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Tribute to John P. Donohue (1930–2008): The Best and the Brightest

John Donohue died of a cerebral vascular accident on 4 September 2008. This catastrophic event happened while he was gardening at his home in Michigan. A shining light in urology has been extinguished.

John joined the faculty at Indiana University in 1965 and quickly rose to the level of Professor and became Chairman of the department in 1971. He changed a small department into a programme that established world leadership in urological oncology. During his early years as an investigative urological oncologist in testicular cancer, he pioneered and perfected a radical surgical method of curing stage II non-seminomatous testicular cancer with a bilateral suprahilar retroperitoneal lymph node dissection (RPLND). During this period most, if not all, of his cured patients would have died from their disease were it not for his surgical expertise, as well as courage in performing this type of operation in these somewhat primitive times. The availability of ancillary support that we have at present simply did not exist in those earlier days.

I joined the faculty at Indiana University in July, 1973. One of the first things that I wanted to do was introduce myself to John. I did this with a great deal of fear and trepidation, as he was already a nationally and internationally recognized authority in urological oncology. I wanted him to share his patients with me and to help develop a programme in testicular cancer. He immediately welcomed me with open arms and thus began a 30-year collaboration. John recognized the limitations of radical surgery and very early recognized the potential of chemotherapy. We were fortunate in 1974 to be in at the beginning with the early studies with cisplatin. Testicular cancer then became a model for multi-disciplinary care. There were patients with metastatic disease who were incurable with chemotherapy alone or surgery alone, but complete eradication of their disease was possible with cisplatin combination chemotherapy followed by surgical resection of persistent teratoma or even carcinoma.

With the early recognition of the success of this approach, John next turned his attention to reducing the morbidity from radical surgery. Without the availability of chemotherapy, surgery was the only chance for cure for many of these patients in the pre-cisplatin era. He helped to perfect the anatomical distribution of right-sided and left-sided testis cancer, and the careful mapping of appropriate surgical templates. Thus, he went from being arguably the world's leading expert in performing the difficult bilateral, suprahilar RPLND with a 7-10-day hospitalization and requirement for a nasogastric tube, to perfecting a modified template and a nerve-sparing procedure that avoided the nasogastric tube and allowed a brief hospital stay of only 2–3 days. More importantly, with the radical surgery, over 90% of patients had retrograde ejaculation or simply failure of ejaculation. With the modern surgical techniques that he helped to perfect, patients today can have a 99% probability of antegrade ejaculation, when an RPLND is performed as initial therapy.

I have been very fortunate to have worked with John Donohue. More important than our collaboration was our friendship. We shared common interests and goals, and became a true team in the strictest sense of the word. We built upon one another's individual skills and passion in perfecting curative therapy for most patients with testicular cancer. I never could have accomplished what I have been able to do in my career without his scientific wisdom, collegiality and encouragement. All of the skill he demonstrated and taught has been passed on to the next generation of urologists in this department.

John also perfected the techniques of doing large-volume postchemotherapy resections. We have had the opportunity and good fortune to cure many patients who were deemed inoperable after chemotherapy, but were subsequently cured by John's meticulous and aggressive resection of large-volume teratoma and/or carcinoma.

John was noted for his quick wit, charm, intellect, and infectious and often mischievous smile. There was always that undercurrent that he knew something that you had not quite discovered yet yourself and, indeed, that was usually the situation. John was a consummate surgeon, chairman of urology, educator, and scientist, and was equally adept in all of these areas. I have no doubt that he would have prospered in any endeavour within or outside of the field of medicine.

During his life, he was honoured by numerous awards and accolades. His death was mourned by his family, friends, colleagues, and his many thousands of patients. His influence will last as his true legacy far beyond his untimely death.

A final recognition that he was 'the best and the brightest' that urology and oncology can produce was a significant number of published tributes following his death. To paraphrase a line from *The Natural*, John was "the best there was, the best there is, and the best there will ever be".

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