

AUA-2024
San Antonio MAY 3-6

DAILY NEWS



Paradigm-Shifting, Practice-Changing Clinical Trials in Urology

Exceptional, groundbreaking studies expected to change the day-to-day practice of urology.

Plenary

10:15-11:20 a.m.
Stars at Night Ballroom



NEW! Learning Lab

These important clinical trials are expected to influence practice when they are ultimately reported and/or published.

Clinical Trials in Progress: Benign Disease

1-3 p.m.
AUA Square: Learning Lab



AUA Robotics Theater

Don't miss today's moderated session with live narration of robotic procedure videos and a panel discussion.

Supported by Intuitive

Bladder Procedures

2-4 p.m.
S&T Hall, Booth 2425



NEW! Diversity, Equity & Inclusion Forum

Explore health inequities, cultural complications and geographical disparities during today's forum.

Forum

1-4:05 p.m.
Room 304A



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Welcome to San Antonio

AUA2024 offers groundbreaking research, new guidelines and the latest advances in urology.

Welcome to AUA's 2024 Annual Meeting.

Whether you're a urologist, resident, researcher or advanced practice provider, the AUA Annual Meeting provides access to the very latest advances in the specialty, plus opportunities to network with colleagues, make new connections and explore the latest technologies in urology!

This year, AUA Secretary David F. Penson, MD, MPH, has introduced many new and innovative programs including "P2s: Paradigm-Shifting, Practice-Changing Clinical Trials in Urology."

"These are high-profile studies that haven't been presented before and will have an immediate effect on

attendees' clinical practices, including randomized clinical trials of novel agents and new surgical approaches that will really change the way we practice urology," said Dr. Penson.

Today's plenary session is sure to energize, engage and educate. The morning event includes a variety of interesting, timely topics across the urology specialty's span. Subject matter experts will discuss unique cases, address important developments, present novel trial results and tackle challenging issues.

The opening plenary session begins with the popular crossfire format, featuring "Controversies in Urology: Ileal Conduit vs. Neobladder." Then, leading urologists will participate in

panel discussions on specific patient cases, including second-opinion cases, as well as how to increase prostate cancer screening in minority communities. The AUA Guidelines presentation will convey the recent recommendations for salvage treatment of prostate cancer.

Finally, there will be a series of presentations on paradigm-shifting, practice-changing clinical trials affecting bladder and prostate cancer.

The afternoon plenary will begin with a panel discussion on artificial intelligence and will feature a state-of-the-art lecture on advances in molecular imaging for renal tumors, the John K. Lattimer Lecture on precision oncology and another crossfire debate, this time on the topic of the value of pre-op 3D models for

improving surgical outcomes in renal cancer surgery.

AUA

Treasurer Thomas F. Stringer, MD, and AUA Board Representative James Ulchaker, MD, will moderate the plenary, located in the Stars at Night Ballroom and live streamed for those attending virtually.

"Regardless of the stage of our careers or practice setting, the plenary session connects real-time advances in urology to our daily lives and to the delivery of up-to-date impactful urological care," said Dr. Stringer, vice chair of philanthropy and alumni affairs and associate professor of urology at University of Florida Health System in Gainesville. ●



David Penson, MD

INSIDE

3D PRE-OP MODELS IN RENAL SURGERY **3** FLIPPING THE SCRIPT **6** SCHOLARLY JOURNAL PUBLISHING **8**
YOUNG UROLOGISTS FORUM **9** SCIENCE & TECHNOLOGY HALL **12-13** Q&A: GARY FAERBER, MD **14**

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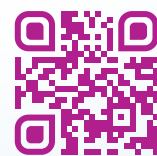



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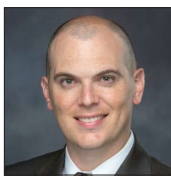
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Debating the utility of 3D pre-op models in renal surgery

Is a clearer picture worth the additional cost and time?

Can the latest generation of three-dimensional pre-op models improve surgical outcomes for kidney cancer surgery? Or are they an alluring technology that exhausts time and increases cost with little or no improvement in patient outcomes?

“We are pushing the envelope with partial nephrectomy, taking on more and more challenging surgeries to try to spare patients the associated harms of chronic kidney disease,” said Brian Shuch, MD, director of the Kidney Cancer Program and the Alvin & Carrie Meinhardt Endowed Chair in Kidney Cancer Research at the University of California in Los Angeles. “As we are tackling larger, deeper tumors, we have the potential for getting into important structures like the collecting system, renal vein sinuses and the ureter. There are existing technologies that turn a two-dimensional CT or MRI image into a 3D model that could be visualized prior to surgery and/or used intraoperatively, even within the robotic console.”



Brian Shuch, MD

Dr. Shuch will moderate a Crossfire Debate, “Controversies in Urology: Pre-Op 3D Models Help Improve Surgical Outcomes in Renal Cancer

Surgery,” 2:20-2:50 p.m. today in the Stars at Night Ballroom. He will present a patient with early-onset kidney cancer with multifocal and bilateral appearance including one tumor that appears to be highly invasive.

3D pre-op models promise to give the surgeon a better idea of patient-specific anatomy with the goal of improving operative parameters, including quicker operations, less blood loss and less entry into the urinary collecting system. The goal is to improve the rate of complete resection with negative margins and improve the ability to save a kidney with a successful partial nephrectomy.

“These models are not cheap,” Dr. Shuch said. “The majority of users will rely on a third party to develop them, something that is not reimbursed. These are also time consuming because we need to extract images from the institution, export deidentified images to the third party, then obtain and visualize the model, often with special software, and perhaps connect with the robotic console for real-time visualization. The question is whether they are really that useful.”

Similar 3D models may have clearer benefits to other types of surgery such as a complex segmental resection for lung cancer, where a lobectomy would not be ideal, Dr. Shuch noted. The surgeon may never clearly visualize a tumor buried deep in the lung tissue,

Debating the issue

Ahmed Ghazi, MD

Alberto Martini, MD

Arieh Shalhav, MD

Ketan Badani, MD

which makes an accurate 3D pre-op model invaluable for performing a tissue-sparing segmental resection.

