WELCOME

Welcome to our Fall 2014 edition of Duke Urology Update. It has been another eventful 6 months for Duke Urology, highlighted by our #7 national ranking from US News and World Report. The myriad of updates presented in this Newsletter highlight just a small portion of the clinical, educational and research aspects of Duke Urology. We continue to strive to accomplish our mission to provide compassionate and exceptional care for patients with urologic conditions; to advance the field of urology through innovation in basic and clinical research and to train the next generation of urologic clinicians and scientists.

Special congratulations go out to John Wiener who has recently been appointed to the ABU-AUA Examination Committee, a distinct recognition of John’s national prominence in Pediatric Urology. Our best wishes go out to Sherry Ross, an admired faculty member at Duke who recently left to pursue her academic and clinical interests.

Thank you for your continued support of Duke Urology. It is only through your financial backing that we can continue to train the best and brightest young Urologists, perform pioneering research and offer compassionate and exceptional care for our patients.

All the best,
Glenn
The AUA International Office coordinates several academic exchanges between the United States and diverse countries throughout the world. The goal of these exchanges is to foster new and strong relationships between young academic urologists in the US and their counterparts in other countries. This year I was selected as one of three urologists from the USA that would visit Europe as part of the 2014 AUA-EAU International Exchange. This particular exchange has been in place since 1993 and two other Duke faculty, Judd Moul and Stephen Freedland, have previously participated. There were three AUA urologists selected this year, Stephen Boorjian from the Mayo Clinic, John Stoffel from the University of Michigan and myself. We spent approximately three weeks traveling together in Europe while visiting four academic medical centers, and here is a brief synopsis of our adventure.

Katholieke Universiteit (KU) Leuven, Belgium

Leuven is a small and very beautiful city in the Flemish part of Belgium, located approximately 25 kilometers east of Brussels. KU Leuven was founded in 1425, and is Belgium’s largest and oldest university. The main hospital associated with KU Leuven is known as UZ Leuven Gasthuisberg. With 1,995 beds and an enormous sprawling campus, it is truly one of the largest hospitals in Europe and its roots trace back to the first hospital in Leuven in 1080. Famous scientists associated with KU Leuven include Andreas Vesalius (the father of modern anatomy), George Lemaître (discovered the big bang theory), and Christian de Duve (discovered the lysosome).

We were received in Belgium by Professor Hein van Poppel, current chair of Urology at KU Leuven and one of the leading urologists in Europe. Each day started with a trip to the hospital to observe surgery and share research ideas. We interacted with co-assistants (medical students that spend an entire year on the urology service in order to get accepted as residents), residents, nurses and staff physicians. It was incredibly stimulating. Despite what would be considered a small faculty at most American universities, KU Leuven is incredibly productive academically. Professor van Poppel and Stephen Joniau lead the oncology group, Guy Bogaert the pediatric group, Ben Van Cleynenbreugel the endourology program, while Frank Van der Aa and Dirk De Ridder lead the functional urology group. The concept of “functional urology” was pervasive throughout Europe and I found it to be a perfect descriptor of the part of urology that consists of neurourology, incontinence, prolapse, and reconstruction. This concept could be useful in the USA to unite subspecialties that are highly inter-related.

Hôpital Tenon, Paris, France

After a short high speed rail trip, we arrived in Paris for our second exchange site visit. Hôpital Tenon is a 564 bed hospital located in the 20ème arrondissement, the last of the 20 districts of Paris that is famous for Père Lachaise Cemetery where several famous composers are buried. For lovers of French music, Edith Piaf was born at hospital Tenon. While most hospitals in Paris provide comprehensive medical care, they do tend to specialize in certain disciplines, and hôpital Tenon is known most for pulmonary medicine and urology.

