

## LETTER TO EDITOR

**Lady urologist and male patients with prostate cancer**

Rodolfo Montironi<sup>1</sup>, Antonio Lopez-Beltran<sup>2</sup>, Meredith C. Wasserman<sup>3</sup>, Alessia Cimadamore<sup>4</sup>, Liang Cheng<sup>5</sup>

<sup>1</sup> Molecular Medicine and Cell Therapy Foundation, c/o Polytechnic University of the Marche Region, Ancona, Italy;

<sup>2</sup> Department of Surgery, Cordoba University Medical School, Cordoba, Spain;

<sup>3</sup> Division of Urology, Department of Surgery, The Warren Alpert Medical School of Brown University, Providence, RI, USA;

<sup>4</sup> Institute of Pathological Anatomy, Department of Medicine, University of Udine, Udine, Italy;

<sup>5</sup> Department of Pathology and Laboratory Medicine, Department of Surgery (Urology), Brown University Warren Alpert Medical School, Brown University Health, and the Legorreta Cancer Center at Brown University, Providence, RI, USA.

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To the Editor

In 2022 Dr Suzanne Koven published a book entitled *Letter to a Young Female Physician, Notes from a Medical Life*. W.W. Norton & Company, Inc, New York (1). The book starts with a letter written by the author while participating in a 2017 orientation session at Harvard Medical School during which new interns were asked to write self-addressed essays expressing “their hopes and anxieties” (1). In the first part of her letter, Dr Koven writes: “On your urology rotation in medical school, you were informed that your presence was pointless, since, as you were told by an attending, no self-respecting man would go to a lady urologist” (1).

Co-authors of the present contribution (ALB, MCW, AC, and LC) put forward a series of questions on such a quotation: 1. Female and male medical students and postgraduate trainees; 2. “Lady urologist”; 3. Male patients; and 4. “Self-respecting man”. The answers reported hereafter were given by the other co-author (RM, a uropathologist whose training included urologic oncology), to some extent representing his personal view or experience.

### ***Female and male medical students and postgraduate trainees***

Over the years, an extensive series of lectures on clinically oriented uropathology were delivered to medical students. Teaching included practical sessions. Basically, both female and male students – the former outnumbering their male peers – were very good in terms of proficiency, i.e., no differences between the students of the two genders were noticed. Occasionally, an attempt was made, with very little success, to encourage female and male students to apply for postgraduate training in pathology. They were never discouraged from applying for other specialties, including urology. An idea of what being in a non-pathology specialties would have meant, in terms of advantages and disadvantages, was given. The same approach was adopted when teaching uropathology to interns, residents and fellows in urology as well as to other non-urology postgraduate trainees. It was pointed out that both female and male have the same chances to succeed in their future professional and academic career as well as with patients, the latter independently of being self-respecting or not (See below). It was also explained to them, women and men, not to tolerate the belief that one sex is superior to or more valuable than another sex.

### ***“Lady urologist”***

Despite the relatively equal number of female and male graduating from medical school, in some countries the proportion of women in the urology services, both academic and not academic, has been lower than that of male urologists. Mayer *et al.* investigated the gender differences in publication productivity among academic urologists in the United States (2). The authors found that “Women represent a growing proportion of academic urology faculty, but despite the recent increase in number entering the field, relatively few women occupy senior leadership positions” (2). Probably, this has reflected an older approach of a basically male profession, an approach that has changed rapidly over times. However, the female contributions are not of a lower level compared with those of male urologists in all the settings: office, ward and operating room as well as academically. A recent study by Wallis *et al.* showed that “patients treated by female surgeons have lower rates of adverse postoperative outcomes including death at 90 days and 1 year after surgery compared with those treated by male surgeons” (3). Female urologists are not mentioned here by name; it would appear a kind of discrimination or personal preferences. They can be easily found on the websites of national and international urology and uro-oncology societies and meetings.

## Male patients

When reviewing the histological slides sent by patients with prostate cancer, the answer to major questions from them concerned the importance of morphologic and molecular features in terms of diagnosis, prognosis and therapeutic options (4). Most patients were in touch with male urologists, a minority being with female urologists. The recollection from those patients was that female and male urologists were considered to be at a comparable level, from the human and professional levels. They said that they were not afraid of discussing with female urologists all aspects of their disease, including potency and continence, in a way similar to that with male urologists. Some patients said that they preferred male urologists: they had nothing to be ashamed of, but they felt uncomfortable with a female urologist (5). It was heard from them that women urologists did not dislike having male patients.

## CONCLUSIONS

### “Self-respecting man”

Concerning “self-respecting man” (1), Dr Koven was probably referring to men/patients of a certain social class, depending on education, occupation and income. To the best of the co-author’s experience (RM), the patients were dealt with independently from their social class. The same did the lady urologists in relation to the social class of their male patients.

## REFERENCES

1. Koven S. *Letter to a Young Female Physician: Thoughts on life and work (Notes from a Medical Life)*. New York, NY: W.W. Norton & Company, Inc; 2022.
2. Mayer EN, Lenherr SM, Hanson HA, et al. *Gender Differences in Publication Productivity Among Academic Urologists in the United States*. *Urology*. 2017; 103:39-46.
3. Wallis CJD, Jerath A, Aminoltejari K, et al. *Surgeon Sex and Long-Term Postoperative Outcomes Among Patients Undergoing Common Surgeries*. *JAMA Surg*. 2023; 158:1185-1194.
4. Cimadamore A, Cheng L, Lopez-Beltran A, et al. *Patients ask and pathologists answer: ten questions around prostate cancer grading*. *Virchows Arch*. 2024 Aug 17. doi: 10.1007/s00428-024-03891-9. Epub ahead of print. PMID: 39153109.
5. <https://www.quora.com/How-do-women-urologists-feel-about-having-male-patients>.

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## Correspondence

Rodolfo Montironi, MD (Corresponding Author)

rodolfo.montironi51@gmail.com

Molecular Medicine and Cell Therapy Foundation, c/o Polytechnic University of the Marche Region, Via Tronto 10, 60126 Ancona, Italy.

Antonio Lopez-Beltran, MD

emllobea@gmail.com

Department of Surgery, Cordoba University Medical School, Cordoba, Spain

Meredith C. Wasserman, MD

meredith.wasserman@gmail.com

Division of Urology, Department of Surgery, The Warren Alpert Medical School of Brown University, Providence, RI, USA

Alessia Cimadamore

alessiacimadamore@gmail.com

Institute of Pathological Anatomy, Department of Medicine, University of Udine, Udine, Italy

Liang Cheng

liang\_cheng@yahoo.com

Department of Pathology and Laboratory Medicine, Department of Surgery (Urology), Brown University Warren Alpert Medical School, Brown University Health, and the Legorreta Cancer Center at Brown University, Providence, RI, USA