“However, for kidney cancer surgery, we are not operating blind,” he pointed out. “For a partial nephrectomy, it ultimately comes down to the surgeon visualizing the normal/tumor tissue interface and using intraoperative ultrasound for real-time planning to give the surgeon a clearer road map of the ideal tissue planes.

“Our goal is a better understanding of how some of our expert surgeons use 3D models to perhaps improve their operations,” Dr. Shuch added. “There are questions as to how and when these models may be useful and how surgeons might integrate this novel visualization approach into their

practice, either for all patients or maybe for the most challenging cases they face in clinic. While there have been studies, the jury is still out on whether it is worth the additional cost and time to use this technology to improve patient outcomes. There are challenges with assessing impact, and randomization has limitations because operative metrics are greatly impacted by surgeon behavior.” ●

Crossfire: Controversies in Urology: Pre-Op 3D Models Help Improve Surgical Outcomes in Renal Cancer Surgery
 Friday, May 3
 2:20-2:50 p.m.
 Stars at Night Ballroom

AUA 2024 San Antonio DAILY NEWS

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THE SCIENCE & TECHNOLOGY HALL

	FRIDAY	SATURDAY
	9 a.m.-4 p.m.	9 a.m.-6 p.m.
	Networking Hour: 2-4 p.m.	Networking Event: 4-6 p.m.
		Networking Hour: 2-4 p.m.

<p>Device Tech Talks</p> <p>Learn about the latest and greatest technology during these short, intimate demos, presented at the Device Tech Talk stage.</p> <p>Emerging Corner</p> <p>Meet up-and-coming urology companies as they showcase products and services.</p> <p>Product Theater</p> <p>Visit the Product Theater for industry presentations regarding the latest products, services, data and research findings.</p>	<p>AUA Patient Perspectives</p> <p>Elevate your awareness of patient voices and shared decision-making!</p> <p>Residents Bowl</p> <p>Prepare for the ultimate battle of the brains! Residents will test their knowledge in different urological subspecialties, the history of urology and more!</p> <p>Robotics Theater</p> <p>Visit and see a collection of pre-recorded robotics procedures performed by the top robotics surgeons in the world!</p>	<p>Saturday Networking Event</p> <p>Take advantage of the opportunity to expand your network and meet fellow urologists from around the globe.</p> <p>Bioskills Hub</p> <p>Experience hands-on demonstrations of the latest surgical techniques in the Skills Enhancement Workshop and new Bioskills Labs.</p> <p>Skills Challenge</p> <p>Compete and test your scientific skills by visiting sponsored booths and completing tasks. The highest ranked participant will receive an Apple Watch.</p>
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Actor Portrayals.



Title: A Treatment Approach for Certain Patients With High-risk, Non-muscle Invasive Bladder Cancer

Learning objectives:

- Review the cases of hypothetical patients with high-risk, non-muscle invasive bladder cancer (NMIBC)
- Present efficacy and safety data for a treatment option for certain patients with high-risk NMIBC
- Understand how to monitor and manage potential select adverse reactions

Speaker: Vahan Kassabian, MD



Dr. Vahan Kassabian is a urologic oncologist with Advanced Urology serving as the Director of the Atlanta Prostate Center and Advanced Therapeutics in Atlanta, GA. Dr. Kassabian earned his M.D. and completed his residency at the University of Montreal followed by fellowship training in urologic oncology at Baylor College of Medicine in Houston, Texas. He is a former Assistant Professor, Department of Surgery at Emory University and also served as Chief of Urology at the V.A. Hospital in Atlanta. His clinical research interests include general urologic oncology and he is a contributing editor to Reviews in Urology. His research has been featured in articles, abstracts and chapters of leading academic publications. Dr. Kassabian is an international speaker and has lectured extensively on prostate cancer and disease. He is a member of the American Urological Association, the American College of Surgeons and the Society of Urological Oncology.

Sunday, May 5, 2024

1:00 PM - 2:00 PM CT

Henry B. González Convention Center

Hemisfair Ballroom 1

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Flipping the script

AUA2024 will offer new unrestricted, fresh formats to amp up active learning.

Change is coming to the AUA Annual Meeting in 2024. Look for novel programming with key clinical trials in progress, wide-ranging video presentations and early-career urologists presenting complex cases to stump their senior colleagues.

“We are flipping the script in our programming this year, taking this opportunity to present materials in different formats without the usual restrictions in our new Learning Lab setting,” said AUA Secretary David Penson, MD, MPH, professor and chair of urology and Hamilton and Howd Chair in Urologic Oncology at Vanderbilt University Medical Center in Nashville, Tennessee. “We are working to make the meeting even more interactive, to get some of the



David Penson, MD

back-and-forth that you can't really do in standard sessions. The goal is to get away from just having experts standing up on stage lecturing the audience.”

The AUA is working multiple pilot programs into the Annual Meeting in the new Learning Lab, where a collection of fresh formats will be rolled out. New this year is a series of three video sessions, which will explore key clinical trials still in progress and a Flip-the-Script case study presentation with junior urologists trying to stump the experts.

“When you do grand rounds, it is usually residents and fellows working through difficult cases the attendings

present,” Dr. Penson explained. “We're changing things up to have the more senior urologists work through those difficult cases. The interesting part is there is no single right answer to any of these cases. We're looking for a good-natured back-and-forth as senior urologists work through each case and give their thoughts on how to diagnose and manage them.”

Clinical Trials in Progress is another innovation for 2024. Annual Meeting attendees can expect detailed reports of completed clinical trials to be presented in the plenary, poster and podium sessions, but reporting final results is the culmination of years of painstaking work that is seldom seen in public. Three two-hour sessions will bring attendees up to date on some of the most important trials in benign disease, bladder cancer and other urologic cancers that are still in progress and have yet to report out.

“The response to our call for Clinical Trials in Progress was overwhelming,” Dr. Penson said. “I originally thought we would need an hour at most, and we're up to six hours. The goal is to present ongoing trials and get feedback and discussion with the audience. This is a much more interactive format, with researchers, industry sponsors, patients and audience members all part of the discussion.”

