OUS NEWS
Ohio Urological Society

President's Message

2009 Post-Convention News

Raymond A. Bologna, MD

First, I would like to thank everyone involved with the 2009 meeting for an outstanding conference. We had a total of ninety-eight practicing physicians and residents participate in the meeting. The residents presented twenty-six papers. Once again WJ Weiser and Associates executed a well-organized event.

Planning for 2010 has already begun. We are considering a number of changes to better serve the membership and our sponsors. Most likely, we will be returning to Columbus at Polaris. We are in the process of planning a Friday afternoon session that will include hands-on renal ultrasound training and electronic medical record demonstrations. A reception for the membership will be held following the Friday event. We are anticipating a reduction in corporate sponsorship. Due to cost and the limited participation, we are considering eliminating the Saturday evening gala. We are planning a reception immediately following the business meeting. This will allow members, families and sponsors to socialize and then move onto dinner at an establishment of their choice.

I am honored to serve as your president. We have a terrific Board of Directors and management team with WJ Weiser and Associates. We are looking forward to a terrific meeting in 2010. Please contact me with any thoughts or suggestions for the 2010 meeting. ▼

Ray Bologna, MD
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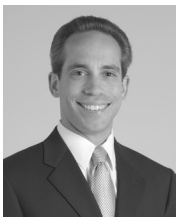
President-Elect's Report

Jeffrey S. Palmer, MD, FACS, FAAP



The recent Ohio Urological Society Annual Meeting, held at Hilton Columbus at Easton Town Center, was again a well-organized and attended educational event. The resident competition was again well planned, with high resident participation under the direction of Resident Representative, Dr. Una Lee. I wish to personally thank Dr. Lee for an outstanding tenure. The rest of the educational program on Saturday focused around a single theme — "Tricks of the Trade". Four topics (prostate cancer, urinary stones, geriatric urology, and office-based urology) were presented, along with tricks that can be implemented to diagnose and treat these common conditions. Invited speakers included Drs. Tomas Griebling and Caner Dinlenc.

In This Issue

The Socio-Economic Session included an interesting discussion between State Representatives William Batchelder and Jay Goyal. The educational program was followed by the annual banquet that evening and the popular family-friendly Sunday brunch.

Several new officers of the Ohio Urological Society were elected at the meeting. I wish to thank all outgoing officers for their dedication and service during their tenure. Next year's meeting will again be held in Columbus, which is a central location for our members. Further information regarding this program will be forthcoming in our next update. We look forward to your participation at this year's meeting. We hope that you have an enjoyable summer. ▼

OUS Industry Opportunities

Industry Partnerships are a vital part of our success. The OUS is currently seeking Industry Partners who share our commitment to growth and excellence in the field of urology in the state of Ohio.

The partnership packages we offer include additional marketing opportunities and enhanced exposure throughout the meeting.Through this program, we hope to work in tandem with our industry colleagues to identify ways to enhance our current member programs and implement new projects that will lead to improved patient care through better physician education and mentoring. Please invite your industry contacts to become OUS Industry Partners. Partnerships packages are promotional opportunities and, unlike educational grants, are appropriate to discuss with your sales representatives. Please ask them to contact Donna Kelly at Donna@wjweiser.com for more information.

If you have vendors you do regular business with, please ask them to become more involved with OUS. Thank you for your help! ▼

Secretary's Report

Timothy G. Schuster, MD

The 2009 Ohio Urological Society Annual Meeting was held at the Hilton Columbus Easton. The theme of the educational program on Saturday was "Tricks of the Trade." Topics included prostate cancer, stone disease, geriatric urology, as well as office-based urology. In addition, twenty-six residents, representing all of the urology training programs in Ohio, presented their research in the resident competition. Finally, during the socio-economic session we had the opportunity to hear from the Ohio House Republican Leader, State Representative William G. Batchelder and House Democratic Majority Whip, State Representative Jay P. Goyal. The annual banquet was held that evening at the Franklin Park Conservatory with brunch the following morning.

During the meeting, several new officers were elected. We would like to extend our gratitude to the outgoing officers for their leadership and service to the Ohio Urological Society. Plans are already underway for the 2010 meeting, which will again be held in Columbus at the Hilton Columbus/Polaris. For those of you that missed this past meeting, we hope you and your family can join us next year. We look forward to seeing you there. ▼

Treasurer's Report

David W. Key, MD

Our current investment account is with UBS. As of our meeting, our balance was $167,691.73. Our investments are currently 57% cash, 18% bonds and 25% equity exposure. The markets have improved since our meeting and our current balance is $175,848. ▼

