



Duke Urology Today

Division of Urologic Surgery

Winter 2007

AUA Annual Meeting Highlights

Anaheim, California
May 19-24, 2007

Experiencing AUA for the First Time

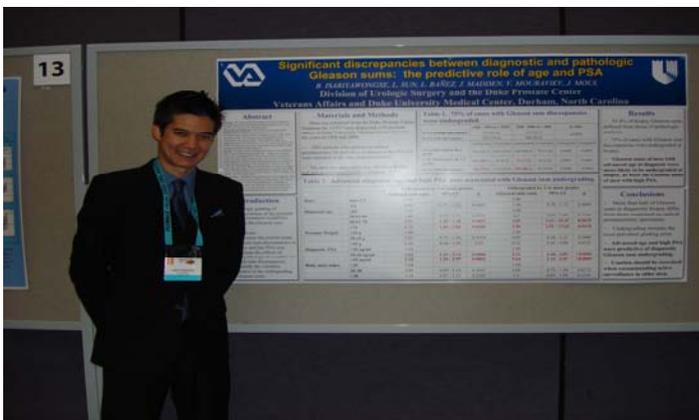
by Brandon K. Isariyawongse, MS4

Many of you out there reading Duke Urology Today have likely been to at least one American Urological Association Annual Meeting, and I don't doubt that quite a few have been to a great many meetings. Well, think back to your very first AUA experience: the sheer size of the meeting, with some of the most accomplished urologists in the nation under one roof. I am writing to convey my sentiments regarding my first AUA experience this past year, in hopes that it might allow you the opportunity to reflect back on your "first time"... whether that was five, ten, or more years ago!

I was fortunate enough to travel with my fellow members of the Duke Prostate Center team for the year, Edward Rampe-saud, MD, and Lionel Bañez, MD, who were able to guide me through the process. Certainly one of the perks of the rotating-nature of conference venue is the chance to experience different parts of the country, and we took Anaheim by storm beginning on Friday morn-ing. This afforded us the opportunity to sample some of the local eating establishments, including Downtown Disney, and get a flavor for the city.

Saturday, for the most part, entailed specialty organizational meetings, but the real fun began on Sunday. The official opening of the meeting was followed soon thereafter by the opportunity to attend the presentations of some of our own Duke residents, and watching them present their research was a real treat. The smooth, confident delivery of all study outcomes and conclusions – in front of world-renowned urologists, no less – was no doubt impressive, and I'm not sure whether it made me more nervous or less nervous about my own presentation!

Subsequent days were spent attending various lectures and podium and poster presentations, soaking in all that the Anaheim Convention Center had to offer. Another interesting part of the convention was putting faces with names of well-known urologists; meeting the Alan Partin's and William Catalona's of the world was a great experience, especially for someone new to urology like myself.



Brandon K. Isariyawongse

Tagging along with residents and faculty has its benefits for a medical student. The opportunity to attend a few of the sponsored dinners gave insight into what it is like to be somebody other than a medical student (or at least what it's like to masquerade as one.) Regardless, interacting with urologists in an informal setting only further confirmed to me that they are some of the happiest surgeons around. Furthermore, there was a very extensive vendors' show on the ground floor of the Convention Center, where information on pharmaceuticals and surgical instruments abounded – in addition to free toys such as the laser-engraved notebook or the three-in-one pen/flash drive/laser pointer. Of note, the high-definition surgical monitor displayed a robotic-assisted laparoscopic prostatectomy performed by our very own David Albala, MD!