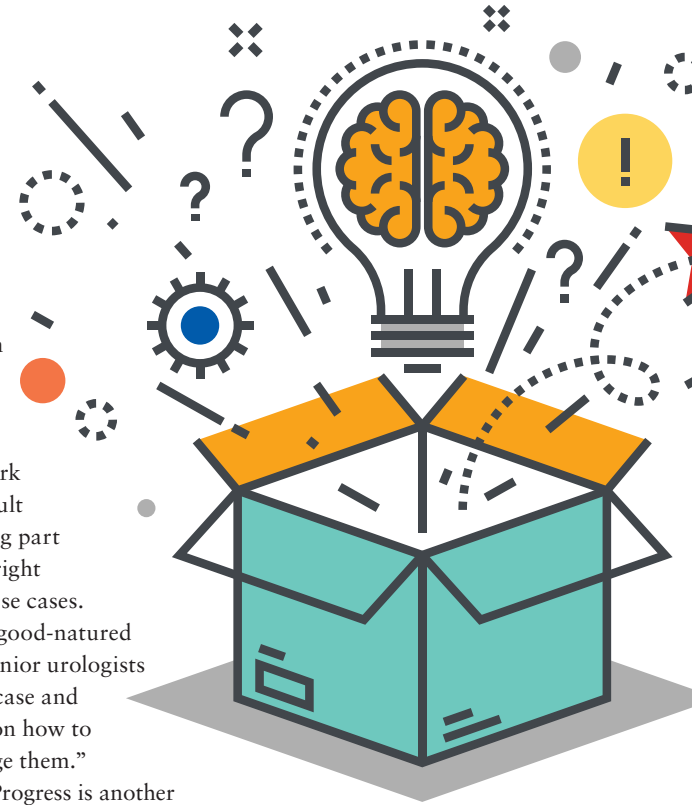
The Learning Lab kicks off on Friday, 7-9 a.m., with a video session on

“Female Voiding Dysfunction/Pelvic Floor Disorders/Incontinence/Neuro-Urology.” Next up is a video session on “Adrenal/Renal Oncology,” 9:30-11:30 a.m., and “Clinical Trials in Progress: Benign Disease,” 1-3 p.m.

Saturday brings “Top Surgical Videos: Innovations in Diagnostics and Techniques,” 1-3 p.m., and “Flip-the-Script: Case Studies,” 3-4 p.m.

Sunday opens with “Clinical Trials in Progress: Bladder Cancer,” 10 a.m.-noon, and “Clinical Trials in Progress: Cancer,” 1-3 p.m., including trials in prostate, renal, bladder, penile and other cancers.

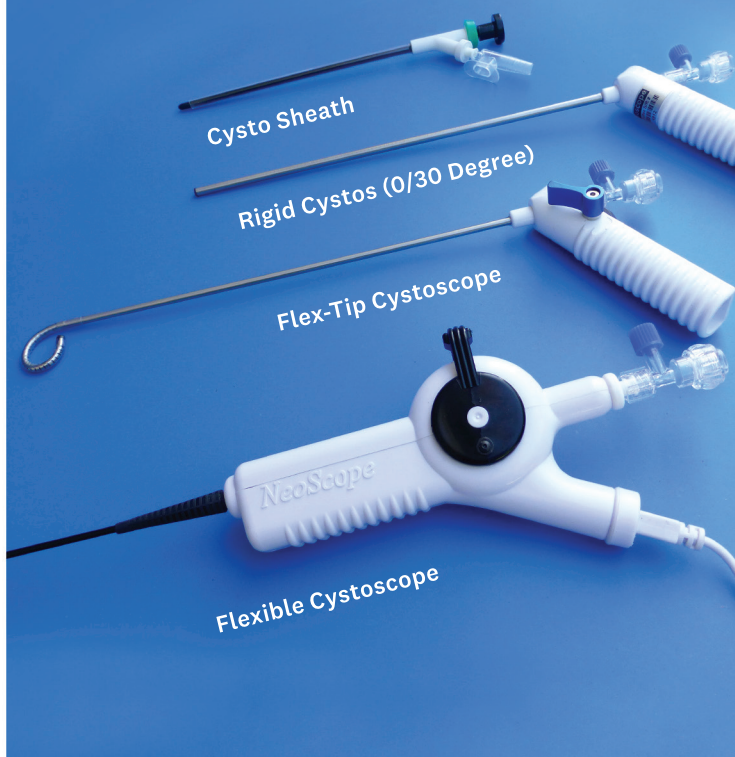
“We are already playing with other ideas for 2025 to make it easier for people to ask questions in poster sessions, and maybe even in the plenary using information technologies to get questions to the speaker in real time,” Dr. Penson said. “The back-and-forth, the exchange of ideas, is what makes these sessions. ●



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Instructional course offers the inside story on scholarly journal publishing

Learn what it takes to transform your urological research into a published journal article—from submission, peer review and acceptance to production, promotion and beyond.

In urology, surgeons and researchers are continually testing and developing new ideas and skills that help advance the field and improve patient outcomes. To share this knowledge, it's important to publish your findings in journal articles. But where should you start? How about right here with: "A Good Read: Demystifying Medical Publishing for Urologists. Insights and Tips From the Editors of *The Journal of Urology*® and *European Urology*."



Robert Siemens, MD

In the first instructional course* at the annual meeting on scholarly publishing, you'll get a behind-the-scenes look at the publishing process of two major urology journals and their editorial teams.

