

BioGrafie – Prof. Arnulf Stenzl

A urologist who looks his patients straight in the eye

(Stuttgart/Tübingen) – Prof. Arnulf Stenzl was the Medical Director of the Department of Urology at the University of Tübingen for 21 years. In specialist circles, this former chairman of the German Society of Urology (DGU) is regarded as an internationally renowned authority on reconstructive urology and the treatment of bladder and prostate cancer. As a researcher, he is currently involved in a German Research Foundation (DFG) project. Furthermore, he holds the patent for a device to treat urinary incontinence. As General Secretary of the European Association of Urology (EAU), he is keen to represent the association’s 19,000 members as effectively as possible, which is why he is still working as a surgeon in the Urology department of Diakonie-Klinikum hospital in Stuttgart. When he wants to unwind, this 68-year-old gets on his racing bike – and generally opts to set off uphill.

It’s somewhat surprising to see this wiry-looking man immediately reaching for sweets, but Prof. Stenzl has come straight from the operating theatre. “Prostate, routine procedure,” he says briefly. “I often don’t have time to eat during the day. I have a lot of things on my mind, so eating isn’t really a priority. But I sometimes start to feel the effects of low blood sugar,” he explains. Prof. Stenzl is a keen endurance athlete. To switch off, he sometimes cycles the famous stage of the Tour de France that takes in the ascent of Mont Ventoux – a 20-kilometre route with a cumulative elevation gain of 1,594 metres. Closer to home in Tübingen, he also spends a lot of time out on his bike, usually alone. “On Friday evenings and Saturday mornings, I need my own space. I enjoy talking to people, but there comes a point when I’ve just had enough.” Sport is important to him – not least for his work, since this 68-year-old still regularly spends hours on end on his feet at the operating table.

After 21 years in the post of Medical Director of the Department of Urology at the University of Tübingen, Prof. Stenzl “retired” last September. The farewell speech in honour of this internationally renowned top clinician was given by the former President

of Germany, Prof. Horst Köhler, who expressed his appreciation for the urologist – and not only from a patient’s perspective, as he was keen to emphasise. Needless to say, Prof. Stenzl has absolutely no intention of resting on his laurels, however, so he accepted an offer to join the urology team at Diakonie-Klinikum hospital in Stuttgart. The question is, why is this former medical director now performing routine surgical procedures? Prof. Stenzl explains: “I am the General Secretary of the European Association of Urology, which has 19,000 members. I can only represent them if I'm actively involved in clinical work myself – that’s the only way I can see what is and isn’t going well.” He takes a pragmatic approach to his “celebrity doctor” status. “In the everyday clinical setting, that’s of no interest to anyone here – but a well-known name can certainly be useful when it comes to applying for research funding.”

A surgeon with ideas

Needless to say, he is as devoted to his research as ever. His expertise in bladder and prostate cancer and reconstructive urology is renowned worldwide. His many achievements include being the holder of an international patent for an implantable device that treats urinary incontinence. However, when it is put to him that he always wants to make everything around him better, he dismisses the idea. “They’re often thoughts that many people have, but I’m not a businessman with the flair to turn these thoughts into reality. I sometimes have ideas and try to take them further.” Prof. Stenzl therefore maintains very close contact with developers and engineers in the medical technology sector. “Urology is a discipline in which techniques such as endoscopy, laparoscopy and laser treatment play a major role.” This surgeon is therefore also Director of the Inter-University Center for Medical Technologies Stuttgart-Tübingen (IZST). In this role, he is involved in the successful “Incisions and insights” workshop series that is conducted on a regular basis in collaboration with BioRegio STERN Management GmbH at the University of Tübingen’s Institute of Clinical Anatomy and Cell Analysis. Prof. Stenzl and other doctors discuss surgical procedures that are demonstrated live on anatomical specimens using both endoscopic and open surgery. “These events aren’t about us trying to show how good we are. Instead, our aim is to demonstrate the difficulties and shortcomings we face, so that medical technology engineers can then develop ideas to make things easier for patients in the future,” Prof. Stenzl emphasises.