Our host at Tenon was Professor Olivier Traxer, an expert endourologist that performs over 800 ureteroscopies a year (a truly staggering number). We were fortunate that during our stay at Tenon, Professor Traxer was giving an endourology master course with Professor Jean de la Rosette (AMC University, Amsterdam). We sat in on the course and learned a lot of interesting technical tricks for ureteroscopy. One interesting aspect of this course was the live demonstration of supine percutaneous nephrolithotripsy combined with retrograde ureteroscopic lithotripsy for managing a difficult stone patient with staghorn calculi.

The hospitality afforded by the residents and staff at Tenon was outstanding. We were accompanied by either a resident or fellow at all times and I was surprised to meet a recent graduate of my former residency program that was pursuing a fellowship in endourology with Professor Traxer.

Vrije Universiteit (VU) Amsterdam, Netherlands

From Paris, we traveled again by high speed rail to Amsterdam, where we visited the VU Medical Center. VU stands for “Free University”, since the VU was founded in 1880 as a liberated or reformed (i.e., protestant) university that was independent of the catholic church and government. The VU
Medical Center is one of the largest hospitals in the Netherlands and is currently chaired by Professor Jerome Van Moorselaar.

In order to follow the Dutch way of living, our hosts organized for bicycles during our stay, and we did cycle everywhere. This included cycling in the wind and rain on the way to work at 7 am, while wearing business suits! At the VU Medical Center, like every center we visited in Europe, rounds in the morning occurred in a conference room and not at the bedside. All inpatients and overnight consults were discussed, imaging and lab results presented, and the urology department weighed in on patient management. It was a great way for all the trainees and attendings to get on the same page and I think would be a good think for the US setting as well. Attendings and residents worked in a team-oriented fashion and there were less hierarchical barriers than I have seen in North America. Rounds were done in English for our benefit, even though a couple of residents no doubt found it a bit difficult to translate Dutch medical terminology. Very surprisingly, all of the current residents at the VU Medical Center were women, which apparently is also quite unusual for Europe. The Dutch were also extremely tall, explaining their prowess in speed skating and cycling.

We saw several surgeries while in Amsterdam, but the highlight, without question, was the female-to-male gender reassignment surgery led by Gary Pigot. Gary is a reconstructive urologist (and also our primary host during our visit to Amsterdam) and is part of a comprehensive team of psychologists, endocrinologists and plastic surgeons that performs gender reassignment. Approximately 1000 patients each year are considered for gender reassignment at the VU Medical Center and about 500 make it through the rigorous psychological screening process and become surgical candidates. Of these, about 375 are male-to-female and 125 are female-to-male. While these numbers may appear shocking, the paucity of comprehensive gender reassignment programs coupled with a lack of reimbursement (the Dutch government pays for these procedures) is probably the reason we don’t see much gender reassignment in the US. The technical skill of the team (two plastic surgeons and a urologist) and the wholistic patient view, was truly impressive to see.

Karolinska Institutet
Stockholm, Sweden

From Amsterdam we flew to Stockholm and the famous Karolinska Institute for the last leg of our journey. The Karolinska Institutet was founded in 1810 and is widely regarded as one of the top ten medical universities in the world. A large number of outstanding physicians have worked at Karolinska including Ulf con Euler (discovered neurotransmitters including noradrenaline), Ragnar Granit (discovered the chemical visual processes in the eye), Hugo Theorell (discovered oxidation pathways), and Sven Seldinger (described the Seldinger technique). The Karolinska University Hospital is also very large, housing 1,736 beds. Due to the EAU meeting in Stockholm and the fact that Karolinska was responsible for coordinating a large number of live surgeries, our visit to Karolinska was relatively short and Olaf Akre and Peter Wiklund were our hosts during our brief stay. We spent one day watching a robotic cystectomy with intracorporeal neobladder and the other exchanging research ideas.