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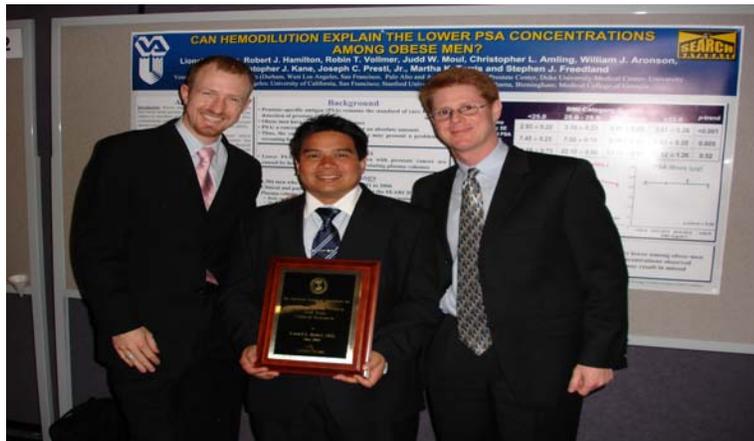
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Finally, Thursday came along, and it was my opportunity to present my research for the year in one of the Prostate Cancer Detection and Screening sessions. Taking as many cues as I could from the presentations that I had witnessed earlier in the week, I prepared extensively for my presentation and for subsequent questions from the audience. Despite assurances that everything would go smoothly, I will admit to having a butterfly in my stomach beforehand. (OK, maybe 2 butterflies.) The moderator for the session proceeded to introduce me as Dr. Isariyawongse, but I was far too focused on the task at hand to bother to correct him. Perhaps it added to my credibility. Regardless, I stood and delivered my presentation, the crowd listened attentively (so far as I could tell), I answered a handful of questions, and before I knew it, I was resting comfortably in my chair in no acute distress. And finally, at that point, I could truly start enjoying the rest of the meeting – the whole half-day that was left, anyway.

And so, to conclude, I feel very privileged to have had the opportunity to attend the AUA Annual Meeting as a medical student. It was an incredibly fun and educational experience, and one that hopefully all residents in urology have the chance to experience at some point during their time in training. Although one can never be certain, I hope that this past AUA was not my last, but I can say one thing that IS for sure: I will never forget my first.

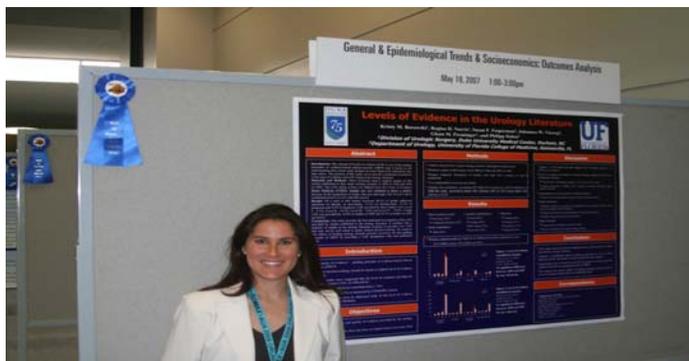
Honors/Awards

Lionel L. Banez, MD was awarded first prize in the AUA/ACMI Prize Essay Contest for clinical research on “Can Hemodilution Explain the Lower PSA Concentrations Among Obese Men?”



(pictured left to right) Robert J. Hamilton, MD, Lionel L. Banez, MD and Stephen J. Freedland, MD

Kristy M. Borawski received first place for her abstract presentation on “Levels of Evidence in the Urology Literature”



Kristy M. Borawski, MD

Duke Urology Today

Published Abstracts

Freedland SJ, Mavropoulos J, Wang A, Darshan M, Demark-Wahnefried W, Pizzo S, Aronson WJ, Cohen P, Isaacs WB. A no-carbohydrate diet significantly delays prostate cancer growth in an animal model. AUA 2007, Abstract #145.

Scales CD, Curtis LH, Maloney K, Webster GD, Krupski T. Bladder reconstruction following radical cystectomy. AUA 2007, Abstract #177.

Hamilton RJ, Amling CL, Kane CJ, Aronson WJ, Terris MK, Presti JC, Freedland SJ. African American race, risk of biochemical recurrence, and PSADT after radical prostatectomy. AUA 2007, Abstract #393.

Scales CD, Norris RD, Vieweg JW, Preminger GM, Peterson BL, Dahm P. Evaluating the evidence: Statistical analysis in randomized controlled trials in the urology literature. AUA 2007, Abstract #439.

Dahm P, Kuebler HR, Fesperman SF, Sur RL, Scales CD, Vieweg JW, Preminger GM. Barriers to the practice of evidence based urology in the United States. AUA 2007, Abstract #440.

Sun L, Rampersaud EN, Moul JW. Racial disparities remain in prostate cancer – An analysis on 10530 men diagnosed during PSA era, AUA 2007, Abstract #455.

Freedland SJ, Hamilton RJ, Aronson WJ, Terris MK, Presti JC, Amling CL, Kane CJ. Obesity, risk of biochemical recurrence, and PSADT after radical prostatectomy. AUA 2007, Abstract #459.

Hamilton RJ, Goldberg KC, Platz EA, Freedland SJ. The influence of statin medications on prostate specific antigen levels in healthy men. AUA 2007, Abstract #463.