OSMA Report

Bipin N. Shah, MD

- The 2009 OSMA Annual Meeting was held March 20 – 22 at the Hilton Columbus at Easton. During the weekend, the House of Delegates considered and took action on twenty-three resolutions. 153 delegates participated in the activities. Complete proceedings of the 2009 House of Delegates are available on the web at: Past OSMA annual meetings: Document archive.
- Roy H. Thomas, MD, an ophthalmologist from Elyria, was sworn in as the OSMA's new president.
- Akron-based ophthalmologist, Richard R. Ellison, MD, was elected OSMA president-elect and Vincent M. Gioia, MD, an ophthalmologist from Steubenville, was elected secretary-treasurer.
- The annual meeting weekend also included the sold-out popular OSMA practice management symposium.
- The next annual meeting of the OSMA will be held at the Hilton Easton, April 9 – 11, 2010.
- OSMA adopted a resolution and have asked the American Medical Association to report back to its members an assessment of the current practices of the National Practitioner Data Bank (NPDB), which would specifically identify who is eligible to be listed on the NPDB and to whom the information on the NPDB is available.
- Another resolution adopted was that the OSMA educate the voting members of hospital staffs that they have the authority to vote upon all medical staff rules, regulations and procedures rather than delegating this authority to the medical executive committee, consistent with the current Joint Commission standard MS.1.20.
- Office of the Inspector General has issued a memo advising physicians to obtain reimbursement for ER call coverage. If you need a copy of this OIG memo, please contact my office.
- Lieutenant-Governor Democrat Lee Fisher, Democrat Tyrone Yates and Republican Robert Portman, all spoke to the OSMA delegates about their own merits for the Senator Voinovich spot.

State Representative Jay Goyal

Representative Goyal addressed OUS members at our annual conference. Jay Goyal is a Democrat State Representative for the 73rd district. He was first elected in November 2006 with a 60% majority and currently serves as the Majority Whip in the 128th Ohio General Assembly. He is a ranking member with the Ways and Means Committee, Healthcare Access and Affordability, and the Financial Institutions Committee. He was named the 2007 Ohio Young Democrat of the Year and was one of two members of the Ohio House of Representatives selected by bipartisan panel to receive a fellowship for the Bowhay Institute for Legislative Leadership Development. Rep. Goyal also received the prestigious "Eagle Award" from the Ohio Civil Rights Commission. Rep. Goyal grew up in

Mansfield and graduated from Northwestern University with a bachelor's degree in industrial engineering. Rep. Goyal is a member of various committees including a seat on the Board of Directors for the United Way of Richland County, the Richland County Manufacturing Coalition and the Progress Industries Business Advisory Board.

A senior Republican member, Rep. William Batchelder, also addressed OUS members.▼

Report of the Health Policy and Medicare Liaison Committees

Herbert W. Riemenschneider, MD

Health Policy Committee Overview for OUS 2009

During the year since our 2008 annual meeting, there have been many events that are or will impact our ability to provide care to our patients.

One of these changes is Stark Law based. This change has resulted in the prohibition of physician ownership of Designated Health Services (DHS) entities by referring physicians. This will become effective October 1, 2009. If physicians are to receive payment for services provided through referrals to DHS entities, there must be an exception in place. The definition of entity is if the person or place receives a payment for these services from CMS. Currently, lithotripsy is not considered DHS and after October 1st can continue to be owned by physicians and paid by the per-click basis within a hospital. However, changes will occur regarding the per-click application of lasers and other urologic therapeutic procedures.

Exceptions to DHS prohibitions after October 1, 2009 currently exist, for example, in areas of rural practice and ***interestingly in physician owned ASCs.***

The Electronic Health Record is at the moment the torchbearer of health care reform. This is defined as a comprehensive system that can manage all long standing medical record keeping, current and yet to be developed functions. This is/must be a platform that is internet based and secure. It will provide internet exchange of this information locally, regionally and have national intra-operability.

Definitions

- EMR is an electronic management system that provides medical record keeping in one health system or office.
- PHR is Patient Health Record and this refers to patient controlled medical information.
- PHI is Protected Health Information under HIPPA.
- HIE is Health Information Exchange which allows electronic transmission between organizations.
- HIO is Health Information Organization that oversees numerous HIEs.
- RHIO is Regional Health Information Organization that oversees many HIOs.

In 2008, only 4% of doctors had fully functional electronic medical records. Major physician concerns regarding obtaining the correct system is fear of obsolescence, security, capital for investment and the highest concern is loss of productivity while implementing the EMR.

The Stimulus Bill signed into law in February 2009 will provide up to approximately 45K for a physician who implements an EMR that meets standards regarding functionality and interoperability. These specifications are set to be in place by 12/31/09 and currently do not exist.

Office Standards for Urologic Practice, an example is sterility of office cystoscopic equipment, the question is, "Is cold sterilization, properly done, an adequate method or will each private practice require a Steris unit?"

