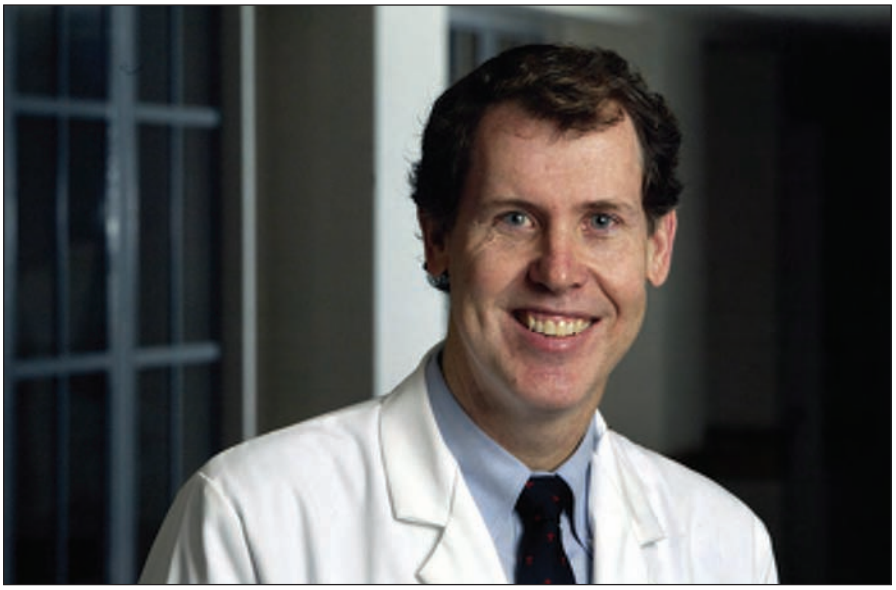
DUKE
UROLOGY Today
Winter 2006

A MESSAGE FROM THE CHIEF



Having now been back at Duke Urology for more than two years, I can say with even more conviction that this is a very special program due in large part to the commitment, hard work and drive of its' people! Duke Urology represents over 120 professionals working hard every day to make sure that our patients are well cared for, that we excel in the academic mission, and that we continue to push the envelope to advance the field of urology. There are a number of notable highlights that I would like to touch on to begin this issue.

Most notably, we are expanding with a growth initiative at Wake County-Raleigh that is progressing nicely with the addition of Drs Tracey Krupski and Greg Bianchi (see page 5). Tracey has been on board for about one year and Greg started this past fall. Tracey has provided a status report on Duke Urology of Raleigh on page 6. With major growth in this area of the State and Duke Health's strategic commitment to the Duke Raleigh Hospital, we are proud to be a key part of this initiative and are absolutely thrilled to have recruited two outstanding academic urologists in Tracey and Greg!

Speaking of expansion, Duke Urology is also in the midst of increasing services at Duke Durham Regional Hospital. Dr Brian Evans, one of our stellar 2006 residency program graduates, was recruited to help lead the expansion (see page 5). In addition, we are developing a strategic plan for the Duke Health System to add a second da Vinci® robotic system for Durham Regional as well as support for a new outpatient urology center near the hospital and several additional staff members to be added in 2007. We will keep you posted on this effort in future newsletters.

One of the key missions of any top training program is to produce future leaders. In this regard, we are extremely proud of Dr Johannes Vieweg. Johannes completed a pre-residency research fellowship and residency at Duke Urology, and went on to develop a World-Class translational urologic vaccine program. This past summer, Dr Vieweg was named the inaugural Chair of Urology at the University of Florida. In addition to Johannes, Dr Philipp Dahm, one of our other "rising star" young academic urologists who trained here, also departed for Florida to be Vice Chair of Urology with Dr Vieweg. Both men will be missed as they played a key role in our academic and research missions. On behalf of our entire program, we wish them much success and happiness in their new roles and know that they will represent Duke Urology extremely well.

In the research arena, Dr Steve Freedland, who joined our faculty in November 2005 (see page 5), is now helping to lead and re-focus our clinical and research program. Steve is working closely with Dr Leon Sun and others here to build the infrastructure of the Duke Prostate Center (DPC) Outcomes Database and to increase our outcomes research productivity and stature in the field (see his article on page 7). While Leon has been very busy building the

(Continued on next page)

A MESSAGE FROM THE CHIEF continued

DPC database (see story on page 6), Steve has brought his SEARCH database to the Durham VAMC where Duke Urology is leading this National database effort. In addition to prostate disease, the outcomes team is working with other faculty members, such as with Dr Glenn Preminger to develop a kidney stone outcomes database, as well as other urologic disease projects.

In the area of clinical trials research, Dr Craig Donatucci has done a great job with helping to develop a divisional clinical trials program. With the goal of eliminating "silos", the program is now expanding under the leadership of a Core Committee led by Drs Daniel George, Cary Robertson, and Steve Freedland, with key input from other senior members of the Division. Forming a core of research nurses with regulatory and financial infrastructure to benefit the entire division will enhance our efficiency and productivity for oncologic and non-oncologic urologic clinical trials. For one example of a key trial, see page 8 for an overview of the High Intensity Focused Ultrasound (HIFU) trial for localized prostate cancer being led by Dr Cary Robertson. In this regard, Duke Urology has the distinction of being the first in the United States to treat a man with localized prostate cancer with HIFU this past spring!