Hamilton RJ, Buschemeyer WC, Terris MK, Aronson WJ, Kane CJ, Presti JC, Amling CL, Freedland SJ. Significance of the apical margin in radical prostatectomy: Results from the search database. AUA 2007, Abstract #474.

Buschemeyer WC, Mavropoulos J, Pizzo S, Demark-Wahnefried W, Westman E, Freedland SJ. Effect of diet on LNCAP prostate cancer growth and survival in SCID mice. AUA 2007, Abstract #536.

Turley RS, Sun L, Rampersaud EN, Albala DM, Moul JW. Pathological gleason 7 in 1323 men receiving radical prostatectomy: The necessity to separate the gleason patterns 3+4 and 4+3? AUA 2007, Abstract #615.

Freedland SJ, Humphreys EB, Mangold LA, Eisenberger A, Dorey FJ, Walsh PC, Partin AW. Death in patients with recurrent prostate cancer after radical prostatectomy: PSADT subgroups and their associated contributions to all-cause mortality. AUA 2007, Abstract #726.

Mayes JM, Mouraviev V, Wong T, Madden J, Bouchette J, Schneider F, Smith J, Polascik TJ. Correlation of I I I Indium-Capromab Pentetide scan and computerized tomography coregistration imaging with pathological findings after prostatectomy. AUA 2007, Abstract #734.

Buschemeyer WC, Hamilton RJ, Amling CL, Kane CJ, Terris MK, Aronson WJ, Presti JC, Freedland SJ. Is a positive bladder neck margin truly a T4 lesion in the PSA era? Results from the SEARCH database. AUA, 2007, Abstract #846.

Published Abstracts

Rampersaud EN, Sun L, Moul JW. Tumor percentage of prostatectomy specimens is an independent risk factor for biochemical recurrence and negative clinicopathological variables. AUA, 2007, Abstract #1027.

Borawski KM, Webster GD, Amundsen CL. Management strategies for the migration of percutaneous tined leads for sacral neuromodulation. AUA, 2007, Abstract #1186.

Banez LL, Hamilton RJ, Vollmer RT, Moul JW, Amling CL, Kane CJ, Aronson WJ, Terris MK, Presti JC, Freedland SJ. Can hemodialysis explain the lower PSA concentrations among obese men? AUA, 2007, Abstract #1418.

Mouraviev V, Mayes JM, Sun L, Moul JW, Polascik TJ. Using prostate specific antigen and prostate specific antigen velocity to determine when to stop prostate cancer screening in men older than 70 years. AUA, 2007, Abstract #1744.

Polascik TJ, Mouraviev V, Mayes JM, Sun L, Madden J, George D, Febbo P, Moul JW. Prostate cancer laterality as a rationale for the clinical application of focal ablative therapy: An analysis of 1184 prostatectomy specimens. AUA, 2007, Abstract #1776.

Scales CD, Curtis LH, Schulman KA, Moul JW. Utilization of radical prostatectomy in elderly men in the United States. AUA, 2007, Abstract #1782.

Isariyawongse BK, Sun L, Banez LL, Madden J, Mouraviev V, Moul JW. Up to 53.8% discrepancy between diagnostic and pathological gleason scores in 2963 prostate cancer patients: The predictive value of age and prostate size. AUA, 2007, Abstract #1884.

Scales CD, Curtis LH, Schulman KA, Moul JW. Utilization of prostate specific antigen testing in young men in the United States. AUA, 2007, Abstract #1889.

