

Building the West Coast urology dynasty

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Urology at the University of British Columbia (UBC) became a Division of Surgery in the 1930s, but it was not until several decades later that the academic seeds were truly sown. Over the past 76 years, we have had nine leaders, all with, shall we say, unique personalities, who helped to shape the modern and highly renowned Department of Urologic Sciences that we have today.

JOHN BALFOUR (1950–1977)

UBC Faculty of Medicine was founded in 1950, at which time Urology was headed by Dr. John Balfour, he of piercing blue eyes (and quite scary to a young student). Dr. Balfour used his significant powers of persuasion to convince his reluctant urologists to incorporate clinical teaching into their practices. At the same time, the federal government put up the resources to create a very busy, 70-bed service at Shaughnessy Hospital. It was there that the academic world of UBC Urology eventually began to form. Drs. John Ankenman and Pat Moloney were Balfour's first residents, followed by the men who became our teachers and mentors: Hjalmar Johnson, Lorne Sullivan, Gerry Coleman, and Jamie Wright.

Dr. Balfour had a historical involvement in transplant, having implanted a bovine kidney into the axilla of a dying veteran in 1945. He established a research lab in 1960, with a focus on kidney transplantation, and sent Pat Moloney to UCLA to train and become our leader in transplantation. He also developed the urodynamics lab at Shaughnessy and taught us a lot about neurogenic bladder, especially after recruiting Howard Fenster to work with him. Pat was a wonderful, caring man, an absent-minded professor. He was known for doing ward rounds in the middle of the night! He was a highly capable surgeon and a master of organ retrieval. I have vivid memories of him driving his

Camaro to retrieve donor kidneys from community hospitals with a cigarette dangling from his mouth, the floor full of cigarette butts, hanging on for dear life!

In 1981, when I was a senior resident, John Ankenman was appointed Head of Urology at the spanking new UBC Hospital Site. He was a workaholic with a huge clinical practice. We operated almost daily at UBC, and I recall anesthetists asking me before the patient was draped whether to start the blood transfusions! But he was one of the best transurethral resectionists I have ever seen. It was not unusual to watch him remove 30 or more grams of tissue after one of the residents had supposedly completed the TURP! John, and later Lorne Sullivan, were great examples of leaders in national and international urology, instilling in me and others the enthusiasm to participate in the executive committees of the Royal College, CUA, AUA, and Northwest Urological Society.

Philanthropy has been an important source of funding for UBC Urology. It actually began in 1976, when Jamie Wright obtained a \$50 000 P.A. Woodward Foundation grant, and then a \$10 000 private donation for the urology micro lab in 1982. It was in that lab that I started my academic journey as a third-year resident, creating urethral patch autografts in rabbits under the tutelage of Hjalmar Johnson, then Head of UBC Urology research.

MARTY MCLOUGHLIN (1977–1988)

Dr. Balfour retired as Head in 1977 and was succeeded by Martin G. McLoughlin, a local boy who trained in Montreal and at Johns Hopkins and was only 35 years old at the time. Because of his personal dynamism and technical expertise, he was able to establish the renovascular and renal transplantation programs for the province of BC. I recall how generous he was in the OR, allowing residents to believe that they were performing complex surgical procedures when he was surreptitiously guiding their hands. And if something went amiss, he taught us to throw in a pack, take a breath and think that “this is now a new operation,” and proceed appropriately. We published several novel procedural papers together, including the first case of partial nephrectomy, which was not accepted by the *Journal of Urology* as a “crazy idea” only to have a similar case published by an editor six months later!

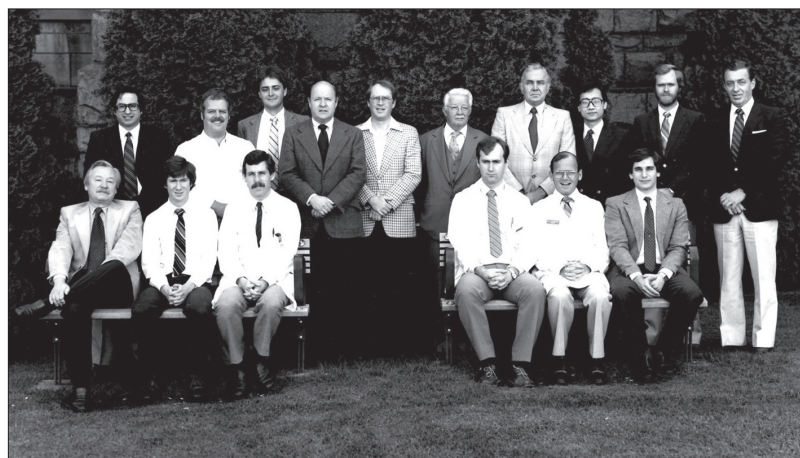


Figure 1. 1982 UBC Division of Urology. Back row, left to right: Howard Fenster, Andrew Moore, Laurie Lee, David Manson, Jamie Wright, Harry Cooper, Pat Moloney, Seck Chan, Jamie Chartrand, Lorne Sullivan. Front row, left to right: John Ankenman, Paul Weckworth, Peter Mortensen, Greg Harrington, Marty McLoughlin, Larry Goldenberg.