"The goal of this instructional course is to help you get familiar with the scholarly publishing process so when you're ready to publish, you'll know the fundamentals," said Robert Siemens, MD, editor-in-chief of *The Journal of Urology*® and the course director. Designed for everyone from residents, fellows and early-career academics to nonacademic urologists and independent practitioners interested

in clinical research, this instructional course will offer an expansive publishing overview. Be prepared to learn how to:

- Read an article to identify novel, impactful research for a better understanding of the urological research literature, with the goal of extending your knowledge of the advancements in urology.
- Review an article for suitability for publication in a scholarly research journal and subsequently write an effective peer review report of that work.
- Identify research opportunities that are potentially impactful to the advancement of the field and conceptualize how to execute a publication plan.
- Create a methods-based outline, including title, abstract, introduction, methods, results, discussion and references, as the basis for an effective submission in a worthy journal.
- Summarize content effectively in visual, video and short plain-language summaries to maximize accessibility and impact of research.
- Amplify your published research with social media to interact with other researchers and promote your work.
- Understand the current publishing landscape, including subscription-



Alberto Briganti, MD



Maria Carmen Mir, MD



Christina Ching, MD



Emily Zabor, DrPH

Alberto Briganti, MD; Maria Carmen Mir, MD; Christina Ching, MD; and Emily Zabor, DrPH.

A Good Read: Demystifying Medical Publishing for Urologists. Insights and Tips From the Editors of *The Journal of Urology*® and *European Urology*

Friday, May 3 | 4-6 p.m. | Room 213

based versus open access journals, the implications of artificial intelligence in the publishing process, how to get good work funded, the importance of a cascade transfer system in a family of journals, peer review models and more.

Joining Dr. Siemens will be Dr. Alberto Briganti, editor-in-chief of *European Urology*, and editorial board members from both journals who will contribute their expertise, including Maria Carmen Mir, MD, associate editor of *European Open Science*; Christina Ching, MD, associate clinical professor at Nationwide Children's Hospital and assistant editor of *The Journal of Urology*®; and

Emily Zabor, DrPH, associate staff biostatistician at the *Cleveland Clinic* and chief statistician at *The Journal of Urology*®. "It's an all-star team talking about all things urological publishing," Dr. Siemens said.

During the course, you will have the opportunity to interact with the editors. "Bring your dilemmas and your questions, whatever you're working on in your own research," Dr. Siemens said. "We're interested in seeing what you've got going." •

* Instructional courses are available to those attendees who purchase an Instructional Course Pass or Individual Course Tickets.

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The path toward a long, happy career in urology

Young Urologists Forum addresses key to success.



Developing long-term strategies to practice urology successfully and happily is a lesson best learned early.

That lesson is the core of this year's 2024 AUA Young Urologists Forum on Saturday, May 4, from 8:30 to 11:30 a.m. in Hemisfair Ballroom 2.



Seth A. Cohen, MD

This year's theme, "Cultivating Passion for Urology: Ensuring Job Satisfaction for the Future," will delve into topics designed to help early-career urologists navigate a long, successful practice, including job transitions, workforce changes and sustaining long-term passion for the profession. Seth A. Cohen, MD, a urologist at City of Hope Orange County in Irvine, California, and Carmen Tong, DO, a pediatric urologist at Children's of Alabama and the University of Alabama at Birmingham, will co-moderate the forum.

"Urology has taken on the unfortunate moniker of being a high-stress specialty and having a fair amount of burnout," Dr. Cohen said.

"Being a young urology-facing group, we want to mitigate this and prevent it as best we can. We like to arm our audience with tools they can take into the future that will allow them to practice with health and satisfaction, successfully for decades."

According to Dr. Cohen, high levels of stress and burnout in the specialty are associated with an aging population and a shortage of urologists, often resulting in long days and an increase in duties during on-call shifts, as well as challenges in electronic medical records and billing requirements and documentation.

The forum will offer attendees tools to reduce "obstacles and challenges early in your career so it doesn't define your career," Dr. Cohen said. Dr. Cohen's best advice to early-career urologists? Learning coping mechanisms to allow the obstacles and challenges in the arc of a career to "come as they may" and being able to navigate those and continue to successfully treat patients. Similarly, he encourages young urologists to avoid letting the day-to-day stressors alter or limit their ability to find passion in treating people and finding joy in their purpose.

"Have avenues during your day-to-day life that fuel the validations of this very hard work and invigorate you enough to get up the next morning and do it again for another 16 hours," he said.

The forum also will feature three dynamic speakers who will share their thoughts and experiences. They include Jennifer Miles-Thomas, MD, AUA treasurer-elect and CEO of Urology of Virginia in Charlottesville; Phillip Pierorazio, MD, section chief of urology at Penn Presbyterian Medical Center in Philadelphia; and Alexander Kutikov, MD, FACS, chair of the department of urology at Fox Chase Cancer Center in Philadelphia.

As a continuation to this year's Young Urologists Forum, the AUA will feature the new "Peer-to-Peer Discussions: Defining Your Personal Plan in Urology." The segment will host small, roundtable discussions to explore various topics of interest in an

informal and candid format. Topics include defining your purpose and mission, interpersonal dynamics (like communication and personality styles), career management and advancement, self-care and physical health and academic publishing. Each table will be led by a moderator who is also a subject matter expert.

In addition, the forum, which includes breakfast, will honor the 2024 AUA Young Urologist of the Year.

"We want young urologists to walk away inspired and hopefully have some wisdom imparted to them about tools they can use for the future that will allow them to maintain their job satisfaction for a long, long time," Dr. Cohen said. ●

Young Urologists Forum

Saturday, May 4
8:30-11:30 a.m.
Hemisfair Ballroom 2



DON'T MISS THESE NETWORKING EVENTS

FRIDAY

Networking Hour
Friday, May 3 | 2-4 p.m.
Science & Technology Hall

SATURDAY

Saturday Afternoon Networking Event in the Science & Technology Hall
Saturday, May 4 | 4-6 p.m.
Science & Technology Hall

Network with colleagues and explore the educational opportunities offered in The Science & Technology Hall. At this popular networking event you can also experience the culinary tastes of San Antonio and explore more than 300 exhibits featured in the Science & Technology Hall. Don't miss it!

