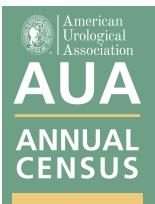
SUNDAY | APRIL 30, 2023

DAILY NEWS.





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The Great Debate



a series of short debates between residents from each AUA Section, has become a well-attended tradition at AUA. A standing room-only crowd watched, listened and cheered as residents tackled unresolved issues that vex urologists every day.

Is urethral bulking better than a midurethral sling for a healthy young woman with mild stress incontinence and minimal pelvic organ prolapse?

Absolutely, said Daniel A. Igel, MD, University of Kansas, representing the South Central Section. The multiple bulking agents available today work, with 77.1% of women in one survey calling themselves cured or improved. Midurethral slings have slightly higher outcomes, he noted, but come with a 30% rate of major

happen," Dr. Igel said.

Not so fast, responded Gaurav Pahouja, MD, Loyola University Medical Center, representing the North Central Section. There are many safer alternatives to mesh slings. There are no head-to-head comparisons of bulking agents, and AUA Guidelines recommend counseling patients for repeat injections.

"So, we're supposed to flip a coin to choose a bulking agent?" he asked. "Remember, the long-term cure rate for bulking agents is 36%. That's worse than the odds of winning at blackjack in a casino, (which are) 44%. We should offer our patients the best option: a

Karen Doersch, MD,

take a situational judgement test (e.g., CASPer) as part of the urology application process? Another close call, judges said, and one the AUA has not yet decided for itself.

testing is one of the best alternatives residency programs have to assess candidates, said Kian Asanad, MD, University of Southern California, representing the Western Section. Step one of the United States Medical Licensing Examination® and most clerkship exams are pass/fail and most interviews are virtual. A CASPer-like test may be the only way programs can assess candidates' ethical values and approaches.

"Using these tests has been shown to increase diversity in residency programs."

Validated, yes, but only valid for one cycle, said Karen Doersch, MD, PhD, University of Rochester Medical Center, representing the Northeastern Section. Plus, they are expensive. A single test fee is good for only eight programs.

"Who applies to just eight programs?" she asked. "Most students apply to 30 or more, which costs more than \$415. Do you really want to place additional financial burdens on students who already carry an average of \$241,600 in debt? Financial stress is associated with unprofessional, unethical behavior."

winner's cup.

"Situational judgement tests he Great Debate, complications and significant midurethral sling." It was a close call, judges reoperation rates. are validated and very effective said, with Dr. Igel edging out Dr. for programs," Dr. Asanad said. Legal settlements for mesh slings are approaching \$8 billion. Pahouja by less than a point. "These are real, life-Should medical students changing complications that

Situational judgement

Dr. Asanad took home the

DIVERSION TACTICS 3 AUA ROBOTICS THEATER 4 AUA IN PICTURES 6 VOICES & VIEWS 7 PRIVATE PRACTICE AND RESEARCH 8 SCIENCE & TECHNOLOGY HALL 10-11







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Diversion tactics

Offering urinary diversion after radical cystectomy.

rinary diversion—surgically constructing a neobladder—is arguably the gold standard for patients undergoing radical cystectomy, except when contraindications apply, such as compromised renal and intestinal function.

Still, the frequency of urinary diversion is trending downward, hovering around 10% or fewer in U.S. medical centers.

"We want to keep urinary diversion alive because patients want it," said Siamak Daneshmand, MD, professor of urology (Clinical Scholar) and director of urologic oncology at University of Southern California/Norris Comprehensive Cancer Center.

Dr. Daneshmand led Saturday's Instructional Course, "Urinary Diversion: Current Indications, Techniques and Management of Complications," presenting current clinical indications for urinary diversion with an overview of each type of urinary diversion technique, including the Studer pouch and the Hautmann pouch, and factors that can influence whether providers and patients choose urinary diversion.

"At least two-thirds of patients presenting for cystectomy are likely to be reasonable candidates for some sort of urinary diversion," Dr. Daneshmand said. "While there may not be a consensus on improvement in quality of life, most patients and many providers consider continent diversion to be an attractive option."

Although surgical training can drive the selection of urinary diversion technique, "there really is no one right urinary diversion," Dr.

Daneshmand said. "The most important thing to do is provide patients with realistic expectations by informing them of continence and complication expectations and have them weigh the given risks and benefits based on their lifestyle, motivation and priorities."

Early complications of urinary diversion include bowel anastomosis leak,



diarrhea, constipation, urine leak, infection and dehydration, said Eila C. Skinner, MD, professor in the department of urology at Stanford University, who followed Dr. Daneshmand's presentation with a discussion on managing complications of urinary diversion.