In 1984, Marty, with the Germanic influence of the famous Dr. Joachim Burhenne, Head of UBC Radiology, was able to obtain the first HM3 lithotripter bath in Canada. It became a favorite toy of the division and eventually set a world record for number of procedures per annum!

In 1988, Dr. McLoughlin completed his tenure as Division Head, and until his retirement in 2013, he demonstrated how busy a clinician could be while he continued to train dozens of talented residents. Many



Figure 2. Drs. John Ankenman and Hjalmar Johnson.

of BC's active urologists learned the art, as well as the business of urology, from him.

HJALMAR JOHNSON (1988–1990)

Dr. Hjalmar Johnson became interim Chair in 1988 during the search for a new Head, and he served in this role until 1990. Dr. Johnson was a native of Winnipeg and a graduate of the University of Manitoba Faculty of Medicine. After completing his urological residency at UBC, he was one of the first in Canada to pursue additional fellowship training in pediatric urology at both Toronto's Hospital for Sick Children and the Great Ormond Street Hospital for Sick Children, London, U.K. Dr. Johnson established the care of childhood urologic diseases as a distinct subspecialty within the province of BC.

Despite his small stature, Hjalmar rose above so many of his colleagues in clinical, research, and social aspects of urology. He was able to expand a small divisional research lab by obtaining a surgical microscope and encouraged many of us to pursue academic careers.

Straight-faced during the most humorous moments, he was often a scoundrel, playing naughty tricks on his colleagues. We will always remember his filling Dr. Balfour's umbrella with condoms, which came tumbling down upon his opening it in a rainstorm, while escorting the head OR nurse to her car. We believe that after that incident, Hjalmar hid in a locker for the next several hours! Dr. Johnson retired from active clinical practice in 1996 and continued to contribute to many of our social and academic functions until his passing in 2009 at the age of 78.



Figure 3. Dr. Ernie Ramsey and Dianne Ramsey.

ERNIE RAMSEY (1990–1991)

In 1990, Dr. Ernest Ramsey was recruited to the position of Professor and Head of the UBC Division of Urology. He was a graduate of Queen's University, Belfast, and Queen's University, Kingston, Ontario, before accepting an appointment at the University of Manitoba. A brilliant leader, surgeon, and musician, Ernie was one of the nicest and most gentlemanly people I ever met in urology. Unfortunately, after only six months in his new role, Dr. Ramsey realized that he was a round peg trying to fit into a square Vancouver hole and frustratingly returned to Winnipeg, where he assumed the role of Head, University of Manitoba Department of Surgery. He maintained an active clinical and academic practice, with countless contributions to the CUA until 2001, when he sadly suffered a very premature death.

LORNE SULLIVAN (1991–2000)

The next Head of our Division was Dr. Lorne D. Sullivan. Dr. Sullivan was raised in Moss Bank, Saskatchewan, and graduated from the University of Saskatchewan Faculty of Medicine in 1962. After an internship at Vanderbilt University, he completed his urology training at UBC under the directorship of Dr. Balfour. He pursued postgraduate training in urological oncology as a Royal College traveling fellow at several American cancer centers before establishing his practice in BC in 1971.

During his years of clinical practice, he was a respected teacher and clinician responsible for training an entire generation of BC urologists and medical students. Training under Lorne was like drinking from a firehose every day. Daily early-morning and late-afternoon teaching rounds were mandatory. Evenings before scrubbing on his cases required review of the literature pertinent to the case at hand and often a strong dose of Imodium! But the teaching was truly from his golden heart and not a punishment.

He also taught me the love of family and friends. Despite working long hours, he was a great father and husband. He was also a fine pianist and a wonderful dancer. In fact, at the first division Christmas dance that my wife and I attended, he took my wife out to the dance floor, spun her around dizzyingly, and dipped/dropped her onto the floor!

Lorne was so proud of all his residents and became a great mentor to this young faculty member and one of my best friends in urology. He retired in 1999 to spend time with his family, but continued to grace the division with his presence at academic rounds and

social functions. We proudly dedicated our annual graduation day as the Lorne Sullivan Research Day and named our departmental fundraising vehicle the Sullivan Urology Foundation. Sadly, Lorne ran into several health issues and passed away in 2024.



Figure 4. Dr. Lorne Sullivan.