SUNDAY

Networking Hour
Sunday, May 5 | 2-4 p.m.
Science & Technology Hall



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Title: Patient Case-Based Learning: Clinical Management of Certain Patients With VHL Disease

Learning objectives:

- Understand von Hippel-Lindau (VHL) disease through a hypothetical patient case
- Review clinical data on a management option for certain patients with VHL disease
- Discuss monitoring and management of potential adverse reactions through a patient case

Saturday, May 4, 2024

10:15 AM - 11:00 AM CT

Henry B. González Convention Center

S&T Hall, Booth #1159

Speaker: Brian Shuch, MD

Title: A Treatment Option for Certain Patients With Renal Cell Carcinoma in the Adjuvant Setting

Learning objectives:

- Review renal cell carcinoma (RCC)
- Understand clinical data supporting a treatment option for certain patients with RCC in adjuvant treatment setting
- Understand how to monitor and manage potential adverse reactions associated with this treatment option

Sunday, May 5, 2024

12:00 PM -12:45 PM CT

Henry B. González Convention Center

S&T Hall, Booth #1159

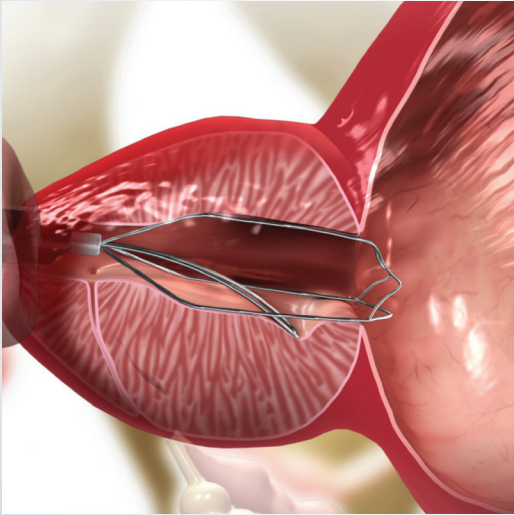
Speaker: Vahan Kassabian, MD

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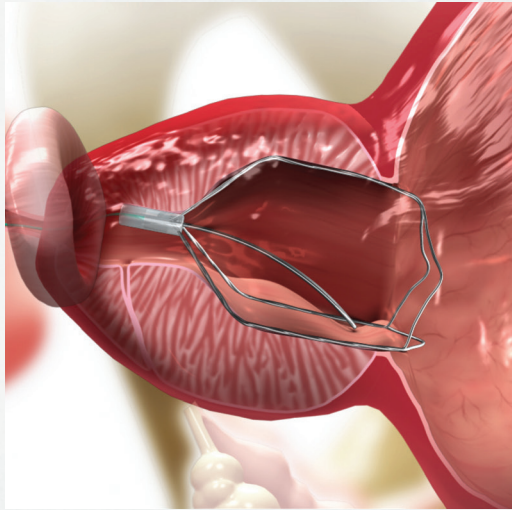


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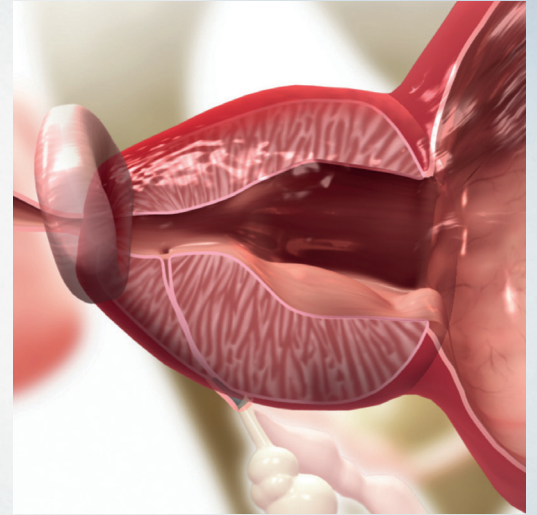
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iTind Tech Talk | Booth 1733 Friday, May 3 | 11:00 AM - 11:25 AM

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Implantation of the iTind device may cause urinary urgency, pelvic discomfort, dysuria or hematuria. In rare cases, the iTind procedure may cause urinary tract infection or acute urinary retention.

1. Amparore D, Fiori C, Valerio M, et al. 3-Year results following treatment with the second generation of the temporary implantable nitinol device in men with LUTS secondary to benign prostatic obstruction. *Prostate Cancer Prostatic Dis.* 2021.
2. Chughtai B, Elterman D, Shore N, et al. The iTind Temporarily Implanted Nitinol Device for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia: A Multicenter, Randomized, Controlled Trial. *Urology.* 2020.



Food Court

S&T SCIENCE & TECHNOLOGY HALL MAP AND EXHIBITOR LIST

Exhibitor list and map current as of 04/11/2024

Residents Pavilion

Product Theater

History Booth

Device Tech Talk

Entrance

Square Entrance (Primary)

Square Entrance

A&E Endoscopy	1226
A.M.I. Agency for Medical Innovations GmbH	148
AbbVie	243
Accord BioPharma	1051
AcuityMD	874
Advance Medical Designs	923
AdventHealth	2826
AED	869
Agility	768
Akumin, Inc.	271
Akumin, Inc.	273
ALDAVER Co., Ltd.	1563
Alnylam Pharmaceuticals	1168
Ambu Inc.	2572
Ambu Inc.	809
America Medic & Science, AMS	143
AMNOTEK International Medical GmbH	1017
Amplify Lab Solutions	173
Andromeda Surgical	2322
AngioDynamics	653
Angiogenesis Analytics BV	2353
APEX Biologix	2930
Applaud Medical, Inc.	2459
Ardent Health Services	2250
Artesia General Hospital	2827
Ascend Therapeutics	2050
Asociación Urológica de Centroamerica y Caribe (AUCA)	1066



ASSI-Accurate Surgical & Scientific Inst.	1123
Astellas Pharma US	1543
AstraZeneca	1505
Avenda Health	2443
Axonics, Inc.	1623
Ballad Health Medical Associates	2352
Barrigel	1215
Bastion Health	2932
Bayer	1342, 1959
BD	1517, 2163
BDSC Company	979
Benefis Health System	2835
Best Medical International	1843
Billings Clinic	2453
Bioprotect	2550, 2565, 2664
Biote	1952
BK Medical/GE HealthCare	1451, 2465