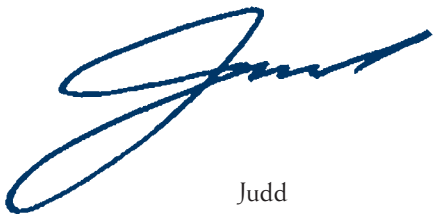
The Duke Urology-Duke Prostate Center Robotics Program continues to excel under the leadership of Dr David Albala. On page 9, please read about the celebration we hosted in August to commemorate the 300th robotic prostatectomy at our center. While our overriding goal is for patient care excellence, we also are committed to learning about outcomes of robotic prostatectomy compared to open, minimally invasive prostatectomy by conducting state-of-the-art outcomes research and quality of life assessments on all consenting patients. With Drs Albala, Polascik, Robertson, Walther, and Evans trained in the robotic technique, we are perhaps the only urology program in the U.S. with World-class expertise and performance regularity with all three common radical prostatectomy techniques-robotic, retropubic, and perineal!

From a development standpoint, we continue to rely on philanthropy to meet our academic and research missions. For an update on our CURED program, please see Ms Linda Mace's article on page 7. The highlight in this area since our last newsletter is the establishment of our first named endowed chair, the James H. Semans, M.D. Endowed Professorship. A collaboration between the Division of Urology and the Mary Duke Biddle Foundation allowed the funds necessary to establish the Chair. Please see page 10 for a full description. I would like to especially thank Mrs.Mary Semans for her great support of this initiative to honor her late husband.

Finally, I want to thank everyone at Duke Urology for their hard work this past year, which allowed us to raise two positions to number 7 in the U.S.News and World Report ranking of America's best urology programs. In our goal for continued urology excellence, we hope to be able to advance even higher in future years.

Until next time, warmest best wishes and thank you for your continued support.

Very respectfully,



Judd

Highlights from some of our 2006 Conferences ...

2nd Annual Duke Prostate Center Symposium
June 10, 2006
Dr. Albala displays his enthusiasm for robotic prostate surgery

Duke Tuesday in Urology Conference
April 25, 2006
Our first "International" guest lecturers, Dr. Mahesh R. Desai (second from left) and Dr. Jean de la Rosette (right)

2nd Annual Duke Prostate Center Symposium
June 10, 2006
Dr. Paul F. Schellhammer, Professor and Chairman of Urology at Eastern Virginia Medical School, shares his knowledge of prostate cancer as a specialist in the field of urologic oncology and as a prostate cancer survivor

RESIDENCY TRAINING PROGRAM

2006 Duke Urology Graduates

Brian R. Evans, M.D. (left) with Dr. Preminger

Matthew D. Young, M.D. (right) with Dr. Robertson

Charles W. Yowell, M.D. (right) with Dr. Moul

CURRENT RESIDENTS

Chief Residents (PG-6)
Drew A. Dylewski, M.D.
Charles G. Marguet, M.D.
Jeremy B. Wiygul, M.D.
Benjamin K. Yang, M.D.

Senior Residents (PG-5)
Quintin V. Cancel, M.D.
Bassem M. Eldaif, M.D.
Regina D. Norris, M.D.

Senior Residents: (PG-4)
Kristy M. Borawski, M.D.
Nicholas J. Fitzsimons, M.D.
Timothy Y. Tseng, M.D.

Laboratory Residents (PG-3)
W. Cooper Buschemeyer, III, M.D.
Ed Rampersaud, M.D.
Marnie R. Robinson, M.D.

Junior Residents (PG-2)
Joseph Klink, M.D.
Charles D. Scales, M.D.
Florian R. Schroeck, M.D.

2006-2007 Residents (PG-1)
Jodi Antonelli, M.D.
Erin McNamara, M.D.

CURRENT FELLOWS

	Specialty	Mentor(s)
Neil H. Grafstein, M.D.	Female Urology and Urogynecology	George D. Webster, M.B., FRCS
Jason Greenfield, M.D.	Andrology	Craig F. Donatucci, M.D.
George E. Haleblian, M.D.	Endourology	David M. Albala, M.D. Glenn M. Preminger, M.D.
Sean A. Pierre, M.D.	Endourology	David M. Albala, M.D. Glenn M. Preminger, M.D.
Lionel L. Banez, M.D.	Oncology Research	Steve Freedland, M.D. Judd W. Moul, M.D. Leon Sun, Ph.D.
Vladimir Mouraviev, Ph.D.	Oncology Research	Judd W. Moul, M.D. Thomas J. Polascik, M.D.
Robert Hamilton, M.D.	Oncology Research	Steve Freedland, M.D. Judd W. Moul, M.D. Leon Sun, Ph.D.

ATTENTION DYSURICS!