"There's rarely a need to reoperate except for severe leak, rectal injury or refractory small bowel obstruction," Dr. Skinner said. "The most common early complications can be avoided using [enhanced recovery after surgery] techniques."

Dr. Skinner noted that alvimopan for enhancing

gastrointestinal recovery and decreasing the amount of postsurgical narcotics can help minimize postoperative complications. She also offered recommendations for managing long-term complications, including uretero-ileal stenosis, kidney stones, infection and metabolic complications, which are common to all types of urinary diversion, she said.

Matthew D. Dunn, MD, associate clinical professor and director of endourology and stone disease in the department of urology at University of California Los Angeles, concluded the course with a discussion on

endoscopically managing common complications of urinary diversion, including kidney stones, foreign bodies, hematuria, afferent valve stenosis, upper tract recurrence and uretero-enteric strictures. Patients with these complications can present with recurrent urinary tract infections, hematuria, dull ache and central abdominal pain associated with intermittent anuria.

"Most recurrent pouchrelated problems can be managed or at least diagnosed endoscopically," Dr. Dunn said, "but open surgery is better for strictures greater than one centimeter."

AUA-2023 CHICAGO • APR 28-MAY 1 DAILY NEWS

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AUA Staff

Darci Berliant Heather Corkin Elaine Garrison Melissa Goodman Scott D. Morrow Katie Phipps Jennifer Regala Kathleen Warshawsky

Ascend Media

Cindy Ratcliff, Editor & Writer Timothy Nord, Senior Graphic Designer

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As of April 10, 2023

Robotics Theater takes urology procedures to the next level



howcasing the latest urology robotics techniques, AUA Robotics Theater featured narrated videos depicting the step-by-step technical aspects of robotic urological surgeries performed by experts and rising stars in the field.

Robotics Theater, supported by Intuitive, presented procedures focused on reconstruction of adults and pediatrics, prostate and bladder.

Janet Baack Kukreja, MD, MPH, FACS, associate professor of surgery-urology at the University of Colorado School of Medicine, led Saturday afternoon's Bladder Procedures program by narrating a video showing the robotic ileal conduit procedure.

"When we started the program at the University of Colorado, the biggest thing was the stricture rates, but we've gotten those really low," she said.

Johar Raza, MD, a urologic oncologist with the Henry Ford Health Center in Detroit, narrated a video presentation of robot-assisted cystectomy genital-sparing female radical cystectomy with paravaginal repair and ileal neobladder. "Vaginal prolapse is noted in 10% of radical cystectomy cases. I advocate a genital-sparing approach because it can help prevent such complications," Dr. Raza said.

Reza Mehrazin, MD,

FACS, associate professor of urology at the Icahn School of Medicine at Mount Sinai Hospital in New York City, narrated a video demonstrating organsparing radical cystectomy and neobladder diversion. Dr. Mehrazin's tip: "Putting 100 cc in the bladder helps with ease of dissection."

Alvin C. Goh, MD, a urological cancer surgeon at Memorial Sloan Kettering Cancer Center, discussed a video demonstration of robotic intracorporeal neobladder surgery. "Preservation of female reproductive organs is feasible during robotic cystectomy," Dr. Goh said, "but accurate clinical staging and patient selection can optimize oncologic safety and voiding function."

The final video procedure was presented by Ryan

DURING AUA2023 EXHIBITION HOURS

Nelson, DO, director of robotics at the Henry Ford Macomb Hospital and featured single-port robotic intracorporeal neobladder surgery and a discussion of the latest da Vinci single-port (SP) robotic surgical system, which inspired audience members.

"I've been doing similar robotic techniques on the Si and the Xi for the last 10 years in the U.K.," said Robotics Theater attendee, Philip Charlesworth, MD, MPH, MBBS, from London. "We don't have an SP in the U.K. yet, but there's a lot I'm looking forward to doing on the SP when I get the opportunity that will benefit patients."

The Robotics Theater concluded the four-part series with highlights of kidney and upper tract procedures. •





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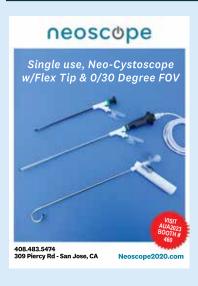




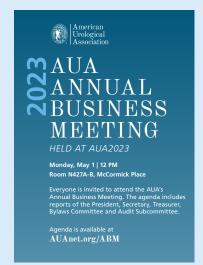




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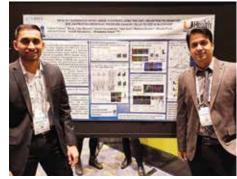


Dr. Nannan Thirumavalavan

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#lungtransplant, #COVID19 has kept me from the @AmerUrological