Case Recruiters, Inc.	569
Ceevra Inc.	2648
CG Oncology Inc.	100
CHRISTUS Health	2650
CirrusDx	2834
CIVCO Medical Solutions	2123
Clarius Mobile Health	1063
Clear Guide Medical	2926
Cleveland Clinic	122
Cohealo	2651
Colegio Mexicano de Urología Nacional, A. C.	1064
Coloplast Corp.	2757
Coloplast Corp.	3154
Coloplast Corp.	453
Combat Medical Ltd.	1026
CommonSpirit Health	2152
CompHealth	671
Confederación Americana de Urología	1070
Convergent Genomics	914, 2262
Convergent Laser Technologies	1027
Cook Medical	459
Copper Medical Technology Co., Ltd.	1069
Coronis Health	2934
CS Surgical, Inc.	1948
Curium	2825
Decipher Urologic Cancers, Subsidiary of VeracYTE	607
Deep Bio	1015
Dendreon Pharmaceuticals LLC	1235
Designs for Vision, Inc.	1117
Dornier MedTech	943, 1961
Dyne Medical Group Inc.	2323
Earned Wealth	2048
ec2 Software Solutions	2448
Ecleris USA	822
ECU Health	2354
Edgecare	1850
Egyptian Urological Association	967
Eigen Health	2043
Electro Medical Systems SA	669

Eli Lilly	3164
Elidah	2727
ELMED Medical Systems	142
Elsevier	717
Empower Pharmacy	2326
Endo Pharmaceuticals	1643
Endourological Society, Inc.	1763
Epic Physician Staffing	2733
Erlanger Health	876
Ethon	1963
Ethon	2060
European Association of Urology	1058
Exelixis, Inc.	931
Exosome Diagnostics	613
EziSurg Medical	2832
Farco Pharma	116
Fellow	1750
Ferring Pharmaceuticals Inc.	201, ExpoSuite 4, 6, 8
Firefly Global	766
FirmTech	2355
Flume Catheter Company	765
Focal Healthcare, Inc.	1727
Focal One	409, 3043
Focalyx	1635
Foundation Medicine	110
Fox Chase Temple Urologic Institute	1852
Francis Medical	2359
Fujifilm Healthcare	353
Gemini Medical Technologies	851
GEOTEK Medical USA LLC	1925
Gimmi GmbH	2452
Global Medical Endoscopy	1127
GoPath Diagnostics	823
GOTOP Medical, Inc.	567
GRAIL	1162
Guangzhou Potent Medical Equipment Joint-Stock Co., Ltd.	1107
Guangzhou Red Pine Medical Instrument Co., Ltd.	1007
Guerbet, LLC	907
Halozyme Therapeutics	2746



Shenzhen Besdata Technology Co., Ltd .. 2848	United Medical Systems..... 1033
Siemens Healthineers 467	United Urology Group 270
Signati Medical, Inc. 216	Universal Health Services (UHS) 2223
Sociedad Argentina de Urologia..... 1068	University Compounding Pharmacy..... 2143
Sociedad Mexicana de urologia 1062	Up Capital Management 2731
Sociedade Brasileira de Urologia (SBU)..... 959	Ur24Technology, Inc 310
Société Internationale d'Urologie (SIU) 1955	URO-1, Inc 1653
Society of Government Service Urologists (SGSU) 1761	UroGen Pharma, Inc. 1525, 2260
Society of Urologic Nurses and Associates (SUNA) 2053	Urologic Association of Asia..... 969
SoftWaveTRT 2935	Urological Society of India 965
Sonablate Corp 742	Urology Health Store 2349
SonoMotion, Inc. 1222	Urology Times 1828
Sontec Instruments..... 816	UrologyLocums.com 1655
Soundable Health..... 1067	Uromedica, Inc. 824
Southeastern Section of the AUA, Inc./ Northeastern Section of the AUA, Inc. .. 1860	UroMems, Inc..... 2570
Specialty Networks, LLC..... 2959	UroViu Corporation 1351, 1863
SpectraCure AB 1661	US Army Healthcare Recruiting 2750
SRS Medical Corp. 1535	US Navy Medical Recruiting 2844
St. Claire HealthCare 2828	Valar Labs Inc..... 2761
St. Luke's University Health Network..... 2255	Valencia Technologies..... 1822
STERIS Corporation 316	Vascular Technology 2243
Strauss Surgical / American Medical Endoscopy..... 1151	VasectomyStore.com 2449
Stream Dx 2729	Veradigm 2248
Stryker 212	Verana Health 1065
Stryker 2758	Verathon 1958
Sumitomo Pharma America, Inc. 1405, 1415, 2371, 2470	Veterans Health Administration..... 2150
SUN Pharma 1751	Veterans Prostate Cancer 1964
Surgical Science 2327	Viomerse 865
SURGIPLUS LLC 2749	Vital Interaction..... 1125
Surgitel 2222	viv clinic..... 2747
Suture Ease, Inc..... 2428	Wasatch Medical Specialties 2051
Suzhou PeakSonic Medical Technology Co., Ltd 2154	Watson Clinic, LLP 2450
SZ HugeMed MED TECH DEV CO., LTD.. 1711	Weatherby Healthcare 2348
Teleflex Interventional Urology.... 1223, 2659	Well Lead Medical Co. Ltd. 1943
Telix Pharmaceuticals (US), Inc..... 631, 2063	Wellnext 2454
Tempus 1949	Wellstar Health System 2548
Teradek 1071	Western Section American Urological Association Inc (WSAUA) 1759
The Gideons International..... 1461	WIN 2652
The Permanente Medical Group..... 678	WonderPax 2742
Theralase Technologies 771	XEOS 2225
Theralogix 1851	Xialla Inc 778
Timm Medical 2754	Xi'an Blueray Medical Technologies, Ltd..... 2251
TMC Health..... 2551	Xuzhou Kaixin Electronic Instrument Co., Ltd..... 868
Tolmar Inc 322	Yigao Medical technology Co.,Ltd. 878
TTG Imaging Solutions 2153	Zenflow, Inc..... 2162
UC-CARE 1059	Zhejiang Chuangxiang Medical Technology Co.,Ltd 966
UFM Underwear for Men..... 672	Zhuhai Vision Medical Technology Co.,Ltd 132
United Endoscopy 1112	Zimmer MedizinSystems 1164

