

## Professor Viraj A. Master: surgery is a single “strike”

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Prof. Viraj A. Master (*Figure 1*) is a Professor of Urology at the Emory University School of Medicine, the director of Clinical Research Unit and the associate chair for Clinical Affairs and Quality. Prof. Master's primary clinical interest is urologic oncology, in particular kidney cancer, adrenal tumors, testicular cancer, high-risk prostate cancer and penile cancers. Prof. Master has lectured both nationally and internationally, as well as authored multiple book chapters and over 150 peer-reviewed scientific journal articles. He also is closely involved in teaching and mentoring medical students, urology residents and post-graduate fellows.

During the 2015 American College of Surgeons (ACS) Clinical Congress in Chicago, Prof. Master was the co-moderator of the session, “Urological Surgery” on October 5. We were honor to invite Prof. Master for an interview to talk about the progress of urological surgery, the reasons of being a surgeon, the key factor of performing urological surgery and etc.

**TAU:** *I knew that you were the moderator for Urological Surgery session yesterday. Were there any parts impressed you the most during the panel?*

**Prof. Master:** The entire session was really great. One of the reasons is that it focused broadly on all-round urology, rather than one part of the urology. The other one is that the discussion is great. Because you can hear a person who does not normally deal with urological cancers talking about his opinions on the data, and you can have someone who doesn't know much about stone disease but he could ask a good question. So it turns to be my favorite part of this meeting.

**TAU:** *Have you witnessed any progress of urological surgery in recent years? Which one you think is the most significant?*

**Prof. Master:** In general aspect, the tremendous understanding of prostate cancer biology, particularly



**Figure 1** Professor Viraj A. Master.

stratifying patients into those who need treatment, versus those who may be well served with surveillance only, could be considered truly significant progress in urological surgery. Surgical treatment is not always needed for the patients with prostate cancer. Meaning, certain urological patients with prostate cancer can be followed and the data is kept coming out.

Also, I think the continuing use of minimal invasive surgery is really important, which is highlighted by the use of robotic surgery for prostate cancer. For example, in malignancies like penile cancer, it may be possible to substitute traditional open, invasive surgery in the groin with minimally invasive techniques. As a worldwide community, we can do minimal invasive surgeries for those patients with penile cancer while developed in South America, many groups like ours, others in Europe and in Asia, for example in Fudan, China. Minimal invasive surgery is a revolutionary technique that has transformed surgery of the groin for malignancy.

*TAU: With your rich experience, what is the key factor to performing successful urological surgery? Do you have any suggestions for young surgeons?*

**Prof. Master:** Solid anatomical knowledge are very good teachers, which would be a key factor to performing successful urological surgery.

Anatomy in the modern years has become forgotten by many young surgeons, as they will often look at journal articles. I suggest that the young surgeons should concentrate on fundamental knowledge of anatomy as a foundational skill, and then build upon this knowledge.

*TAU: What makes you become enthusiastic about being a surgeon?*

**Prof. Master:** I'm excited that in many diseases, a single 'strike', meaning a surgical procedure, can make that patient better.

*TAU: Recently, what's your and your team's focus on urological surgery? Is there any progress you could share with our readers?*

**Prof. Master:** We focus on advanced kidney cancer and immunology. Common cost-effective, serum biomarkers

are available worldwide, such as in China, India, US and Europe. These biomarkers, while traditionally used for monitoring inflammation from infection, can be repurposed to predict the outcome of patients with advanced cancers. C-reactive protein is probably the best studied example. Multiple groups across the world are doing amazing research in pursuing serum markers to predict outcome, but a large fraction of them will do the expensive tests, usually in the research setting. We are working on in collaborating with other groups to try and prove that 'simpler' blood tests can provide meaningful information on outcome.

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### Footnote

*Conflicts of Interest:* The author has no conflicts of interest to declare.

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