

Giants in Urology

Donald G. Skinner

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I was very pleased to have the opportunity to write a short piece about Dr. Donald Skinner, a true giant in urology. To begin, we are NOT related, but I received all my training under Dr. Skinner and then was on the faculty at USC (University of Southern California) from 1990 to 2012. He has been my most important mentor throughout my career.

Dr. Skinner was raised in the Midwest. After graduating from Yale Medical School, he completed 2 years of residency in general surgery at Massachusetts General Hospital. There, he met Dr. Wyland Leadbetter and urology chief resident John Donohue, who stimulated his interest in urology. He spent 2 more years working in the Air Force as a general surgeon before entering urology training back at Massachusetts General Hospital. That general surgical training was key to his comfort in operating throughout the abdomen and pelvis and even into the chest. As a resident, he became a confident surgeon, learning from Dr. Leadbetter the thoracoabdominal incision that enabled the first safe approaches to removing huge retroperitoneal masses associated with kidney and testis cancer. After his residency, he was hired at UCLA (University of California, Los Angeles) by Dr. Joe Kaufman who, with Willard Goodwin, further supported his growth as a urologic oncologist. Dr. Skinner quickly established his reputation as a gifted surgeon, taking on complex cancer surgeries including life-saving post-chemotherapy retroperitoneal lymph node dissection for patients with advanced testis cancer who had previously been incurable.

In 1980, just 9 years out of training, Dr. Skinner moved across town to assume leadership of the Division of Urology at the University of Southern California. That small division was at LA County Hospital and included only three faculty members. Dr. Skinner recruited two new young faculty members whom he had trained at UCLA. He continued to staff the County urology service, but also started a private practice at the nearby Hospital of the Good Samaritan focused on urologic oncology and reconstructive urology. In 1982, after learning about the work of Nils Kock, he performed one of the first Kock pouch continent cutaneous urinary diversions in the US. I was fortunate to scrub in as a medical student on that case! That first case was so successful that he offered it to others and soon developed a robust referral practice of bladder cancer patients seeking an alternative to an ileal conduit. He later adapted it to an orthotopic diversion, and he performed over 1000 of these procedures over the course of his career. In addition to working to perfect that operation and its outcomes, he became convinced of the benefit of adding chemotherapy to the treatment of patients with locally advanced bladder cancer, and he completed one of the first prospective clinical trials of adjuvant chemotherapy in that disease. One of my early memories as a fellow at USC was watching him present the results of that trial at the SUO (Society of Urologic Oncology) annual meeting. It was controversial and he was attacked from all sides, which he appeared to thoroughly enjoy. Of course, with time, it was clear he was right.

Several of Dr. Skinner's key initiatives helped build USC into a robust department of urology over the next 30 years in addition to steadily expanding the faculty. From the beginning, he set up a clinical database of his cystectomy patients, allowing him to track their outcomes. This eventually required hiring a group of data managers to abstract charts and follow patients, including those who had stopped coming to USC for routine follow-up. There were many key publications generated from that database, including work showing that a thorough lymph node dissection could cure up to 35% of patients with positive lymph nodes—previously thought to be incurable. The seminal article in 2001 from his protégé, the late Dr. John Stein, summarized the outcome of the first 1054 patients and has become one of the most-cited articles in urologic oncology [1]. Secondly, he convinced USC to build the Norris Cancer Center and personally raised much of the funding for that hospital and clinic. At the same time, he built a department philanthropic fund from grateful patients that rapidly grew and was a key tool in his ability to recruit faculty and fund new programs. Finally, he partnered with an eminent basic scientist, Dr. Peter Jones, and ensured that some tissue from every cystectomy he performed was sent to his laboratory for analysis. They were the first to connect the mutated p53 tumor

suppressor gene to outcomes in localized bladder cancer and to identify the importance of epigenetic changes in bladder cancer biology.

Dr. Skinner was internationally recognized for his contributions to urologic oncology, and received many, many honors throughout his career. These included the Gold Cystoscope award and the Gutierrez Lectureship from AUA (American Urological Association), the Barringer Medal and Keyes Award from the American Association of Genitourinary Surgeons, and the Huggins Medal from the Society of Urologic Oncology, an organization which he helped found and lead. He also received the Presidential Medallion from USC at the time of his retirement, the highest honor from that university.

Dr. Skinner was an amazing teacher and mentor, having trained nearly 90 residents and 24 urologic oncology fellows prior to his retirement in 2009. He always held his trainees to the highest standards, both in surgical technique and in clinical care. He was a huge supporter of women in urology, and a quarter of the urologic oncology fellows he trained were women. He always put the patient's interests first and was a wonderful role model for trainees, both in how he orchestrated a complex surgery and in the compassion he showed his patients at the bedside.

Finally, I only later learned to appreciate Dr. Skinner's amazing leadership skills. He led the department, the medical school, and many of our national and international societies. He was transparent, completely fair and honest, and he listened carefully to the other faculty before making decisions that affected them and the department. He modeled the behavior he expected of all of us, and we became a very tight-knit group of faculty members. He was unselfish and supportive of his faculty and trainees and encouraged all of us to voice our opinions and to thrive in our own research and clinical careers. I will be forever grateful for his contributions to the department, to USC, to the field of urology, and to my own career as a urologic oncologist.

Conflicts of Interest: The author declares no conflict of interest.

Reference

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