1 tumors (<7cm), and for larger tumors if technically feasible, provided local tumor control equivalent to radical nephrectomy, while preserving renal function and preventing or delaying the onset of chronic kidney disease.

Today there are remarkable opportunities for those seeking a career in urologic oncology. The revolution in molecular biology and advances in sophisticated technology are changing the way we care for patients with genitourinary cancers. We welcome the next generation of urologists to join us and participate in forging a new historical era in urologic oncology.

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