LARRY GOLDBERG (2000–2014)

I was born and raised in Toronto and graduated from the University of Toronto Faculty of Medicine in 1978. I married my medical school sweetheart, Paula, in 1976, and after a surgical internship in Toronto, we looked to move to a city where I could train in urology and Paula in radiology. Well, Toronto accepted Paula, but the urology program took Laurie Klotz and sent me packing. So, we drove west on a holiday and upon discovering the beauty of Vancouver (it was the best-kept secret in Canada), spontaneously decided to apply to UBC.

At that time—pre-CARMS—the application process was truly different and very unique at UBC. Marty McLoughlin's secretary told me to just come by anytime and "Marty would see me." Well, this was quite the change from my interviews in Toronto! Marty proceeded to tell me about himself and then had the junior residents at the time, Laurie Lee and John Masterson, show me around. Upon returning, he simply called his 'pal,' Dr Rick Commisarow at Sunnybrook, who gave me a strong reference, and that was it. The Chair of



Figure 5. Drs. Larry Goldberg and Martin Gleave.

radiology was the meticulous Dr. Joachim Burhenne, who arranged a more traditional format of interviews and accepted Paula into his program. And thus, our westward journey began.

Following residency, I was the first Terry Fox Fellow in Cancer Research. I was blessed to learn from my first mentors, Nicholas Bruchovsky and Paul Rennie, who taught me the importance of the partnerships between clinician-scientists and basic scientists as the foundation of a successful medical research enterprise. When I was privileged to be named Head of the Division in 2000, Lorne Sullivan mentored me in the art of philanthropic fundraising to fuel the establishment of the infrastructure, the “sandbox for the kids to play in,” and then standing back and letting the talented scientists do their work. Over time, we were able to raise over \$500 million from philanthropy, government, and peer-review grants, allowing UBC Urology and the Prostate Centre to become global academic powers.

By 2006, we had built the research and education excellence of UBC Urology to the point of applying for and achieving UBC Department status. With that, we became the third academic urology department in Canada (Dalhousie and Queen’s being the others).

When I was first offered the Headship in 2000, my most important negotiation request was the simultaneous recruitment of Dr. Andrew MacNeily away from Queen’s University. To this day, I believe that it might have been one of my biggest accomplishments! During my tenure, with Andrew, Martin Gleave, and many talented colleagues, the Division/Department had matured in all spheres of clinical urology, with the consolidation of pediatric urology, the creation of a dedicated stone center, a bladder care center for functional urology, a robotics program, prostate and bladder cancer supportive care programs, a comprehensive men’s health program, and an adolescent transition program. This laid a solid foundation for the next generation of UBC Urology leadership upon which to build.

Now, over to you, Dr. MacNeily...

ANDREW MACNEILY (2014–2015)

I was born in Montreal. My dad, a bilingual anglophone, was in the publishing industry when head offices were moving west to Toronto because of the looming threat of separatism in the 1960s. He decided to take a corporate move, and our family ended up in the suburbs of Toronto in the mid-60s. I studied sciences and then medicine at Queen’s University. That is where I caught the urology bug from the likes of Alvaro Morales, Jim Wilson, Curtis Nickel, Ramon Perez, and Michael

Leonard. The very idea that you could be a surgeon, a scholar, have a life outside of work, and still be a functional human being was a novel concept in the mid 1980s.

The Queen’s group was infectious.

After completing residency at UBC, I pursued fellowships in pediatric urology at Northwestern University and reconstructive urology in London, U.K. It was no surprise that I returned to join the Queen’s faculty in 1994, where I quickly assumed the role of Residency Program Director.

Larry Goldenberg, a significant mentor of mine during residency at UBC, always kept in touch. Eventually, he convinced me to make the trek west to assume the role of Postgraduate Director and Head of the Division of Pediatric Urology in September 2000. It was a big move with several challenges. At that time, the UBC Urology training program was somewhat isolated from the rest of Canada. I insisted that we participate in the Urology Fair to attract the best and brightest from around the country. There was considerable opposition to this from the other UBC urologists, but Larry always had my back. I am forever grateful for his unconditional support of our postgraduate program, which I directed until 2010.



Figure 6. Dr. Andrew MacNeily.

MARTIN GLEAVE (2015–2025)

I first met Martin Gleave in 1975, when we crossed paths at the same high school in Scarborough, Ontario. He was two years ahead of me, so naturally, he has no recollection of me! Completely by chance, we met again in July 1988 in Vancouver when I was a PGY-3 and Martin was the Urology Chief Resident. I had been fortunate enough to parachute into the UBC Urology program after a two-year stint in the McGill General Surgery training system. I was clearly a stranger in a strange land, and Martin patiently helped me navigate the many larger-than-life personalities in our training program. Even at that time, Martin was clearly a “going places” kind of trainee destined for success. Our paths weaved and separated over the ensuing years, but we always stayed in touch.