The European Association of Urology (EAU) Conference
Stockholm, Sweden

The culmination of the exchange was the EAU meeting in Stockholm. Second only to the AUA meeting in size (and rapidly catching up), the EAU meeting is a grand scale academic meeting, full of wonderful things to discover and interesting people to meet. Probably the highlight of the entire conference was that we were taken as guests of honor at the EAU friendship dinner, which was hosted in Stockholm City Hall. This dinner assembled the who’s who of European urology and was held in the famous Golden Room, where the Nobel Prize ceremony is held annually. In fact, we were served exactly the same meal and entertainment as the 2014 Nobel laureates were, including a dessert bearing the image of Alfred Nobel piped in chocolate sugar! We were awarded commemorative plaques and dined with several of the new friends that we had met in Belgium, France, and the Netherlands. It capped off the conference wonderfully.

In summary, I had an exceptional time in Europe with two people that are now close friends, John Stoffel and Steve Boorjian. The academic exchange was the highlight of my professional career thus far and I am honored to have been selected. I learned a tremendous amount about other health systems, about teamwork, and about what makes academic medicine so great.
Patients undergoing radical cystectomy for bladder cancer endure one of the most complex and arduous urologic operations that we offer. The multiple phases of the operation, the division and isolation of bowel, the exposure of the abdominal contents to urine, and the sheer length of the operation all lend to the myriad complications that can exist peri-operatively as well as those that can occur in the future. Ileus causing prolonged hospitalization occurs in approximately one third of patients undergoing cystectomy. In the era of bundled reimbursement and possible capitation, these factors can significantly impact the financial burden to a healthcare system. Additionally, delay of reinitiating enteral feeding is associated with increased mortality rates. As such, efforts to reduce time to return-of-bowel function are in the interest of patients, surgeons, and administrators alike.

Much of the reasoning behind how we do things, as surgeons, is due to the fact that we teach and learn via an apprenticeship model. This has led to many practices being indoctrinated into daily life without much evidence supporting them. The Early Recovery After Surgery (ERAS) perioperative care-planning is meant to envelope evidence-based practices and augmented standardization within hospitals and healthcare systems. One of the main benefits of ERAS protocols is that they are dynamic and are, therefore, subject to change as evidence evolves.

Collaborating with Kerri Dalton, an oncology clinical nurse specialist, we were able to introduce a formal ERAS-for-Cystectomy program at Duke beginning in January, 2014. Preparation for the roll-out took about a year as requisite approvals for various stages of the process were needed. The development began with my introduction to ERAS and its compound parts: preoperative, intraoperative, and postoperative. A significant component of the preoperative phase includes patient education. We composed a patient education pamphlet that all patients receive at the Duke Cancer Institute (DCI) at the visit upon which cystectomy has been decided. It continues to the preoperative-screening platform where the patients are educated about the need for a carbohydrate load near the time of incision. This task is accomplished by ingestion of a sports-type electrolyte drink 2 hours before surgery.

Intra-operatively efforts are directed in several ways. Postoperative pain management has been shown to be improved with intraoperative “pretreatment.” In our ERAS cystectomy patients, we place an epidural infusion catheter, thereby decreasing total narcotic needs postoperatively, which improves ileus rates. Another component of most ERAS protocols involves judicious fluid management. We manage fluids by various invasive and noninvasive techniques. Presently we employ an esophageal Doppler probe.

Traditionally it was felt that fluid losses needed to be replaced, often at volumes much more than those being lost due to fluid shifts out of the extracellular space. This practice began during the Civil War, with the assumption that blood-replacement reduced the number of fatalities due to exsanguination. In fact, however, in hemodynamically stable patients, modern studies demonstrate increased mortality in patients receiving blood replacement unnecessarily. Additionally, overloading patients with fluid theoretically promotes intraluminal third-spacing of the gut.

It is in the postoperative setting that ERAS for cystectomy is thought to be most impactful. One of the more dramatic changes has been the placement of patients in Step-Down beds as opposed to Surgical Intensive Care Unit (SICU) beds if critical care nursing is not needed. Traditionally many believed that solid oral intake was not to be reinitiated until return of bowel function as evidenced by passage of flatus. More recently, data has shown that solid food may indeed promote bowel function as fats and starches can actually induce the secretion of promotility paracrine hormones. We also encourage our patients to chew sugar free gum as it contains either sorbitol or xylitol, both of which are to promote gastrointestinal motility. As always, early ambulation after surgery is strongly encouraged. Immediate assessment of needs by Physical Therapy occurs, and ambulation is strongly promoted beginning the day after surgery. As part of our ongoing Quality Assurance program, we have created a dry-erase poster that is placed in each patient’s room with boxes to check off as they complete their assigned tasks throughout their stay. We have found that these task further involve patients into the process, and allow them to take ownership of their recovery.

