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Louis Denis: Urology's foremost free thinker

Interview by Raphaël Brenner

The son of a Belgian docker, Louis Denis, now Director of the Antwerp Oncology Centre, joined the army to get through medical school. Though often at odds with the medical establishment, he rose to the top of his field, and helped shape European oncology through his commitment to prevention, research, professional education and innovation.

From a poor background you've made it to the top in a pretty elitist profession. What has been the driving force in your career and life?

LOUIS DENIS As far as I can remember, I've always wanted to help people and fight against social injustice. For me, medicine was the natural answer. I came from a poor family – my father was a docker – so I enlisted in the Royal Military School of the Medical Services in order to be able to finish my medical studies at the University of Ghent. I dreamt of becoming a general practitioner, but the army pressured me to specialise, and that was how I came to do postgraduate studies in surgery and urology in Antwerp and the US. I feel I've been very lucky, helping other people is the least I could do to repay what society has given me.

Do you feel you've remained faithful to your beliefs in your career?

LOUIS DENIS I hope so. I love people and I love to help. Through my association with some of the great names in oncology, such as Gerry Murphy and Umberto Veronesi, I have been able to help many young urological surgeons and oncologists.

Some of them, like Andrew von Eschenbach and Tadao Kakizoe, have gone on to make great names for themselves, as Directors of the National Cancer Institutes in the US and Japan. These networks also helped me secure a grant from the Belgian Government worth two million euros to establish a new headquarters for the EORTC [European Organisation for Research and Treatment of Cancer] in 1990.

I abhor power, arrogance and elitism. As a free thinker, I have come under a lot of political pressure and manoeuvring against me, but I never compromised my beliefs and, ultimately, perseverance paid off. My success has been entirely due to my professional skills. As for money, despite the difficulties I faced, I never bartered my independence or freedom of speech for money.

You might call this ethical but, for me, it was the most natural thing to do.

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At his desk. Having recently been diagnosed with prostate cancer, Denis is continuing to champion the cause of the patient – from the other side of the consulting table

Do you think the slogan 'excellence without arrogance', recently coined by Andrew von Eschenbach, is a good guideline for physicians?

LOUIS DENIS Definitely! Who are we to be arrogant? I worked hard but I was also very lucky. Call it what you want – coincidence, fate, opportunity – you need to be lucky to succeed. In the course of my specialisation, for instance, I met the right people at the right time. My boss in the US, George Prout, later Professor of Surgery at Harvard University, let me perform laboratory research as well as surgery from the start. So my four-year training in urology at the Medical College of Virginia in Richmond became a turning point in my urological career, because it gave me my enthusiasm for research and clinical trials.

I dreamt I could find a cure for some urological cancers, but I also learnt that cure or control of cancer is achieved through small steps rather than in one giant leap. I was lucky enough to participate in the very first prostate cancer trial, which was led by the great W.W. Scott of Johns Hopkins University Hospital. This is how I came to know the important urologists of the last decades on first-name terms.

But my greatest luck was in having such an excellent staff in Antwerp and Brussels, led by Pierre Nowé and Frans Keuppens. They supported my international career by providing a top-quality service to patients. They also introduced innovative surgical methods and procedures and organised dozens of seminars and meetings.

As Goethe said, "I would have been nothing without my friends."

As a tireless lecturer and founding member of the European School of Oncology, what do you feel is the most important message to convey to physicians?

LOUIS DENIS It has always been my belief that a physician should treat the person, not just the disease. This is why I strongly advocate a holistic or multidisciplinary approach. The problem is that even if oncology training today emphasises the importance of interacting with patients, science has turned medicine into a technological discipline and the more technological it becomes, the harder it is to retain the human touch.

We need to learn how to use knowledge in the best possible way, never forgetting that we are dealing with human beings who are all the more vulnerable because they are sick. Compassion is the most important aspect of a physician, not intelligence. Patients do not care about research results. They deserve heartfelt words and a warm approach. This is the real challenge – how to be warm and empathetic towards others.

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After a distinguished career as Head of Urology at Antwerp Hospitals and Professor of Urology at the Free University of Brussels (VUB), Denis is currently Director of the Antwerp Oncology Centre, and is pictured here with his staff

As a patient, I must confess I find hospitals depressing places

Are nurses and other support staff sufficiently trained for the task of providing information and support to patients?

LOUIS DENIS In any hospital, it is the paramedical team that has the greatest contact with the patients, so they are the ones who need the best training in how to provide effective support. In our hospitals, all the paramedical staff attend regular training sessions on the management of cancer patients. Take a nurse in charge of assigning beds to new patients – this may be a small detail, but it is an important one. Beds are assigned and consultations given according to the patient's needs. If a patient due for surgery is given a bed next to a patient who has just had an operation for a similar problem, this gives the newcomer a chance to pick up information, which could help ease their anxiety. But this

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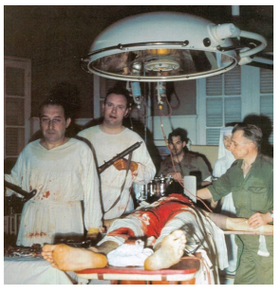
RESCUE MISSION IN DEEPEST AFRICA



In November 1964, several hundred Europeans and Americans were taken hostage by rebels in Stanleyville, Zaire. Belgian paratroopers, sent to rescue the hostages (Operation Red Dragon), parachuted onto Stanleyville Airport, with Captain Louis Denis, then Chief of the Department of Urology at Antwerp Military Hospital, serving as field surgeon. Since retiring from the army, Denis has given lectures on urology to military physicians and, next April, he is set to help launch the first European School of Oncology course on oncology for military physicians.

model works best with a good, multi-professional team supported, if possible, by members of patients organisations.