In an attempt to establish a permanent form of communication between graduates of the Duke Urology Residency Program, Dr. Charles Yowell (DU '06) has volunteered to compile a list of all alumni accomplishments since graduation. To make this worthwhile endeavor a reality, please send a brief outline that includes your current position, major career accomplishments, marriages, children, retirements, etc. to **dysuria@mc.duke.edu**.

New Faculty

Stephen J. Freedland, M.D.
Assistant Professor, Urology & Pathology

Training
M.D., University of California, Davis, 1997
General Surgery, UCLA School of Medicine, California
Urology, UCLA School of Medicine, California, 2003
Urologic Oncology Fellowship, Johns Hopkins University School of Medicine, Maryland, 2003-2005

Clinical Interests
Prostate cancer and prostatic diseases, general urology

Tracey L. Krupski, M.D., MPH
Assistant Professor, Urology

Training
M.D., Medical College of Virginia, 1996
General Surgery, University of Virginia Hospital, 1998-1999
Urology, University of Virginia Health Sciences Center, 1999-2002
Urologic Oncology Fellowship, 2002-2003
Urologic Research Fellowship, 2003-2005

Clinical Interests
Urologic oncology and health services research, general urology

Gregory D. Bianchi, M.D.
Assistant Clinical Professor, Urology

Training
M.D., Rush Medical College, Illinois, 1994
Master of Science, Preventative Medicine and Environmental Health with emphasis in Public Health, University of Iowa, 1998
Urology, University of Iowa, 2000
Endourology and Laparoscopy, University of Cincinnati Medical Center/University Hospital, Ohio, January–June 2006

Clinical Interests
Prostate disease, stone disease, erectile dysfunction, female urinary incontinence, no scalpel vasectomy, endourology, laparoscopy, general urology

Brian R. Evans, M.D.
Assistant Professor, Urology

Training
M.D., Medical College of Ohio, 2000
General Surgery, Duke University Medical Center, North Carolina, 2000-2002
Urology, Duke University Medical Center, North Carolina, 2002-2006

Clinical Interests
General urology with a focus on minimally invasive surgery, including laparoscopy and robotics

PROGRAM UPDATES

Duke Urology of Raleigh

by Tracey L. Krupski, MD, MPH

Duke Urology of Raleigh is pleased to welcome Dr. Greg Bianchi. Dr. Bianchi obtained a Masters in Epidemiology during his residency training at the University of Iowa and has a special interest in evidence-based urology. In addition, he recently completed a robotics fellowship in Cincinnati and is well equipped to spearhead our robotics effort in Raleigh. We also would like to welcome Katie Gillis, a new surgical physician's assistant working with the Duke Multispecialty clinic.

Not only are we expanding staff, we are broadening our services. In terms of oncology, we are coordinating efforts with Dr. Carol Hahn, Director of Radiation Oncology, to create a prostate cancer brachytherapy program. Duke Health Raleigh Hospital has supported our stone practice by investing in state-of-the-art lithotripsy equipment. We are further developing our focus on female urology by opening a second office to establish a Women's Health Center in Cary, North Carolina. Although this office will focus on women's health issues, we will continue to provide high quality care in all areas of urology such as no scalpel vasectomies, tubeless nephrostomies, and green-light high performance system laser prostatectomies.

We, at Duke Urology of Raleigh, look forward to serving Wake County for many years to come.

Duke Prostate Center Database Program

by Leon L. Sun, MD, Ph.D.

The Duke Prostate Center (DPC) Database Program is one of the core components of the Duke Prostate Center and the Division of Urology with the long term goal to improve prostate cancer prevention, screening, early diagnosis, treatment, quality of life and cancer control.

The database system is composed of the following components.

1. A production database that holds patient data collected retrospectively and prospectively.
2. Data form scanning system that is edited with Teleform® software for standardization of patient care and efficient data collection.
3. Stored procedures and macros for automatic daily data manipulation, backup and restoration.

The missions of the database program are:

1. To standardize clinical data collection and procedures in men with prostate diseases;
2. To integrate multidisciplinary clinic work and follow-ups for improvement of patient care quality;
3. To automate patient records and establish a e-chart for enhancement of clinical work efficiency;
4. To integrate the activities of clinics, consents, clinical trials and research projects;
5. To integrate clinical data and collected specimens including blood, urine, biopsy cores and surgically removed prostates;
6. To provide training and education for faculty, research fellows, residents and students and promote prostate disease research;
7. To support intramural and external collaborations from academic institutions and industry;
8. To build statistical models predicting probability of prostate cancer in the diagnosis phase, optimal primary treatment in the treatment phase, and optimal recurrence treatment and outcome in the follow-up phase;
9. To develop decision tools as software for public education, patient self-testing, and physician's decision support reference;
10. To be a national data and specimen source for prostate disease clinics and research.

At the end of August 2006, the DPC Database contained data of 14,919 men diagnosed with prostate cancer and millions of their clinical records, in addition to more than 37,000 PSA histories. The database contains more than 500 data fields including demographics, diagnosis, treatments, pathology, follow-up and quality of life, and is the largest and most comprehensive database of its kind in a single institution.