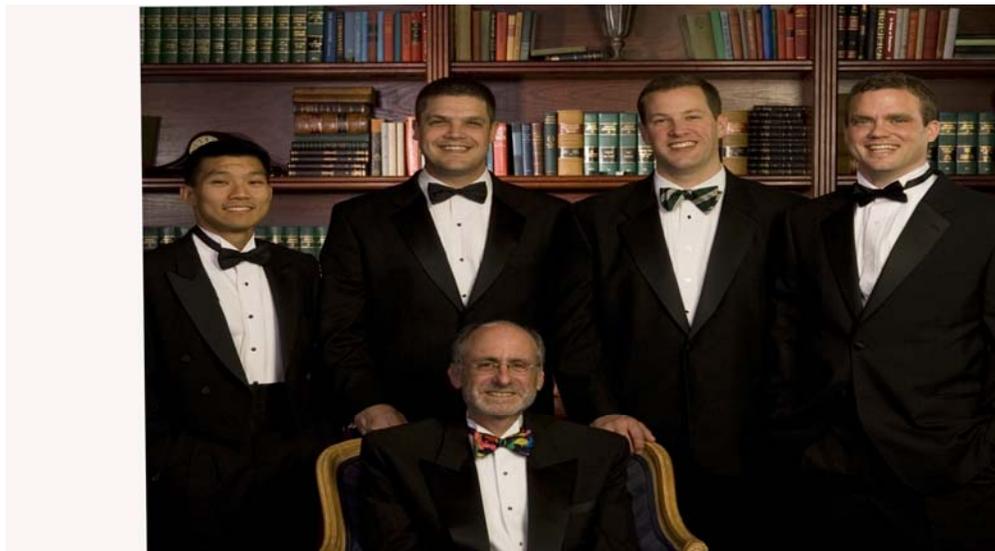
FUTURE CONFERENCES & WORKSHOPS

2/19/08 1:00-6:00 pm	Duke Tuesday in Urology Conference Searle Conference Center	Guest Lecturers: Michael Marberger, MD Frans M.J. Debruyne, MD,Ph.D
2/21 & 22/08	First International Workshop On Focal Therapy and Imaging Of Prostate Cancer	Washington Duke Inn Durham, NC
4/6-9/08	40th Annual Duke Urologic Assembly	Fairmont Hotel Aventura, FL
9/12 & 13/08	4th Annual Duke Prostate Center Symposium	Marriott Hotel Durham, NC

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RESIDENCY TRAINING PROGRAM

2007 Duke Urology Graduates



(standing from left) Benjamin K. Yang, MD, Charles G. Marguet, MD, Drew A. Dylewski, MD
and Jeremy B. Wiygul, MD with Residency Program Director, Glenn M. Preminger, MD

CURRENT RESIDENTS

Chief Residents(PG-6) Quintin V. Cancel, M.D. Bassem M. Eldaif, M.D. Regina D. Norris, M.D.	Senior Residents(PG-5) Kristy M. Borawski, M.D. Nicholas J. Fitzsimons, M.D. Timothy Y. Tseng, M.D.	Senior Residents: (PG-4) W. Cooper Buschemeyer, III, M.D. Edward N. Rampersaud, M.D. Marnie R. Robinson, M.D.
Laboratory Residents(PG-3) Joseph Klink, M.D. Charles D. Scales, M.D. Florian R. Schroeck, M.D.	Junior Residents(PG-2) Jodi Antonelli, M.D. Erin R. McNamara, M.D. Danielle A. Stackhouse, M.D.	2007-2008 Residents(PG-1) Suzanne B. Stewart, M.D. Ryan S. Turley, M.D.

Duke Urology Today

CURRENT FELLOWS

	Specialty	Mentor(s)
Jack R. Walter, M.D.	Female Urology and Urogynecology	George D. Webster, M.B., FRCS
Michael N. Ferrandino, 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.
Jayakrishnan Jayachandran, M.D.	Oncology Research	Steve Freedland, M.D. Judd W. Moul, M.D. Leon Sun, Ph.D.

UROLOGY RESEARCH

Recent Studies from the Laboratory of Neurourology

by Paul C. Dolber, M.D.

Animal research in the Laboratory of Neurourology is centered on the neural control of the lower urinary tract in health and disease. Studies conducted in the Laboratory of Neurourology, located in the Durham Veterans Affairs Medical Center, employ cystometry, electromyography, whole cell patch clamp electrophysiology, *in vitro* contractility, biomechanics, immunohistochemistry, light microscopy, and design-based stereology. Active projects directed by Dr. Paul C. Dolber focus on central nervous system changes in the setting of spinal cord injury (SCI), while active projects directed by Dr. Matthew O. Fraser focus on neural and muscular changes in the urethra in diabetes mellitus.