This table illustrates that we have made significant improvements in our length of stay (LOS). Although we were only aiming for a 2 day improvement, we have witnessed a 4 day reduction in LOS. Additionally, we have cut the total cost of the procedure by reducing the total number of patients that are transferred directly to the SICU. What can also be gleaned from the data is that at Duke we take care of patients that are more medically complex than many of the other U.S. News Top 20 Cancer Centers.

We are highly encouraged by our initial results and we will continue to monitor the impact of ongoing enhancements. We hope for continued success and will continue to evolve the innovative treatment and exceptional great care of our complex cystectomy patients. Moreover, we believe a similar ERAS protocol can be utilized for additional complex urologic procedure with equally impressive reductions in complications, length of stay and costs.

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**Edward N. Rampersaud Jr., MD**
DUKE APPOINTS ASSOCIATE RESIDENCY PROGRAM DIRECTOR FOR PATIENT SAFETY

Effective July 1, 2014, Charles D. Scales, Jr., will assume the role of Assistant Program Director for Quality Improvement and Patient Safety. Dr. Scales has substantial experience in both quality improvement and resident education. He received training in quality improvement methodology as a Robert Wood Johnson Foundation/VA Clinical Scholar, and participated in quality improvement efforts at UCLA Ronald Reagan Medical Center. In addition, Dr. Scales previously served as a Resident Member of the ACGME Review Committee for Urology. From 2011 – 2013, Dr. Scales was a member of the Board of Directors for the ACGME.

As medical care in the United States becomes increasingly complex, there are increasing demands placed on urologists to focus on high quality, high value, safe care delivery. Graduates of our residency program will be expected to work in a system in which hospitals, healthcare organizations, and providers will be held accountable for patient outcomes and the delivery of safe, efficient, and cost-effective care. Reflecting this expectation, the Accreditation Council for Graduate Medical Education (ACGME) requires that residents engage in practice-based learning and improvement, using systematic approaches to quality improvement. In order to accomplish these goals within the Duke Urology Residency Program, there needs to be a comprehensive curriculum to provide education in Quality Improvement and Patient Safety to residents as well as a liaison to the Department of Surgery and Duke University Health System in order to ensure alignment of interests. For this reason, Duke Urology appointed an Assistant Program Director (APD) for Quality Improvement and Patient Safety. The goal of the APD is to develop and oversee resident education in Quality Improvement and Patient Safety as well as to coordinate divisional efforts with department and health system targets for improving care delivery.

RESIDENT SPOTLIGHT: MICHAEL GRANIERI, MD

Dr. Michael Granieri, a third year Duke Urology Resident, spent his research year under the mentorship of Dr. Andrew Peterson. His primary project was the development of a comprehensive urethral reconstruction database utilizing data from both Drs. Webster and Peterson's urethral stricture patients. His work culminated in an urethroplasty database with almost 1000 patients, the largest of its kind. Says Dr. Granieri “Historically, urethral reconstruction research has been chronically underpowered so I knew Duke Urology was in a unique position, primarily because of Dr. Webster's tenure, to create a large-scale comprehensive urethroplasty database.”

Dr. Granieri, a Chicago native, came to Duke with prior experience creating and analyzing databases during medical school at Northwestern University. “My previous research experience designing and analyzing databases gave me a great foundation for success during my research year. At times it can be a very painstaking process, but I personally believe it's one of the best ways to understand the field and generate new research ideas.” He has undertaken several projects from this database culminating in multiple publications and international presentations. He was recently awarded best overall poster in the field of Trauma and Reconstruction at the 29th Annual Congress of the European Association of Urology in Stockholm, Sweden, for his project titled “The evolution of urethroplasty for bulbar urethral stricture disease; more options, better outcomes.”