A multidisciplinary team has been established, including urologists, medical oncologists, research fellows, residents, medical students, a statistician, programmer, data manager and data clerk. We have recruited international research fellows and undergraduate students from local universities. The database team is fully supported by the departmental IT team, Duke IT team, and Duke Tumor Registry.

A network of research on prostate cancer has been developed with scientists and clinicians from the universities of Pennsylvania, Harvard, Howard, John Hopkins and North Carolina Central, and industry. Multiple publications, grant applications, manuscripts and abstracts have resulted from these collaborations.

At present, the DPC database team is focused on the following aspects of prostate cancer research:

1. Epidemiology and the changing face of prostate cancer in the PSA era;
2. Racial disparity of prostate cancer incidence, treatment, pathology, quality of life, and survival;
3. Development of optimal biopsy strategies;
4. PSA kinetics in prostate cancer screening, detection, treatment and outcomes;
5. Pathological characteristics of prostate cancer over time and their role in decision making for treatment and prediction of outcome;
6. Effects of comorbidities and complications from prostate cancer on outcomes and quality of life;
7. Characterization of the relationship between surgical patterns and quality of life;
8. Hormonal therapy and its effect on prostate cancer survival.

Urology Administration

by Linda Mace

The Division of Urology's organizational growth continues to provide challenges for the administrative and faculty support staff. A broad-based clinical research program investigating all subspecialties is now taking shape through additional hires and reorganization. Future expansion of the clinical research program is planned for Durham Regional and Duke Raleigh Hospitals.

Recruitment and addition of new faculty that require additional staff and resources is a constant theme throughout the year. Total faculty, fellows, residents and support staff has reached 120 in number, excluding those supporting clinical services in the Urology clinics and wards. A proposed increase in the resident complement is also in process.

We continue to fulfill our educational mission by supporting fellowships of both national and international status. Urology now supports four full-time fellowship positions in the subspecialty areas of Endourology, Laparoscopy, Female Urology and Reconstructive Urology, and Andrology with a proposed addition of a Urologic Oncology Fellowship in July of 2007. The Division continues to receive many applications for fellowships and requests from international physicians wishing to benefit from the expertise of the Duke Urology faculty.

Industry sponsorship plays a vital role in supporting our educational and research mission with the creation of designated Centers of Excellence. The Oncura Center of Excellence is providing support for minimally invasive cryotherapy applications in prostate and renal cancers. The Abbott Center of Excellence sponsors a two-day preceptorship in prostate cancer with participation by many faculty members. Negotiations with other companies are occurring on a regular basis. In addition to research and preceptorship training, we rely on industry support in continuing our educational mission by hosting postgraduate meetings both locally and nationally.

Preserving and promoting Urology's core mission through careful stewardship of its' resources requires constant surveillance and monitoring by the administrative staff and others in the Division. Dedicated patients and friends continue to support the CURED (Committee for Urologic Research, Education and Development) program initiated in 1974. Individuals, corporations, or trusts are providing resources in support of research, clinical care programs, and development. Anyone interested in receiving additional information about the CURED program may contact Linda Mace, Administrative Manager, Division of Urology, at (919) 684-6106 or Elizabeth Vannelle, Director of Development, Department of Surgery, at (919) 667-2530.

Urology Research

by Stephen J. Freedland, MD

The past year since my arrival at Duke University in November of 2005 has been extremely exciting. As I have struggled to establish my own research endeavors, I have recently been tasked to help lead the Divisional research efforts for outcomes research and translational research. However, I am very fortunate to be assisted by many people in these pursuits. Specifically, within the realm of outcomes research I will rely heavily on Dr. Leon Sun and his efforts to build the Duke Prostate Center (DPC) database (see article on page 6). Therefore, at this very early point in my tenure, I think it is wise to reflect on our successes to date and point out the challenges ahead.

First, I would like to note that the team of Drs. Sun and Moul "only" arrived at Duke a little more than 2 years ago and I have only been at Duke for barely over 1 year. However, during that time, we have established the DPC Database Program and I brought the multi-center SEARCH Database with me when I arrived. These 2 databases combined resulted in the submission of 42 different abstracts to our national urological meeting, which will be held in the Spring of 2007. While submitting an abstract to a meeting does not in and of itself constitute "success", it does clearly demonstrate that these two databases, while still in the building phase, are very much operational and yielding important clues about prostate cancer biology. Importantly,

PROGRAM UPDATES CONTINUED

we do not plan on resting on these laurels, but rather will continue to move forward. As such, our future challenges lie in continuing to build these databases by filling in "data holes" (i.e. fill in missing information which exists for some patients), expand the DPC beyond the narrow scope of prostate cancer, and for the SEARCH database, continue to expand to new sites. Thus, while a lot of work has been accomplished, much remains to be done. However, I am confident that with the solid team that we have established and assistance from Dr. Sun and the rest of the group, that Duke Urology will continue to lead the field in prostate cancer outcomes research in the future.