ExpoSuites

1963 Ethicon	2063 2162	2163 2262	2263 2364	2365 Lantheus	2465 BK MedFlow/GE Healthcare	2565 2664
1951 2050	2059 2158	2159 2250	2259 2350	2359 Francis Medical	2459 Applaud Medical, Inc.	2559 Novo Nordisk Health
1959 2058		2258				

ExpoSuites

2667 2766	2761 Valar Labs Inc	2863	2955 3060	3047 3164	3162	3165
2663 2762			2953 3058	3045 Johnson & Johnson	3161	3163
				3043 Johnson & Johnson	3159	3157
				3043 3156	3154	3155

Robotics Theater

1931 ImmunityBio, Inc.

2133 Intuitive Surgical

2233 Perineologic

2333 Intuitive Surgical

2425 Robotics Theater

3151 Bioskills Hub Equipment Staging

3147 Bioskills Hub Didactic Space

3141 Skills Enhancement Workshop

2923 Food Court

Hangzhou Hawk Optical Electronic Instruments Co.,Ltd. 962	McLeod Health..... 2643	Oruba Technology & Innovation 764
HAPPINESS WORKS MEDICAL 2845	Mcube Technology Co., Ltd. 713	OTU Medical Inc 1923
Hayes Locums 668	Mdxhealth 1133	Owensboro Health Medical Group 675
Health Best International LLC 1926	Med Fibers, Inc. 759	Pacific Edge Diagnostics USA Ltd. 1158, 2058
HealthTrackRx 2451	Meda Co., LTD 815	Parker Laboratories, Inc. 2829
HealthTronics, Inc. 2023	Medical Expo Supplies..... 2553	Pathnostics 1849
HistoSonics 1717, 2158	Medicus Healthcare Solutions..... 769	PathomiQ Inc. 1826
Holston Medical Group..... 964	Mediflex Inc 1754	PathRight Medical 1953
Houston Omics Collaborative..... 775	MEDIFLEX 1823	PD Labs 2645
HR HealthCare 222	Mediplus 1022	Perineologic 2233
Huger Medical Instrument Co. Ltd..... 666	Medispec 918	Peruvian Society of Urology 963
Hunan Vathin Medical Instrument Co.,Ltd..... 2127	Medpro..... 210, 2054	Pfizer Oncology 443, 2259, 2360
Huons USA..... 2655	MedSol 2946	PhalloFILL® 2555
ID Medical Devices 2350	MedTech International Group 134	Philips 1629
ImmunityBio, Inc..... 1931	MedTech 776	Photocure 601, 2159
Indiana University Kelley School of Business..... 130	Medtronic 2543	Piedmont Healthcare 2253
Innovex Medical..... 864	Mendaera 2471	Platform Innovations 2422
Integra LifeSciences 2026	MenHealth 2049	Porter Instrument 2049
Intermountain Health 2149	menMD..... 773	PracticeLink..... 2252
Intuitive Surgical 2333, 2861	Merck & Co., Inc. 830, 3047, 3058, 3060	Practis 2549
Invitae 1013	Microsurgery Instruments Inc 772	Presbyterian Healthcare Services 673
Irisepit 1214	Mid-Atlantic Section of the AUA 1864	Prisma Health..... 2151
ISM Saddles, LLC 872	MIM Software Inc..... 1251	Procept Biorobotics 1429, 1859, 1960
IsoPSA 1113	Minze Health..... 2654	Profound Medical 623
IVUmed 2426	Modernizing Medicine 1023	Promaxo 423
Japanese Urological Association 971	Modulight Corporation..... 1166	Prometheus Group, The 1611
JenaSurgical by Asclepion Laser Technologies GmbH..... 2249	MoKan 2944	Promis Dx 2833
Jiangsu Sanwe Medical Science and Technology Co.,Ltd..... 677	Molecular Testing Labs 2424	Promptly Patient Experience Suite 2928
JIASHAN HONGFENG 2843	Moonstone Nutrition 968	Prostate Genomics Inc 817
Johnson & Johnson 1443, 3045, 3161, 3165	Multiphze LLC 863	Protara Therapeutics Inc..... 870
Kaneka North America, LLC 2649	Myriad Genetics 1725	Provepharm 1825
KARL STORZ United States 401	MysteryVibe 2653	Provider Solutions & Development 2850
Kerecis 136	Neomedic International 977	Pusen Medical..... 913
Know Error..... 2647	NEOSCOPE2020 170	Q-Optics & Quality Aspirators Inc 2148
Koelis 951, 1962	New York Section Of The American Urological Association Inc 1765	QUAD A 2846
Laborie Medical Technologies 1423, 2265	NextMed..... 1617	Quanta System SPA..... 1143
Lantheus 1205, 2365	NinoMed..... 2343	Quest Healthcare Solutions..... 577
Larc Robotics 2324	Nonagen Bioscience Corp..... 2837	RetroPerc, Inc 1758
Lazarus 3D 217	North Central Section of the AUA, Inc./ South Central Section of the AUA, Inc. 1858	Revelation Pharma 2748
Lehigh Valley Health Network 2224	Northwell Health 213	RG Medical 725
Levee Medical, Inc..... 2258	Novartis Pharmaceuticals Corporation 1555, 1865, 2059	Richard Wolf Medical Instruments Corporation 211, 301
LEXION Medical 2745	Novo Nordisk Health 475, 2559	Rigicon A.S..... 777
LINA Medical 665	Novoglan Phimosis Treatments 171	Rls 1854
LithoLyte 659	NuCare Medical Solutions 2735	Rocamed..... 471
LocumTenens.com 1212	Ohio Valley Healthcare Solutions, LLC..... 2751	Rose Micro Solutions LLC 723, 1723
LP Surgical Fibers 575	Olympus America Inc. 311	RosmanSearch 1755
LSI SOLUTIONS..... 2227	Olympus America Inc. 3155, 3157	Russer 151
LynxDx 801	OMNIMEDICAL 674	Sagent Urology 927
MacroLux Medical Technology Co., Ltd.... 230	omo.md 774	Sagis Diagnostics 2831
Male From Home..... 1928	OPKO Health, Inc..... 2226	Sapayen 2351
	Opheras A/S..... 1760	Scivita Medical Technology Co., Ltd..... 2022
		SEEGEN ENDOSCOPY..... 215
		Seplou Medical 859
		SH MEDICAL CORP 812

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QUESTION OF THE DAY

What are you most looking forward to at AUA2024?