One set of studies under Dr. Dolber's direction has been aimed at determining whether serotonin 5-HT₁ agonists can produce the clinically desirable endpoints of increasing bladder capacity and delaying detrusor overactivity in animals with chronic SCI as predicted by Dr. Karl B. Thor and, if so, determining the underlying mechanisms. Cystometric studies showed that 5-HT₁ receptor agonists indeed increased bladder capacity and delayed nonvoiding contractions, with 5-HT_{1A} receptor agonists being particularly effective. Electrophysiological studies using the whole cell patch clamp method initiated by former Urology resident Dr. Drew Dylewski and relying heavily on Dr. Rashid Nassar of Pediatrics indicate that the effects of 5-HT_{1A} agonists are exerted not on the sensory neurons serving the bladder but on their spinal cord targets, whose expression of the immediate early gene fos is reduced by 5-HT_{1A} agonist treatment as shown by Dr. Ali Abdel-Rahman. Dr. Dylewski's work with Dr. Hagir Suliman of Anesthesiology also showed that 5-HT_{1A} receptor mRNA and protein are far more widely expressed in the spinal cord than previously suspected.

Additional studies are directed at understanding neuropharmacological changes in the spinal cord following SCI. Complete SCI separates the lumbosacral spinal cord controlling the lower urinary tract from supraspinal influences, most notably disrupting the normal spinobulbospinal reflex which relies upon signaling to and from the pontine micturition center. It had been reported that NMDA antagonists, which block a subset of ionotropic glutamate channels, can prevent the spinobulbospinal micturition reflex whether applied intraventricularly, intrathecally, or systemically, whereas they could not block the purely spinal micturition reflex which develops after SCI. Work carried out by Dr. Huixia Jin and current Urology resident Dr. Bassem Eldaif showed that there was a great increase in expression of the peptide neurotransmitter substance P in the lumbosacral spinal cord, suggesting that the spinal micturition reflex might be dependent on this tachykinin. Cystometric work carried out by post-doctoral research associate Dr. Xiaoyang Zhang has in fact shown that, contrary to the literature, intrathecal delivery of NMDA antagonists disrupt the post-SCI spinal micturition reflex just as efficaciously as they do the spinobulbospinal reflex of spinally intact animals. Ongoing pharmacological and anatomical studies will help to determine what the effect of the proliferation of tachykinergic nerve fibers is having in the post-SCI lumbosacral spinal cord.

A recent initiative has been to begin to develop an animal model of spina bifida which survives into adulthood. Drs. Dolber and Zhang are joined in this work by pediatric urologist Dr. John Wiener, whose hypotheses about treatment modalities inspired the effort, and pediatric neurosurgeons Drs. Herbert Fuchs and Gerald Grant who deal extensively with human spina bifida patients. The obstacles are formidable, requiring repair of the spina bifida lesion in newborn animals and shunt placement and revision in only slightly older animals. However, the benefits for the understanding and treatment of dysfunctions prominently including lower urinary tract dysfunction in patients with spina bifida will be enormous.

Diabetes mellitus (DM) is associated with the well-known diabetic cystopathy. Dr. Fraser has been instrumental in hypothesizing and now demonstrating that diabetic urethropathy is not only a crucial component of lower urinary tract dysfunction in DM, but also modifies diabetic cystopathy. Studies carried out by Dr. Zhongguang Yang have revealed many surprises. First, it was found using a necessarily complex mode of cystometry developed by Dr. Fraser for simultaneous and independent assessment of bladder and urethral function that detrusor-sphincter dyssynergia (DSD) is present in DM, with increased external urethral sphincter (EUS) contraction without normal relaxations during bladder contractions together with disrupted relaxation of the internal urethral sphincter (IUS) during bladder contractions. Pharmacologic study showed that the latter appears to arise in consequence of a disrupted nitric oxide-dependent relaxation, enhancement of alpha-adrenergic receptor-mediated contraction, and enhancement of beta-adrenergic receptor-mediated relaxation. Studies using chemical means to stimulate subpopulations of urethral afferent (sensory) nerves showed capsaicin-sensitive urethral afferent nerves are particularly prone to lose functionality or die in chronic DM. These studies also revealed a new urethral smooth muscle-to-striated muscle reflex in both normal and DM animals with urethral irritation-induced bladder inhibition, evidenced by slow urethral oscillations that precede bursts of EUS-EMG activity, suggesting that the EUS-EMG activity was a reflex response to the relaxation phase of these unique oscillations, rather than the cause of the oscillations. Whole-cell patch clamp studies of urethral primary afferent neurons showed changes in two potassium currents which are likely to be partially responsible for diabetic urethropathy. Studies of biomechanics initiated by Dr. Rachele Prantil under Dr. Fraser's direction have shown that normal urethras have a proximal-to-distal compliance gradient (high-to-low, respectively), and that DM collapses this compliance gradient to a uniform low in a time-dependent fashion. These studies are being extended with a new method recently developed in our lab which allows simultaneous recording of urethral diameter changes along the entire length of the urethra. Finally, Drs. Zhang and Jin with new lab member Kristy Douglas have been and continue to be engaged in study of the numbers and phenotypes of afferent and efferent neuronal fibers in the urethra using immunohistochemistry and design-based stereology.