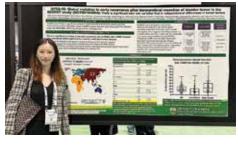
#AUA2023 @CaseUrology



Himanshu Arora

@aroimpact >

Day 2 #AUA2023 Recap: We @dsui_miami_uro @SylvesterCancer presented during (MP20) session on PCa: Basic Research & Pathophysiology I, our study unveiling nitric oxide's potential in S-nitrosylating CSF1R, paving the way for enhanced CSF1R inhibition against CRPC



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A big win for all **#RESECT** collaborators:we have won the best poster for the Bladder Cancer: Non Invasive session yesterday, come and see our poster displayed in the Forum at **#AUA2023**. Many congratulations to @hjwang26. Much more to come from this study so watch this space



Manaka Sato

@manaka_sato 🔰

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@BuddyGuys photo creds to the dancing queen **@LfromtheD**!!



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Marawan El Tayeb, MD @marawaneltayeb

@BSWHTemple_Urol alumni dinner, great time with colleagues and friends #AUA2023

QUESTION OF THE DAY

What is one thing you've learned at AUA2023 that you will implement into your practice back home?



One of the most poignant lectures I've seen at AUA in all my years Eggener's lecture during the Plenary this morning on surgical complications. He really surgeons. We are often engrossed in what the repercussions are for the patient, but there are also issues for the surgeon as well—the team for the surgeon and his or her team. I think it's really important to have that level of support and that kind of structure.

Melissa Huynh, MD

back to my practice happened meeting yesterday. We talked about a scoring system for buried penis. There is an abdominal escutcheon and scrotal skin scoring system that helps classify patients and about the severity of someone's buried penis.

Nikolas Moring, MD

I have learned that we need to process for the surgeon as a but it would be nice to have some more structured assistance.



of good mentorship and first AUA Annual Meeting, and just seeing my attendings meet with people they've known for decades and then introducing those people to me is a great reminder how important those

Joanna Marantidis, MD

Private practice should embrace research



Research isn't a windfall for our practice—you have to be very diligent with budgeting—but it can be very financially rewarding."

Deepak Kapoor, MD

rivate practice and clinical research have long been quiet partners. However, as independent practices grow in size and more fellowshiptrained urologists recognize the advantages of private practice, a growing number of practices are taking a more active role in clinical trials.

"We are on the cusp of an explosion of high-quality research in this space," predicted Deepak Kapoor, MD, clinical professor of urology at The Icahn School of Medicine at Mount Sinai.

Dr. Kapoor chaired the Independent Practice Research Symposium, "Introduction to Independent Practice," on Saturday with a look at how private practice urologists, trial sponsors and patients all benefit from private practice trials.

Trial sponsors have a clear rationale for private practice research, Dr. Kapoor noted. Most patients are in private practice. Private practice has larger, more accessible pools of potential trial participants than traditional academic research centers.

The rationale for private practices is just as clear.

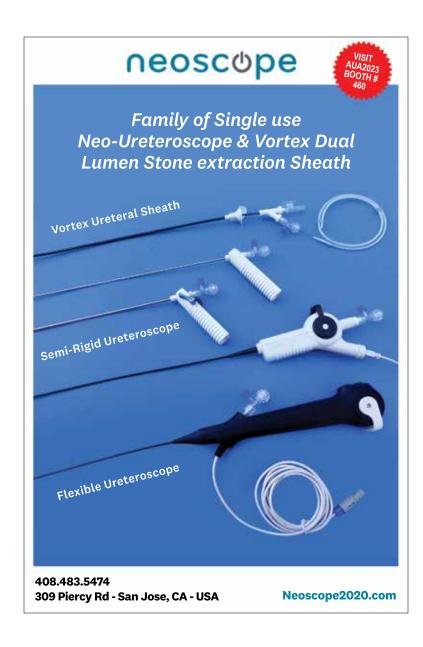
"Actively engaging in clinical research helps us distinguish ourselves," said Lawrence Karsh, MD, director of research and attending urologist at The Urology Center of Colorado. "We use research as a recruitment tool for those who have an academic leaning but want to be in the private practice setting."

Private practice research means urologists no longer have to choose between life as a clinician or an academician.

"Doing research in private practice means a urologist can have the best of both worlds," said Gordon Brown, DO, urology specialist at New Jersey Urology. "None of us in the practice are 100% research. We are all practicing urologists."

Participating in clinical trials gives more patients access to the latest therapies, Dr. Karsh noted.

"Research helps our bottom line," he added. "Research isn't a windfall for our practice—you have to be very diligent with budgeting—but it can be very financially rewarding."







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