In terms of basic science work, our successes have been fewer and our challenges greater, but by the same token, I would argue that the opportunities are greater. This past year saw the departure from Duke of Drs. Johannes Vieweg and Philipp Dahm to become the Chairman and Vice-Chairman, respectively, of the Department of Urology at the University of Florida. While we wish them the best in their new pursuits, their departure has left a void in basic science efforts. However, we are actively rebuilding. I have opened a basic science lab focused on the role of diet in delaying prostate cancer progression. Based upon this work, we submitted 2 basic science abstracts to our national meeting as well as successfully competing for peer-reviewed funding from the Department of Defense, though in these trying times, funding is a major limitation. We have active plans to align ourselves more closely with established researchers at Duke University who are already engaged in basic science research and we have held several planning meetings and begun collaborative work together. As such, we aim to leverage the strengths of Duke University as a world-class research institution. Indeed, this approach has already borne fruit with small seed funding from a private foundation along with the anticipated submission of several basic science grants to the National Cancer Institute focused around the role of diet and prostate cancer. Furthermore, diet continues to play a prime role in driving Urological Research at Duke with the recent completion under the direction of Dr. Wendy Demark-Wahnefried of a phase II trial investigating the role of flaxseed and a low-fat diet to reduce tumor growth rates in men undergoing radical prostate cancer surgery. We anxiously await the analysis of this study. Finally, our long-established relationships in non-oncology, such as Dr. Craig Donatucci's work with Dr. Brian Annex and Dr. Glenn Preminger's work with Dr. Pei-Zong, continue to be models of collaborative science at its best. With the basic science front, our goals for the next year are to continue to strengthen the relationships with our collaborators, build upon our successes, and in the future be able to recruit PhD basic science faculty to the Division of Urology. While the basic science efforts are clearly a "work in progress", I view the future optimistically and by leveraging the existing strengths of Duke University as a whole, I anticipate that at next year this time, I will be able to report significant progress.

In summary, the last few years have seen a number of faculty changes within Duke Urology. However, throughout this time, our commitment to urological research has never wavered. I think the future for Urology research is bright and look forward to the future challenges of helping to lead the charge.

CLINICAL TRIALS UPDATE

High Intensity Focused Ultrasound for Prostate Cancer

Duke Urology is one of 12 U.S. medical centers taking part in a clinical trial to test the safety and efficacy of using high intensity focused ultrasound (HIFU) in men with newly diagnosed, localized prostate cancer. Researchers at the 12 study sites are testing HIFU in 240 volunteers. After the initial treatment, the volunteers will be monitored in several follow-up visits over two years to gauge how well the technique destroys prostate cancer cells and how effectively it prevents a recurrence of cancerous cells.

HIFU delivers focused ultrasound waves to the prostate through a probe inserted into the rectum. A physician at a computer monitor controls the probe, which is coated with a gel and liquid designed to maintain the focus of the ultrasound beam. The probe sends ultrasound waves through the rectal wall to produce intense heat — approximately 85 to 100 degrees C — that destroys the targeted cancerous tissue.

Trial participants are placed under general anesthesia or they will receive a spinal anesthetic. The procedure usually lasts one to three hours, depending on the size of the prostate and of the cancer being treated. Designed for use with prostate glands up to 40 grams in size, HIFU is likely to work best for men who are diagnosed early because these men have mostly low-grade, localized prostate cancer and