Donor Spotlight

Christine Howard Bullard Endowment

Christine Helen Howard Bullard was short in stature, about 5'11", loved to talk to just about anyone, could be impatient at times, and also a bit stubborn. An example of that is that in 1989 a doctor at Duke told her she probably had about 6 months to live due to circulatory problems, primarily in her legs. Following that diagnosis she began to walk a mile or more every day and later became active at the Duke Center for Living. She enjoyed seeing the same doctor in late 2005 and reminding him of his diagnosis.

Christine (Chris) was the middle child having an older sister, Laura, and a younger brother, Dwight, all born in Sanford, North Carolina.

At some point her mother, Thelma, and younger brother, Dwight, moved to Durham where Thelma took a job at Burlington Hosiery. Dwight finished high school, joined the Air Force, and after discharge was employed by Burroughs Business Machines.

After Chris graduated from high school she obtained a job with CCB. She met Daniel (Dan) J. Bullard and they married in April 1961. They had no children.

Dan was from Chicago. He was a graduate of Northwestern University, obtained a masters degree from Chicago University, and had served in the U. S. Army in combat as an Infantry 2nd Lieutenant during the latter portion of World War II. After leaving the Army he worked at Honeywell, followed by Missouri Research Labs, and then was employed by Sperry Rand. In the late '70's Dan and several partners bought Wright Machinery in Durham from Sperry Rand with Dan presiding as president. Wright Machinery designed machinery to package snack foods, such as Frito Lay products. Due to Dan's job, he and Chris traveled a great deal in the United States and throughout the Caribbean. He was active in the community, was a charter member of the Iron Dukes and joined the Hope Valley Country Club. Dan was active in his support of The Salvation Army and The Durham Rescue Mission. Wright Machinery was sold in the early '80's and Dan retired. He died in early 2000.

During this time Dwight had started his own business in insurance and real estate that became Carolina Insurance Agency in Durham and he enjoyed considerable success. Dwight also was successful in the stock market. He became a major stockholder in Guaranty State Bank, which became Triangle Bank. Triangle was acquired by Centura, and later by Royal Bank of Canada.

In September 2002 Dwight died unexpectedly and devised most of his estate to his sisters. Chris was being treated for cancer at Duke Medical Center by Dr. Cary Robertson. In her estate planning, she felt that the largest portion of her estate should go to organizations helping people. She ultimately settled on the eight charitable organizations designated in her will.

In the fall of 2005 Chris began having complications with her cancer. In January 2006 she entered The Meadowlands, Duke's hospice unit, where she died on January 9, 2006.

She would be happy to know that her estate is now being used to benefit others.

How You Can Help

Named endowment gifts are investments in the future of Duke Urology, because they provide a permanent source of funding. Endowment donors have the privilege of naming a permanent fund that will remain a part of Duke Urology in perpetuity. The endowment gift is invested and the earnings it provides each year can be used to support research, programs, or people as directed by the endowment donor. Named endowment gifts are also an important part of the CURED effort. Endowments can be funded through:

- Gifts of cash**
- Gifts of appreciated securities**
- Gifts of real estate**
- Life income gifts**
- Bequest gifts**
- Gifts from your retirement plan**

To learn more about the many ways you can support Duke Urology's team of doctors and researchers, please contact Elizabeth Vannelle, Director of Development, Department of Surgery, at 919-667-2530, beth.vannelle@duke.edu or Linda Mace, Administrative Manager, Division of Urologic Surgery, at 919-684-6106, linda.mace@duke.edu.

To make a secure gift online, visit www.gifts.duke.edu/surgery

KUDO'S

Nicholas J. Fitzsimons, MD received 1st prize for his presentation at the Seventh Annual North Carolina Residents Seminar at the Grandover Resort in Greensboro, NC on September 29, 2007.

Cindy Camille, CPNP received Duke University Hospital's "Strength, Hope and Caring" award for clinical excellence in Pediatric Urology on November 12, 2007.