“Learning how to independently take a substantial research project from scratch to finish (publication) was an invaluable experience.”

Charles D. Scales, Jr., MD

Continued on next page.
support of my mentors [Drs. Peterson and Webster] and the Division. I was honored to represent Duke Urology at the European Association of Urology meeting.” In addition to this project, he has analyzed the practice patterns of urologists who refer urethral strictures patients to Duke for definitive repair, produced the largest analysis to date of the complications after bulbar urethroplasty, and analyzed the lower urinary tract symptoms associated with urethral stricture recurrence. It is Dr. Granieri’s hope that these studies provide a better understanding of the management and outcomes of urethral reconstruction while also inspiring future prospective analysis and the development of disease specific validated questionnaires.

Dr. Peterson adds “A significant weakness in Reconstructive Urology has traditionally been the lack of large series to make valid conclusions from. Dr. Granieri’s ground breaking research is a product of hard work, attention to detail and focus that has given us a tremendous tool to greatly advance the field of urethral reconstruction.”

Looking back, Dr. Granieri believes the research year will play an integral role in his career. “Learning how to independently take a substantial research project from scratch to finish (publication) was an invaluable experience. It is always more work than you think, but fortunately we have dedicated research time and an excellent research environment at Duke. Drs. Jon Routh, Matt Fraser and my co-residents [Scott Wang, Richard Shin, and Tara Ortiz] were very helpful throughout the year. I now have a much better understanding of research design, statistical analysis, manuscript development, and research presentations skills.” So what advice does Dr. Granieri have for future research residents “set realistic goals, work hard, and be flexible.”
Matthew O. Fraser, Ph.D. was appointed as the new Program Director for the Duke Urology Research Scientists Training Program this summer.

Dr. Fraser has dual degrees in both Physiology and Neuroscience from the School of Medicine at the University of Pittsburgh, where he also received his Neurourological research training from William C. de Groat, PhD. He was the Director of In Vivo Pharmacology for Dynogen Pharmaceuticals. The Research and Development branch of Dynogen Pharmaceuticals was purchased by Astellas, and Dr. Fraser continued on as the Director of In Vivo Pharmacology for the new entity, Urogenix. In 2009, Dr. Fraser left Urogenix to pursue fulltime academic research once again at the Durham Veterans Affairs Medical Center while maintaining his ties to the Division of Urology at Duke. In 2012, he was promoted to Associate Professor and Director of Basic Science Research for Duke Urology. Dr. Fraser also holds leadership positions in, and/or is an active contributor to, several Urology-related scientific societies.

The Duke Urology Research Scientist Program is a mandatory one year protected experience to provide residents with the basic tools and knowledge to develop careers as academic Urologists, and learn the essentials of basic science and clinical research.

Dr. Andrew Peterson was recently selected for participation in the Movember foundation’s “A Survivorship Action Partnership-United States of America” (ASAP – USA) project. This includes multiple sites for the next 3 years with support from the foundation of over $10,000,000. Survivorship is the period of time after the end of definitive therapy for prostate cancer. During this time patient needs don’t go away but change significantly as they experience the sequelae of their primary cancer treatment whether it was surgical, radiation, or medical. Duke Urology has the first fellowship in the world focused specifically on Genitourinary Cancer Survivorship which has now been in existence for 3 years.

Dr. Peterson was chosen as one of the section heads to design an interactive cancer survivorship care plan for men living with prostate cancer after definitive treatment. This project in survivorship will study how to improve the physical, mental, and emotional well-being of those with prostate cancer as well as their family and caregivers.