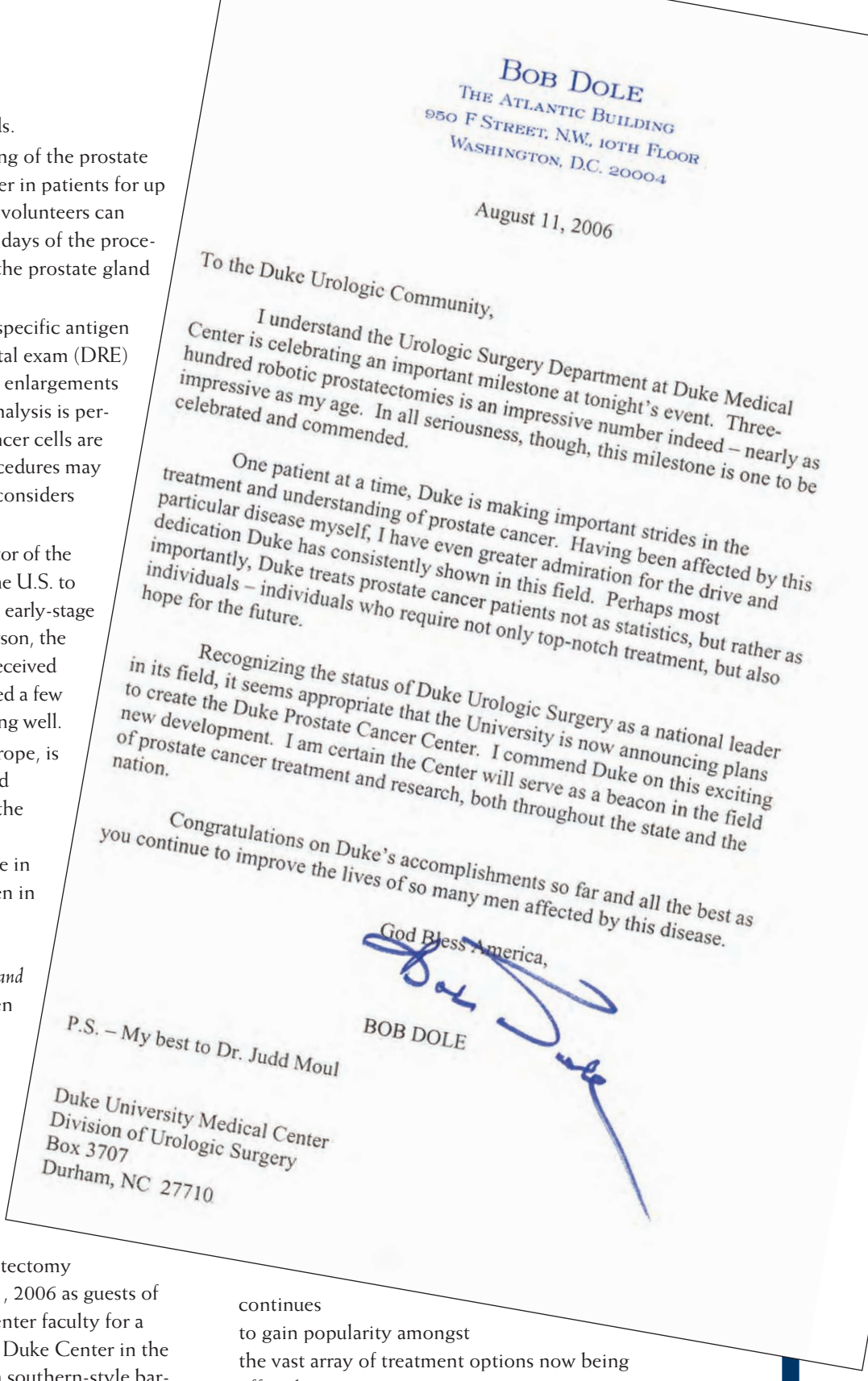
small- to moderate-sized prostate glands.

The technique causes some swelling of the prostate gland, so physicians will insert a catheter in patients for up to two weeks to aid in urination. Study volunteers can resume most everyday activities within days of the procedure, but it may take a few months for the prostate gland to completely heal.

At every follow-up visit, prostate specific antigen (PSA) levels are tested and a digital rectal exam (DRE) is administered to check for growths or enlargements of the prostate gland. In addition, a urinalysis is performed to determine if any prostate cancer cells are present in the urine. Other tests or procedures may be conducted if the treating physician considers them clinically necessary.

Dr. Cary Robertson, lead investigator of the Duke study, says this is the first trial in the U.S. to test HIFU in men with newly diagnosed, early-stage prostate cancer. According to Dr. Robertson, the first patient in the clinical trial at Duke received HIFU on May 4, 2006 and was discharged a few hours after the procedure and is recovering well.

HIFU, which is widely used in Europe, is not FDA-approved for use in the United States. Developed by EDAP TMS and the French National Institute for Medical Research, HIFU was first used in Europe in 1993. Since then, more than 10,000 men in Europe have undergone the procedure. According to four studies published in 2003 and 2004 in the *Journal of Urology and Urology*, 80 percent to 94 percent of men remained free of cancer for up to seven years after treatment.



BOB DOLE
THE ATLANTIC BUILDING
950 F STREET, N.W., 10TH FLOOR
WASHINGTON, D.C. 20004

August 11, 2006

To the Duke Urologic Community,

I understand the Urologic Surgery Department at Duke Medical Center is celebrating an important milestone at tonight's event. Three-hundred robotic prostatectomies is an impressive number indeed – nearly as impressive as my age. In all seriousness, though, this milestone is one to be celebrated and commended.

One patient at a time, Duke is making important strides in the treatment and understanding of prostate cancer. Having been affected by this particular disease myself, I have even greater admiration for the drive and dedication Duke has consistently shown in this field. Perhaps most importantly, Duke treats prostate cancer patients not as statistics, but rather as individuals – individuals who require not only top-notch treatment, but also hope for the future.

Recognizing the status of Duke Urologic Surgery as a national leader in its field, it seems appropriate that the University is now announcing plans to create the Duke Prostate Cancer Center. I commend Duke on this exciting new development. I am certain the Center will serve as a beacon in the field of prostate cancer treatment and research, both throughout the state and the nation.

Congratulations on Duke's accomplishments so far and all the best as you continue to improve the lives of so many men affected by this disease.

God Bless America,

BOB DOLE

P.S. – My best to Dr. Judd Moul

Duke University Medical Center
Division of Urologic Surgery
Box 3707
Durham, NC 27710

Dr. Albala Hosts 'Celebration of Life' Picnic

Approximately 300 robotic prostatectomy patients returned to Duke on August 11, 2006 as guests of Dr. David Albala and Duke Prostate Center faculty for a 'Celebration of Life' picnic at the Doris Duke Center in the Sarah P. Duke Gardens. In addition to a southern-style barbecue and live music, guests were invited to an informational session on the da Vinci® robotic system presented by Intuitive Surgical representative, Les Meadowcroft. With benefits such as shorter hospital stays, less pain, and faster recoveries, this state-of-the-art treatment for prostate cancer continues to gain popularity amongst the vast array of treatment options now being offered to prostate cancer patients.