Glenn M. Preminger, MD was awarded a grant for:
Principal Investigator, *Cavitation and Wound Healing in SWL*, National Institutes of Health

Cary N. Robertson, MD was selected for inclusion in the 2007 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.

Tracey L. Krupski, MD, MPH was awarded grants for:
Principal Investigator, *CARESS- Couples' Arousal Relationship Satisfaction Survey*, AUA Foundation Bridge Awards
Co-Investigator, *Predictors of Response and Side Effects of Hormonal Therapy for Prostate Cancer*, AstraZeneca Pharmaceuticals

Charles D. Scales, Jr., MD received Duke University Hospital's "Strength, Hope & Caring" award for exemplary performance during his residency. His nomination stated that he is an excellent physician and a leader in patient safety. His excellent bedside manner and consistently positive disposition, coupled with his willingness to always go the extra mile, make him a favorite of patients, their families and staff members.

Stephen J. Freedland, MD was awarded 2nd Prize in the AUA/ACMI Prize Essay Contest, Laboratory Research Category at the National AUA meeting, May 2007.

Stephen J. Freedland, MD (senior author) was awarded 1st Prize in the AUA/ACMI Prize Essay Contest, Clinical Research Category at the National AUA meeting, May 2007.

Judd W. Moul, MD was named as one of "America's Top Doctors for Cancer" in the 2007 edition of *Castle Connolly Medical Ltd.*'s acclaimed guide to the nation's top medical specialists for cancer.

Thomas J. Polascik, MD was nominated as President of the North Carolina Urological Association for 2007-08.

Thomas J. Polascik, MD was nominated as an external reviewer on the Independent Data Monitoring Committee (IDMC) for the European Organization for Research and Treatment of Cancer (EORTC).

David M. Albala, MD was named Co-Editor and **Judd W. Moul, MD** was named Associate Editor for the newly formed *Journal of Robotic Surgery*.

Duke Urology ranked #9 in *U.S. News and World Report's* annual Best Hospitals edition.

DIVISION OF UROLOGY CLINICAL FACULTY

<p>David M. Albala, M.D., FACS Professor of Urology Specialty: Minimally Invasive Surgery</p>	<p>Kelly E. Maloney, M.D. Assistant Professor of Urology Specialty: Bladder Cancer and General Urology Radical Cystectomy</p>
<p>Cindy L. Amundsen, M.D. Associate Professor of Obstetrics & Gynecology Assistant Clinical Professor in Urology Specialty: Urogynecology</p>	<p>Judd W. Moul, M.D., FACS Professor and Chief of Urology Specialty: Prostate Cancer Minimally Invasive Retropubic Nerve-Sparing Prostatectomy</p>
<p>Gregory D. Bianchi, M.D. Assistant Clinical Professor Specialty: Prostate Disease and General Urology</p>	<p>Thomas J. Polascik, M.D., FACS Associate Professor of Urology Specialty: Urologic Oncology & Minimally Invasive Surgery</p>
<p>Craig F. Donatucci, M.D. Associate Professor of Urology Specialty: Male Infertility & Sexual Dysfunction Prostate Brachytherapy</p>	<p>Glenn M. Preminger, M.D. Professor of Urology Specialty: Nephrolithiasis & Minimally Invasive Management of UPJ Obstruction</p>
<p>Brian R. Evans, M.D. Assistant Professor Specialty: General Urology</p>	<p>Cary N. Robertson, M.D. Associate Professor of Urology Specialty: Urologic Oncology</p>
<p>Stephen J. Freedland, M.D. Assistant Professor of Urology Assistant Professor of Pathology Specialty: Prostate Cancer</p>	<p>Philip J. Walther, M.D., Ph.D., FACS Professor of Urology Associate Professor of Pathology Specialty: Urologic Oncology</p>
<p>Daniel J. George, M.D. Associate Professor of Medicine Associate Professor of Urology Specialty: Genitourinary Oncology Renal Cancer, Hormone Refractory Prostate Cancer</p>	<p>George D. Webster, M.B., FRCS Professor of Urology Specialty: Reconstructive & Female Urology, Urodynamics</p>
<p>Tracey L. Krupski, M.D., MPH Assistant Professor of Urology Specialty: Urologic Oncology and General Urology</p>	<p>John S. Wiener, M.D. Professor of Urology Specialty: Pediatric Urology</p>