ASAP-USA includes a multi-disciplinary approach with collaborative networks to draw knowledge from healthcare professionals in either the clinical or community fields. Non-medical members of the public (cancer survivors, patient advocates) are involved and weigh in on important issues and provide aid to those currently battling the disease. The intervention will be piloted and evaluated at selected sites in order to help the hundreds of thousands of men surviving the disease to enjoy a better quality of life. Made possible by funds raised through the Movember Foundation, ASAP-USA represents the most significant investment in prostate cancer survivorship to date.

Members of this group include experts from top cancer centers in the United States including the Duke Cancer Institute, Dana Farber Cancer Institute, and Memorial Sloan-Kettering Cancer Institute, just to name a few. The group is tasked with developing evidence-based practical solutions to help men live longer and manage treatment side effects or symptoms that can be difficult to cope with such as pain, fatigue, incontinence, and erectile dysfunction.

Movember’s Executive Director of Programs, Paul Villanti, says, “We are acutely aware that there are many unmet physical and mental health issues relating to prostate cancer that need to be addressed as a priority, which is why improving the quality of life for men living with the disease is very high on our agenda. Just as men are sprouting moustaches across the country to join in our fight against prostate cancer and prostate disease, we are going to join practitioners across the country to prove how we can do better for men.”

We are more than excited to see such a sizable investment into a field that needs attention and are extremely proud of Dr. Peterson’s pioneering leadership, the Duke Cancer Institute’s support, and the position of Duke Urology in this groundbreaking project.
ROUTH AWARDED K08 FROM NATIONAL INSTITUTES OF HEALTH

Jonathan Routh, MD, MPH, was recently awarded a K08 Career Development Award from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). This grant entitled “Comparative Effectiveness of Vesicoureteral Reflux Treatments in Children” provides salary support and a research budget (~$700,000 total over 5 years) and is intended to explore the most effective and efficient treatments of children with vesicoureteral reflux (VUR). VUR is one of the most common conditions treated by pediatric urologists, affecting 1-10% of all children in the United States. In the setting of a urinary tract infection, VUR can severely damage a child’s developing kidneys. However, it is also clear that some VUR patients actually suffer few long-term consequences. Unfortunately, there are no data that clearly identify which children are at risk of renal damage from VUR. This lack of risk stratification has led to tremendous variation in VUR management: some clinicians treat VUR with surgery, others with endoscopy, others with long-term antibiotics, while others attempt to ignore the problem altogether. It remains unclear which of these approaches works best for which children; what is clear is that this variation in VUR management implies the existence of inefficiency in VUR management in our health system. Ultimately, this study is intended to help to define the most appropriate treatment course for children with VUR and will help clinicians to personalize and to optimize the treatment of an individual child with VUR.


DUKE TUESDAY IN UROLOGY

JANUARY

Our first Duke Tuesday in Urology of the year took place on February 11, 2014. The visiting professor was Christopher Saigal, MD, MPH, Professor and Vice-Chair of Urology at UCLA. Dr. Saigal spoke on “Improving Decision Making in Urology: Challenges and Opportunities”. He was a fellowship mentor of our newest Duke Urology faculty Chuck Scales, MD who also spoke on “Unplanned Post-Procedure Care in the Treatment of Patients with Stone Disease”. Dr. Saigal has a focus on health services research, particularly as it relates to prostate cancer. Urology Residents had the opportunity to spend the morning with Dr. Saigal during a Case Conference event.

MORRIS CENTER for RESEARCH LECTURESHIP JULY

The 2014 Duke Tuesday in Urology, Morris Center for Research Lectureship was held on July 15, 2014. Joel B. Nelson, MD, Chairman of Urology at University of Pittsburgh was the featured guest lecturer and spoke on “The Role of Radical Prostatectomy in the Age of Active Surveillance, Focal Therapy, Advanced Imaging and Predictive Science”.

In addition, the following presentations were made by Duke faculty including: Michael N. Ferrandino, MD: “New Biomarkers in Prostate Cancer Care”; W. Robert Lee, MD, MEd, MS (radiation oncology): “The Effect of Radiation Dose on Prostate Cancer”, and Cary N. Robertson, MD: “Ablative Therapies for Prostate Cancer Update: Present and Future Approaches”. The afternoon audience included over 100 members from the tri-state regional urologic community.