Over a coffee one day in 2014, I had a conversation with Martin.

Me: “Do you want the job as Chairman, Martin?”

Martin: “I do, and I don’t.”

Me: “Well, if you want it, I won’t compete with you.”

Martin: “OK, I’ll put my name in the hat.”

Me: “OK, I’ll agree to be interim Chair after Larry steps down until the selection process is complete.”

Being interim Chair for one year was the best thing I did. It taught me that I was not cut out for all the meetings and emails that go with the job! Fundraising is also not an arrow in my quiver. I was happy to serve, but relieved when it was over. In 2015, Dr. Gleave was named Head of the UBC Department of Urologic Sciences and Executive Director of the Vancouver Prostate Centre.

Martin was born in Toronto and relocated to Vancouver as a teenager. He attended undergraduate university and medical school at UBC, where he excelled at varsity wrestling at the national and international levels. No doubt, that experience enhanced his competitive spirit surgically, academically, and administratively. After a rotating internship year at St Michael’s Hospital in Toronto, he returned to UBC for his urology residency training. Upon graduation, Martin pursued three years of additional clinical and basic research training in urologic oncology at MD Anderson Cancer Center. This is where he acquired and honed his spirit of scientific inquiry.

In September 1992, Martin joined the UBC Division of Urology as a full-time tenure-track faculty member and proceeded to build upon the Vancouver Prostate Centre infrastructure for the next 30 years. Capitalizing on the Goldenberg/Gleave force multiplying dyad the enterprise grew to its current state of 29 PI scientists,

60 clinical faculty, 57 graduate students, 20 postdoctoral fellows, and nine clinical fellows.

During his tenure as Department Head, Dr. Gleave has overseen the programmatic development of a dedicated clinical and basic sciences andrology team, a urologic commitment to a gender-affirming surgical team, and the focusing of the renal transplantation programs at the Vancouver General and St Paul’s Hospital sites. Combined, these two sites provide the largest number of kidney transplants in Canada annually.

Many key clinical recruits across our specialty’s domains occurred over this 10-year leadership: pediatric urology, andrology, endourology, oncology, FPMRS, and renal transplantation, to name a few.

Taking programmatic development to the next level, Martin and Larry used their combined energy and experience to endow the creation of the M.H. Mohseni Institute of Urologic Sciences. The Institute represents six pillars of our specialty under one rubric: oncology, reproductive & sexual medicine, functional & reconstructive urology, urolithiasis & MIS, adolescent & transitional urology, and transplantation & immunology. This Institute represents the natural evolution of the globally recognized core-supported, multidisciplinary, team-based research at the Vancouver Prostate Centre and continues to attract the world’s best scientists and healthcare specialists to BC.

Martin is renowned for his unique harnessing of the English language to express high-level concepts. Example: “*We are continuously buffeted by the populism of peons who prioritize process over progress! We should be incentivizing the programmatic approach to our ecosystem via coopertition in order to commercialize within a matrix of team-science!*”

In 2025, Dr Gleave completed his 10-year term as Department Head. He continues to be clinically and scientifically active in urologic oncology and currently serves as the Chief Scientific Officer of the M.H. Mohseni Institute of Urologic Sciences. We are still enjoying his neologisms.

PETER BLACK (2025-PRESENT)

In July 2025, Dr. Peter Black was selected as our current Head of UBC Department of Urologic Sciences. Peter grew up in Vancouver and during a high school exchange in Germany, met and fell in love with his future wife. That led to a most circuitous journey to becoming a urologist.

Peter studied undergraduate sciences at UBC but attended medical school in Mainz, Germany, followed by two years of urologic training there under two



Figure 7. Dr. Peter Black.

in Houston. Upon completion of this odyssey, Peter was recruited as a surgeon scientist by Dr. Goldenberg to UBC and the Vancouver Prostate Centre in 2008. He has since assembled a multi-PI team dedicated to translational bladder cancer research to complement the Centre's focus on prostate cancer.

giants in German urology, Rudolf Hohenfellner and Joachim Thüroff. He then pursued urology residency training at the University of Washington in Seattle, followed by three years of fellowship training in urologic oncology at MD Anderson Cancer Center

As Department Head, Peter has stepped into an extraordinary opportunity to lead a vibrant and fiscally sound department that provides exceptional, patient-centered urologic care across BC, delivers outstanding training for learners at every stage, and drives the nation's most comprehensive translational research program in urology. Standing on the shoulders of the giants described above, Peter seeks to drive this well-oiled machine forward, adapting it to the evolving needs of patients and trainees through renewed attention to innovation and strategic development, with the goal of strengthening patient care, learner education, and urologic research.

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