Of special interest during the celebration, letters of support sent by President George W. Bush, Jr. and Senator Bob Dole (shown here) were read to this group of grateful prostate cancer survivors.

Establishment of James H. Semans, M.D. Endowed Professorship Announced at Celebration in his Honor

On September 13, 2006, family, friends, and former colleagues of the late James H. Semans, M.D. joined his widow, Mary Duke Biddle Trent Semans and current Duke faculty members to remember Dr. Semans for his distinguished career as a urologic surgeon and philanthropist. During the event, Duke University President Richard Brodhead, Chancellor for Health Affairs Victor Dzau, M.D., Department of Surgery Chairman Danny Jacobs, M.D., and Dr. Moul, Master of Ceremonies for the event, spoke of Dr. Semans' important medical research and extraordinary care for patients.

The highlight of the evening was the establishment of a James H. Semans, M.D. endowed professorship. During his lifetime, Dr. Semans established an endowment for the division. With that gift as a genesis, an additional gift from his estate, a gift from the Mary Duke Biddle Foundation, and a financial commitment from the Division, the Semans Professorship will be fully funded in the next few years. The Semans Professorship is the first endowed professorship for the Division of Urology.

Dr. Moul and Mary Duke Biddle Trent Semans

FUTURE CONFERENCES

4/24/07 1:00-6:00 pm	Duke Tuesday in Urology Searle Conference Center	Guest Lecturer: Anthony Atala, M.D. Professor of Urology Wake Forest University Baptist Medical Center
7/17/07 1:00-6:00 pm	Duke Tuesday in Urology Searle Conference Center	Guest Lecturer: Margaret S. (Peggy) Pearle, M.D., Ph.D. Professor of Urology and Internal Medicine University of Texas Southwestern Medical Center
11/6/07 1:00-6:00 pm	Duke Tuesday in Urology Searle Conference Center	Guest Lecturer: Laurence Klotz, M.D., FRCSC(C) Chief of Urology Sunnybrook & Women's College Health Sciences Centre University of Toronto
3/21-24/07	Duke Urologic Assembly	Wynn Hotel Las Vegas, Nevada
4/27/07 11:30 am–4:45 pm	Duke Prostate Center Symposium (professional program)	Radisson Hotel Research Triangle Park, North Carolina
4/28/07 8:00 am–12:30 pm	Duke Prostate Center Symposium (public program)	Radisson Hotel Research Triangle Park, North Carolina

For more information, please call us at (919) 684-2033 or visit our website at urology.surgery.duke.edu

Kudo's ...

Denise Snyder, MS, RD received the Award of Excellence in Oncology Nutrition Research for her abstract, "The Diet Quality Index-Revised (DQI-R): A Tool to Promote and Evaluate Dietary Change Among Older Cancer Survivors Enrolled in a Home-Based Intervention Trial" at the American Dietetic Association meeting in St. Louis, MO on October 23, 2005.

Thomas J. Polascik, MD, FACS and Vladimir Mouraviev, MD, PhD received a grant from the Josiah Charles Trent Memorial Foundation to investigate expectations for proposed prostate cancer treatment and post treatment sexual well being based on a dual comparative survey of the perception of patients and their partners.

George D. Webster, MB, FRCS received the 2006 Lifetime Achievement Award from the Society for Urodynamics and Female Urology at their annual meeting held in the Bahamas, February 22-25, 2006. At this same meeting, **Kristy M. Borawski, M.D.** received the Clinical Essay Award for "A Randomized Prospective Study Comparing the Efficacy of Two Test Stimulation Techniques for Sacral Neuromodulation in Urge Incontinent Women Less Than or Equal to 55 Years of Age."

Nicholas J. Fitzsimons, MD was awarded 1st place in the prostate cancer podium session at the 70th Annual Southeastern Section of the American Urological Association meeting held in Puerto Rico, March 2-5, 2006. **Charles D. Scales, Jr., MD** received 3rd place honors in the Montague Boyd Essay contest at this same meeting.

In May 2006, **Judd W. Moul, MD, FACS** was appointed for a two-year term as Chairman of the AUA Foundation's Patient Education Council. The council, which consists of medical professionals who develop educational materials for urological health issues, was established to provide advice and guidance to the director of patient education on the development of new and revised patient education materials and programs.

Glenn M. Preminger, MD was selected by the American Urological Association (AUA) Board of Directors as Chairman of Education for a 4 year term beginning on July 1, 2006. As Chairman of Education and the AUA Education Council, he will be responsible for the strategic direction of the AUA Education Program as well as the quality and medical accuracy of all educational offerings of the Association. He will work with the AUA/ABU Examination Committee to produce the ABU qualifying examination, the AUA in-service and self-assessment examinations, and educational materials related to the ABU maintenance of certification requirements. In addition, he will collaborate with the Director of the Office of Education and other relevant Association staff as well as the AUA Secretary to coordinate and implement educational content at the annual meeting.