The best part of urology is the people, and that sentiment carries over to the AUA Annual Meeting! I am most excited to reconnect with my friends and mentors from across the country, while forming new connections with urologists who are making remarkable contributions to clinical practice, research and health policy. I look forward to engaging with my medical student peers to seek feedback that informs our educational offerings within AUA Publications. Finally, I can't wait to attend the Young Urologists Forum, which always offers an enjoyable and educational discussion.



Yash Shah, BS

Sidney Kimmel Medical College, Thomas Jefferson University Philadelphia, Pennsylvania

If my chairman asked me what I am most looking forward to at AUA2024, I would say learning about innovations in pediatric urology at the Societies of Pediatric Urology Annual Meeting on Saturday or catching up on developments in medical education research at multiple poster and podium sessions. If my residents asked me, I would say supporting them at their presentations and cheering on the New York Section at the Chief Resident Debate and Residents Bowl. Ultimately, I am very much looking forward to all of the above and am extremely proud of the work my residents have done! However, what I am most looking forward to is catching up with urology friends and mentors who I see far too infrequently.



Michael Ernst, MD
Stony Brook University Hospital
Stony Brook, New York

I am most looking forward to my (Cleveland Clinic) residency reception at AUA2024. Residency was a deeply transformative experience for me; I came in barely knowing how to write for Tylenol and came out a skilled surgeon. Residency reception is a time to see the attendings and co-residents who guided and believed in me during this time of intense growth (even on the days when I questioned if I belonged in the "urology club"). It's always fun see where life has taken each of us, hear about families, hobbies and reminisce about the old stomping grounds.



Mary Samplaski, MD
University of Southern California
Los Angeles, California

Q&A:

Residents Bowl emcee Gary Faerber, MD, looks back on more than a decade of fun and challenges.

Taking a final bow

Since it first debuted in 2012, the Residents Bowl has become a popular and beloved tradition every year at the AUA Annual Meeting as teams vie for the top spot and the bragging rights that come with it.

Each year the competition has been led by AUA's own ringmaster, Gary Faerber, MD, FACS, of the Duke University School of Medicine's division of urology. Dr. Faerber will be stepping down as emcee after this year's competition, but before he leaves, *AUA Daily News* asked him to take a few moments to reflect on more than a decade of tough questions, competitive teams and good times.

Q You've been with the Residents Bowl since the beginning. How did that relationship begin?

Dr. Faerber: I had been running the Residents Bowl in my home Section, the North Central Section, for several years. Dennis Pessis, MD, who was the incoming AUA president, was a fellow North Central Section board member during this time. He really was responsible for taking the Residents Bowl national, so to speak. He and Gopal Badlani, MD, FACS, FRCS, who was the AUA secretary, asked if I would be interested in creating the AUA Residents Bowl. Of course I was very flattered, honored and a bit intimidated.

Q How has the Bowl evolved since it first started?

There have been some exciting changes over the years. One is that we invite foreign residents to join each Section team to offer a bit of international flavor to the event.

We have also instituted audience response during the semifinal games. A question is posed, and the audience can respond with an answer. The resident team can either agree with the audience or answer differently. This is always really entertaining.

During the championship, we track the number of residents from each representative Section who participated in a skills challenge at one of our sponsor exhibits. The Section with the most resident participants gets points added to their team's score. Each team has a team name; based on voting, the team with the best name also gets points. Finally, we also added a "phone-a-chair," our version of "phone-a-friend." Teams in the championship game can reach out to a volunteer chair in urology to help them answer a question. Kurt McCammon, MD, FACS, FPMRS, professor of urology and Devine Chair in Genitourinary Reconstructive Surgery at Eastern Virginia Medical School, has been our chair for the last several years, and he is great!

Q What has it meant to you to be part of the Residents Bowl over the years?

I have had a lot of people say I missed my true calling, that I should have quit urology to instead be a game show host. But running the Residents Bowl wouldn't be possible without the judges at the event who help with scoring and adjudicating certain questions. And, of course, the AUA team that supports the Residents Bowl is fantastic.

Q What made you decide to step down as emcee after all these years?

I don't know if there was one thing that made me decide. I've been working with Brad Schwartz, DO, professor and the Frank and Linda Vala Endowed Chairman of Urology at Southern Illinois University School of Medicine, who's been kind enough to help organize and guest emcee the last couple of years. Seeing his dedication and energy and commitment to the game, I felt the time was right.

Q Do you have any words of wisdom or advice to pass along to the future emcee or future participants in the Bowl?

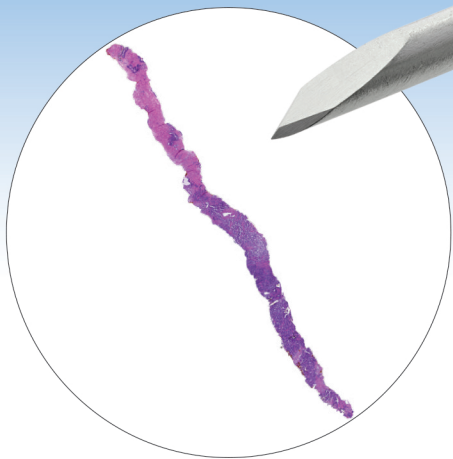
I'm not sure I have any, other than to say that I hope the AUA will be as supportive of the Residents Bowl as they have over all these years. I hope the residents find it fun, the audience finds it entertaining and the emcee takes it to yet another level of entertainment. ●

Scan the QR code to read more about the Residents Bowl, which kicks off today in the Residents Pavilion (Booth 159).



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