Issues around the role patients play in decisions about their own treatment are coming increasingly under the spotlight. What approach do you take at the Antwerp Oncology Centre?

LOUIS DENIS Our first aim is to make clear to patients that we see them as independent individuals and they should not be afraid to talk to their doctors as equals. It is a sad fact that there are still surgeons who deny their patients basic rights, and just tell them: "You know nothing. I am the one who's going to do the operation." Our second aim is to help patients to understand their medical problem and also to evaluate their physician. Do they feel he or she is competent? – a second opinion could be helpful here. Do they feel he or she communicates well on a human level, and allows the patient to talk and ask questions? Last but not least, given the fact that patients are not well informed, we provide them with a 'passport'. This is a booklet that gives patients a wealth of information on their disease, on the examinations they will undergo and on the management of the disease.

Support groups like Europa Uomo [the European Prostate Cancer Coalition] have changed the way patients experience their illness. The knowledge they acquire on their cancer and the reassurance they receive from doctors and other patients help to foster a more positive attitude to their illness. This sort of support also helps reduce anxiety levels, which are often a greater cause of suffering than the disease itself.

The value of PSA (prostate specific antigen) screening is another issue much under the spotlight. As international coordinator of the European randomised screening study for prostate cancer, what is your view?

LOUIS DENIS Until we have the results, which will be in three to four years, the lack of evidence on the true benefit of population screening calls for a very balanced attitude. Consider the natural history of prostate cancer: it takes 20 years for a microfocal cancer to become a clinical tumour, and it takes another 15 years for a clinical tumour to kill a patient – 35 years is a long time! Moreover, we know that 50% of men aged between 40 and 50 have a nascent (microfocal) prostate cancer and that 3% eventually die from the disease after many years. So I see no justification for offering a PSA test to an asymptomatic man, unless they are at risk – all the more so because PSA testing is unreliable and is often a pretext for a biopsy. We must remember that we are talking about healthy people! Screening has to be done responsibly: being told you have cancer can destroy your life, even though in the end you may die with the

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cancer rather than because of it. A PSA test is routinely carried out on symptomatic patients, although localised prostate cancer rarely causes symptoms. In my opinion, the test is indicated if abnormalities are found on a digital rectal examination or if a patient is anxious due to a family history of prostate disease or because of information gained via the media. Frankly, we are desperately looking for a more specific test to diagnose prostate cancer.

What is your approach to managing prostate cancer, given the rates of incontinence and impotence associated with surgery?

LOUIS DENIS Given the natural history of prostate cancer and in spite of being a surgeon, I call for caution. If we talk about a 65-year-old man in good health and with a good prognosis, we have three possibilities that are more or less equivalent: radical prostatectomy, radiotherapy (external beam radiation therapy or brachytherapy) or no treatment at all, which is often disregarded by physicians but is indeed an alternative. Active monitoring is not routinely applied, but it is justified in appropriate cases and, in these cases, we inform patients that there is a 50% chance they will require treatment depending on the evolution of the prognostic signs.

With all these treatments, there is a 95% survival rate after five years, which is normal for early prostate cancer. However, many patients exhibit some rise in their PSA level after treatment, which necessitates renewed treatment. On average, I would say that 25% of patients are overtreated and another 25% undertreated. This is of great concern, as there are often severe complications entailing impotence and incontinence, which can reach double-digit figures. But let's be clear: this is not an inevitable tragedy. With surgery as with any method, the rate of success can vary considerably depending on the skills and experience of the surgeon.

This is why I favour centres for prostate cancer treatment with multi-disciplinary staff. Lastly, among the new non-surgical alternative treatments, high-intensity focused ultrasound can be successful depending on the size of the prostate, but we need five more years of follow-up to be able to assess this method fully.

You yourself have been diagnosed with prostate cancer and you played a central role in launching Europa Uomo. Has this changed the way you see things at all?

LOUIS DENIS As a surgeon and researcher I have seen all the facets of this disease, but as a patient, I must confess I find hospitals depressing places. Neither the outside nor the inside of hospitals are welcoming or comforting to patients. I hope that, in future, architects will design smaller, more humane structures.

Regarding my own illness, I am not afraid. I have always been conscious of my mortality and I believe that living means "learning how to lose." I want champagne and Scottish bagpipers at my funeral and I want my friends to remember me as a free-thinking man. I had a marvellous life and I am blessed with a supportive family and a dozen grandchildren.

I did what I wanted to do, I said what I wanted to say and, at the age of 71, I see no reason to hang on needlessly. Seventy-five per cent of cancers appear after the age of 65, so at this age one should have the maturity to view cancer as a challenge, as an opportunity to surpass oneself, to look at things differently, and to acknowledge forces greater than oneself. Most importantly, one should fight to control the disease, with the support of sympathetic professionals.

UROLOGY FOR FOUR-LEGGED FRIENDS

R. LORENTSEN

World-famous Antwerp Zoo had a male okapi who could not copulate. Unable to identify the reasons, the veterinarians turned to Prof. Louis Denis for help. After a very delicate general anaesthesia, the examination revealed an infected foreskin. An extensive circumcision was performed and since then many little okapis have been born in various European zoos.