Judd W. Moul, MD, FACS was named one of the "Best Doctors in North Carolina" in the July, 2006 issue of Business North Carolina, and was selected for inclusion in the 2006 edition of "America's Top Doctors for Cancer", Castle Connolly Medical Ltd.'s acclaimed guide to the nation's top medical specialists for cancer in the nation.

Charles D. Scales, Jr., MD and **Nicholas J. Fitzsimons, MD** received 1st place awards at the 6th Annual N.C. Urology Residents seminar held at the Grandover Resort on October 21, 2006. Dr. Scales won for his case report presentation entitled, "Out Flanked", and Dr. Fitzsimons won for his research presentation, "A Single-Institution Comparison Between Radical Perineal and Radical Retropubic Prostatectomy on Peri-operative and Pathological Outcomes for Obese Men: An Analysis of the Duke Prostate Center Database".

Judd W. Moul, MD, FACS and **Daniel J. George, MD** received appointments to the National Comprehensive Cancer Network (NCCN) Prostate Cancer National Guidelines Panel.

Robert Hamilton, MD was awarded a Department of Defense Prostate Cancer Research Program grant for his Health Disparity Training-Prostate Scholar Award (Postdoctoral Traineeship) proposal on "Racial Differences in the Association Between Statin Use and Prostate Cancer Progression Following Radical Prostatectomy".

Stephen J. Freedland, MD was awarded grants for the following:

- Preclinical Validation Trial of Low-Carbohydrate Ketogenic Diet on Prostate Cancer Growth and Progression — Atkins Foundation
- Ketogenic, Ketogenic Diet, and Prostate Cancer Progression — Department of Defense New Investigator Award
- Molecular Dissection of the Association Between Obesity and Aggressive Prostate Cancer — Department of Defense Physician Research Training Award
- American Urological Foundation/Astellas Rising Star in Urology Award

Daniel J. George, MD was awarded a grant for the Department of Defense Prostate Cancer Clinical Trials Consortium.

DUKE UNIVERSITY MEDICAL CENTER
Division of Urology

DUMC 3707 • Durham, NC 27710
ph: 919-684-2033
fax: 919-684-4611
www.urology.surgery.duke.edu

Non-Profit Org.
U.S. Postage
PAID
Durham,NC
Permit No. 60

Duke Urology Ranked #7 by *U.S. News & World Report*

DIVISION OF UROLOGY CLINICAL FACULTY

David M. Albala, M.D., FACS
Professor of Urology
Specialty: Minimally Invasive Surgery

Kelly E. Maloney, M.D.
Assistant Professor of Urology
Specialty: Bladder Cancer and General Urology
Radical Cystectomy
Cindy L. Amundsen, M.D.
Associate Professor of Obstetrics & Gynecology
Assistant Clinical Professor in Urology
Specialty: Urogynecology

Judd W. Moul, M.D., FACS
Professor and Chief of Urology
Specialty: Prostate Cancer
Minimally Invasive Retropubic Nerve-Sparing Prostatectomy

Gregory D. Bianchi, M.D.
Assistant Clinical Professor
Specialty: Prostate Disease and General Urology

Thomas J. Polascik, M.D., FACS
Associate Professor of Urology
Specialty: Urologic Oncology & Minimally Invasive Surgery

Craig F. Donatucci, M.D.
Associate Professor of Urology
Specialty: Male Infertility & Sexual Dysfunction
Prostate Brachytherapy

Glenn M. Preminger, M.D.
Professor of Urology
Specialty: Nephrolithiasis & Minimally Invasive Management of UPJ Obstruction

Brian R. Evans, M.D.
Assistant Professor
Specialty: General Urology

Cary N. Robertson, M.D.
Associate Professor of Urology
Specialty: Urologic Oncology

Stephen J. Freedland, M.D.
Assistant Professor of Urology
Assistant Professor of Pathology
Specialty: Prostate Cancer

Philip J. Walther, M.D., Ph.D., FACS
Professor of Urology
Associate Professor of Pathology
Specialty: Urologic Oncology

Daniel J. George, M.D.
Associate Professor of Medicine
Associate Professor of Urology
Specialty: Genitourinary Oncology
Renal Cancer, Hormone Refractory Prostate Cancer

George D. Webster, M.B., FRCS
Professor of Urology
Specialty: Reconstructive & Female Urology, Urodynamics

Tracey L. Krupski, M.D., MPH
Assistant Professor of Urology
Specialty: Urologic Oncology and General Urology
John S. Wiener, M.D.
Professor of Urology
Specialty: Pediatric Urology

For appointments, please call (919) 684-2446

Duke Urology Today **is published by the Division of Urology at Duke University Medical Center. Comments and inquiries are welcome and should be sent to:**

Joan McAlexander, Editor
DUMC 3707
Durham, North Carolina 27710
joan.mcalexander@duke.edu

CC# 10859