In terms of research, Prof. Stenzl is currently working on a project that is using organoid models of urothelial carcinoma to examine the clinical effects of epigenetic changes (*“Die Untersuchung der klinischen Auswirkungen einer veränderten Epigenetik anhand von Organoidmodellen des Urothelkarzinoms”*). In this DFG project, tumour tissue is taken from patients and developed into organoids – 3D structures – that can then be used to test which chemotherapy works most effectively. What’s more, since speed is important to Prof. Stenzl – and not just when he’s on his bike – he is also thinking about how screening test processes for men can be made faster. “At the moment, men come to the practice for a urine test and an ultrasound examination. If biomarker abnormalities are detected, such as PSA in their blood, another appointment is then made for an imaging test such as an MRI. Next, there’s an appointment for a consultation and then a biopsy. The whole process stretches out over weeks,” Prof. Stenzl complains. “What I want to see is a set-up where the patient comes in the morning, the PSA result is in by lunchtime, and the MRI – if needed – is performed in the afternoon. If a biopsy is required, this would then be performed no later than the following day, with pathological findings being reported that same day. If these ‘logistics’ mean the result is available within a maximum of 36 hours, this saves the patient psychological stress and also reduces the associated costs and resources for the healthcare system.” Prostate-specific antigen (PSA) is a biomarker that is made only by the prostate gland. A raised level of PSA in the blood can be a sign of prostate cancer.

Whether you’re a king or a road sweeper, bodily functions are always the same

Prof. Stenzl was in no doubt about the area he wanted to specialise in. “From very early on, I wanted to go into urology. It’s a very small discipline, but my interest lies in reconstructive urology, which I enjoy. People always think of urology as a ‘man’s thing’, but 30 percent of my patients are women.” Prostate and bladder cancer are two of the most common types of cancer, and urinary incontinence is a problem that affects large numbers of people. Prof. Stenzl is a renowned specialist when it comes to maintaining bladder function for these patients, too, thereby avoiding the need for a catheter and urine bag – which even younger men can otherwise find themselves having to contend with. Unfortunately, only very few men undergo regular cancer screening tests. “The assumption is that it’s only old men who need to see a urologist. However, check-ups for young men, too, are extremely useful for both the early

diagnosis of testicular tumours and the timely correction of congenital abnormalities,” the urologist insists. “Since compulsory military service was abolished, many men don’t have any contact with a doctor until very late on. It’s different for women, because they consult a gynaecologist at a relatively early age for various reasons, including to discuss contraception. What’s more, women are often more disciplined when it comes to looking after their health and are less shy about consulting a doctor about genital problems.” He is well aware that, for people outside the medical world, urology can sometimes be an embarrassing subject. “But we’re all people – whether we’re a king, a politician or a road sweeper, we all have the same bodily functions. The failure of these bodily functions in the pelvic or genital region – incontinence, impotence or infertility, for example – is what we deal with day in, day out in urology, but these issues are often considered taboo. Whether or not these things work properly comes down to internal factors such as hormones, cardiovascular function and physical and psychological fitness, and external influences such as diet, social stress and the job a person does. If patients tell us about these issues, they can be treated.” So how does Prof. Stenzl encourage patients to talk about the “unmentionable”? “It’s simply a case of openly broaching these subjects and remaining factual. I need to know what doesn’t work and when.” He frequently also has to plug major gaps in knowledge. “On the Internet, you find ignorance combined with a lack of taboos. During our work in the operating theatre, we often see the horrific results of penis enlargement procedures, for example, because men have a completely false idea of what ‘normal’ is.”