2015 DUKE TUESDAY CME EDUCATION SERIES

February 17, 2015
Robert B. Nadler, MD, FACS
Professor and Vice Chairman, Department of Urology
Director of Robotic, Laparoscopic, & Endoscopic Urology
Northwestern University, Chicago, IL

July 21, 2015
Morris Center for Research Lectureship
Christopher L. Amling, MD, FACS
John Barry Professor and Chair
Department of Urology
Oregon Health & Sciences University

November 10, 2015
John E. Dees Lectureship
Victor W. Nitti, MD
Professor of Urology and Obstetrics & Gynecology
Vice-Chairman, Department of Urology
NYU Langone Medical Center

JOHN E. DEES LECTURESHIP NOVEMBER

John W. Brock, III, MD, Professor and Chief of Pediatric Urology at Vanderbilt University will present the John E. Dees Lecture at Duke Tuesday on November 4, 2014. Duke Faculty speakers presenting are: Glenn M. Preminger, MD; Aaron C. Lentz, MD; and Patrick C. Seed, MD, PhD, MS (infectious diseases).

The Duke University School of Medicine designates each Duke Tuesday conference for a maximum of 4.0 AMA PRA Category 1 credits. To register for the Duke Urology CME conferences http://urology.surgery.duke.edu/cme or contact Robin Phillips, CME Coordinator, robin.phillips@duke.edu.
The 46th annual Duke Urologic Assembly returned to its home during its early years in the 1960's-1980's – The Carolina Inn at Pinehurst, NC – on April 3-6, 2014. The weather was spectacular as expected in April in the Piedmont with dogwoods and azaleas in bloom. The first two days were dedicated to the Duke Urologic Cancer Symposium sponsored by Duke Urology and Duke Cancer Institute. Speakers from urology, medical oncology, radiation oncology, radiology, immunology, and epidemiology gave 25 lectures related to a variety of genitourinary malignancies.

Our featured guest faculty speaker, Robert G. Uzzo, MD, Professor and Chair from Fox Chase Cancer Center gave the Victor A. Politano Lecture on Nephrometry Scores. Nineteen full time Duke Urology faculty members covered all aspects of urologic care of adults and children during the event. Professor emeritus, David F Paulson, MD returned to North Carolina for the event and served as a moderator. Richard C. Rink, MD, FAAP from Indiana University/Riley Children's Hospital was an additional guest faculty member to augment the pediatric urology portion.

In addition to the lovely outdoor reception and luncheon, golf was a highlight for many attendees. Twenty guests and faculty had the opportunity to play the famed Pinehurst No. 2 course where, for the first time ever, the U.S. Open Championship for men and women took place on consecutive weeks in June 2014.

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Mark your calendars for next spring when the Leading Edge Urology: 47th Duke Urologic Assembly and Duke Urologic Cancer Symposium will return to one of its most popular destinations – the Grand Floridian Resort and Spa at Walt Disney World in Orlando, FL on March 5-8, 2015.

Conference information will be posted on the Urology website: http://urology.surgery.duke.edu/cme
One of the highlights of the year is the gathering of Duke Urology alumni at the annual AUA meeting. DYSURIA filled the room once again in Orlando, FL on Saturday night May 17. The diverse crowd spanned the range from many of our current residents presenting at their first AUA meeting to emeritus faculty members David Paulson and George Webster. One realizes how international the AUA meeting has become and Duke Urology has always been with the group encompassing former trainees from Israel, South Africa, New Zealand, and Germany plus next year’s oncology fellow from Singapore. Among the US states represented were Hawaii, California, Oregon, Colorado, Texas, Iowa, Tennessee, Michigan, Pennsylvania, Florida, and North Carolina. There was great camaraderie among the alumni who spanned six decades of training at Duke Urology. Some are in private practice in small cities, many have academic appointments at some of the leading centers in the U.S., and some are department chairs. We hope to see you in New Orleans in May 2015.