A European who sometimes finds Europe too slow

Prof. Stenzl completed his degree and PhD in Graz before working in both Los Angeles and Bern and then spending ten years in Innsbruck. “That’s why my colleagues in Tübingen have always regarded me as being Tyrolean,” he laughs. He never became an American, however, even though he received an offer to stay on at the University of California Los Angeles (UCLA) when he was working there. “The harsh approach there put me off. Colleagues who were approaching the age of 60 were forced out because they were no longer performing at full capacity. And if you joined a practice and then became ill, you might find yourself not earning anything for months on end. I grew up in a calmer environment – in the United States, medicine is too defensive due to lawsuits, and also too commercialised.” This is a surprising line

of reasoning for someone who believes things can never be fast enough and deals with calculable uncertainties in his work every day. In actual fact, he found the return to Europe another culture shock. “Looking back, I’m glad I did it, but it was hard to begin with. Work here was a great deal slower and more bureaucratic. On the one hand, you’ve got the United States, where you move up the career ladder quickly if you work hard and have a bit of talent. Then, on the other hand, you have Europe, where everything takes forever when it comes to changes or inventions, for example.” After almost 35 years on the old continent, EAU General Secretary Stenzl is now a “European urologist”. In cooperation with European colleagues, for example, he has initiated an EU-wide standardised and regular screening programme for the early detection of prostate cancer.

Given the many offices he holds, his research work and his surgical expertise, Prof. Stenzl travels a lot and is rarely at home. This was not always easy for this father of three. “I sometimes had a medical emergency to deal with – a matter of life or death – when I should have been at home celebrating Christmas. By the time I got home, the children were already asleep. We simply postponed our celebrations to the following day. These sorts of things are simply part and parcel of being committed to this profession.” It certainly didn’t put his children off, however – all three are now studying medicine. “Unfortunately, they didn’t want to opt for more civilised careers,” he says with a grin. Perhaps his children have inherited one of his traits that he himself says he has rather too much of – stubbornness. “It’s silly to be stubborn – but when it comes to improvements in the operating theatre, we could actually do with being even more stubborn at times,” he says. “In this area, we could definitely learn from the United States. There’s much more intensive support for developments there, so they can become a clinical reality faster.” Even such a renowned researcher and doctor as Prof. Stenzl suffers disappointments from time to time. “I’m somebody who doesn’t react quickly, but it’s not generally possible to resolve a complex situation by yourself. You need a group – in other words, collective intelligence. I make enquiries and seek advice.” This is one of the reasons why Prof. Stenzl is frequently praised for his communicative skills – something that surgeons particularly are not generally renowned for. His credo as a father, researcher, surgeon and urologist is: “Get together and look one another straight in the eye”. And, on that note, he hurries off back to the operating theatre.

Save the date!

The next “Incisions and insights” workshop will be taking place live on site at the Institute of Clinical Anatomy and Cell Analysis in Tübingen on 26 June 2024.

<https://www.bioregio-stern.de/en/events/incisions-insights-individualised-surgery-sensor-technology-robotics-ai-0>

About BioRegio STERN Management GmbH:

BioRegio STERN Management GmbH promotes economic development in the life sciences industry, helping to strengthen the region as a business location by supporting innovations and start-up companies in the public interest. It is the main point of contact for company founders and entrepreneurs in the Stuttgart and Neckar-Alb regions, including the cities of Tübingen and Reutlingen. The STERN BioRegion is one of the largest and most successful bioregions in Germany. Its unique selling points include a mix of biotech and medtech companies that is outstanding in Germany and regional clusters in the fields of automation technology and mechanical and plant engineering.

Press contact:

BioRegio STERN Management GmbH
Dr. Klaus Eichenberg
Friedrichstrasse 10
70174 Stuttgart
Germany
+49 711-870354-0
eichenberg@bioregio-stern.de

<https://www.linkedin.com/>

Editorial department:

Zeeb Kommunikation GmbH
Anja Pätzold
Alexanderstrasse 81
70182 Stuttgart
Germany
+49 711-6070719
info@zeeb.info