Primary Care

Primary Care (PC) is considered the foundation of the planned health care reformation. There are not enough PC providers. A major part of the problem is the pay available to PC, which is based on budget neutrality. This means that an increase for PC will result in a decrease for specialty service. Further information can be obtained at the following website: http://finance.senate.gov/sitepages/leg/LEG%202009/042809%20Health%20Care%20Description%20of%20Policy%20Option.pdf

Further healthcare reform includes extending the physician quality reporting initiative PQRI, requiring written disclosure of financial interest in services provided in the office as ancillary services: the development of appropriateness criteria for the use of office ancillary imagining services, instituting primary care bonus payments, bundling of payments for treatments requiring hospital stays, altering the sustained growth rate formula SGR, creating accountable care organizations, developing clinical effectiveness research priorities, and ending the physician owned hospital exception that exists currently in Medicare.

The PSA Controversy

As we know, the controversy is considerable regarding the use of PSA and the potential over-diagnosis of prostate cancer, which results in cost of therapy that does not currently appear to extend length or quality of life. The American Urological Association has a new policy regarding Prostatic Specific Antigen Best Practice Statement; 2009 Update. This is available at the following web address: http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines/main-reports/psa09.pdf

This statement can be summarized as providing the use of PSA for 1) Evaluation of men at risk for prostate cancer, 2) Risks and benefits of early detection, 3) Assistance in pre treatment staging or risk assessment, 4) To be used as a guide in management of men who recur after primary or secondary therapy.

The Red Flag Rules

Congress passed legislation that requires all "creditors" to adopt procedures to deal with suspected cases of identity theft and fraud. All practices will be responsible for procedures that are approved by the FTC to identify persons they are treating as patients as the persons who they present themselves as being. This applies even if the patient is an existing member of your practice. The requirement includes a process that you utilize with each patient encounter and specifically with each new patient encounter. A proposed policy for use in implementing the Red Flag Rules can be read at the following web address: http://www.aacuweb.org/pdf/red-flags-rule-policy.pdf

The AUA has developed a Legislative Work Group chaired by Bill Monnig. Dr. Monnig and the group are working very diligently to establish linkage with primary federal legislators. This effort is to establish knowledge of members of the AUA who have a close relationship with these legislators. Dr. Monnig's philosophy is the best advocates are urologists that have good relationships with these members of Congress.

The State Society Network (SSN)

The SSN, a product of the American Association of Clinical Urologists, had its first meeting September 13 – 14, 2008. The individual state societies have representation through their members who are also members of this network. The focus of this effort is to identify state legislation that directly affects the practice of medicine in general and urology in particular. A brief overview of this meeting

included review of state pending imagining legislation, state legislative advocacy, advocacy training, organizing for legislative action. In essence, turning your state society into a political force to be reckoned with.

The Recovery Audit Contractor Program
This is a federal program of CMS that allows a third party contractor to review Medicare payment data from hospitals and physicians. The goal is to recover overpayment, or fraudulent payment. The pilot programs in New York, Florida, and California demonstrated that this is a difficult system for physicians to accommodate. The RAC prerogatives permit requests of up to three charts each forty-five days for a single practitioner and a much larger number for group practices; practitioners must provide this information without any compensation for the efforts involved. It is the position of the AUA that the RAC process is flawed and produces undue hardship upon practitioners of urology.

Palmetto GBA, the Medicare Intermediary for Ohio and Kentucky has relinquished its position to High Mark of Western Pennsylvania. High Mark will become the intermediary for Part A and B in Jurisdiction 15. We, at this time, do not know how this will impact the current Ohio Carrier Advisory Committee and its function.

E-prescribing and PQRI reporting in 2009 will produce a 2% increase for each of these programs. The urology practice that does not participate, after 2012, will experience a decrease percentage of Medicare reimbursement. ▼

Federal Affairs Update

Bonnie Shadid, JD, Federal Affairs Manager

The 2009 congressional calendar is becoming one of the more active in recent years, especially regarding issues related to health care. Health care reform is the hot topic of 2009, with the Senate Finance Committee releasing its first of three policy option position papers on April 29th. Hearings on these issues will be held throughout the summer.

Congress Returns to Washington
Congress returned to Washington in late April, following their spring recess, with the House beginning their first week back on Tuesday, April 21st. The Senate returned for limited debate on Monday, April 20th to discuss financial regulations and for their regular session on the next day. Discussions are expected to begin shortly on various health care issues, including health care reform and Medicare payment reform. In a joint letter to President Obama sent on Monday, April 20th, Senator Max Baucus (D-MT), chair of the Senate Finance Committee, and Senator Ted Kennedy (D-MA), chair of the Senate Health, Education, Labor, and Pensions Committee, stated their intention for their respective panels to complete their markup of health care legislation by June. These committees share responsibility for health care reform issues in the Senate. House leadership has stated that they intend to hold a vote before the full House on their proposal by the end of August. The Senate Finance Committee, one of the committees charged with health care reform in the Senate, released a policy option document on April 29th that outlined some options for reform.

Congress Passes 2010 Budget
On April 29th, Congress passed the $3.55 trillion 2010 budget to coincide with the President's 100th day in office, keeping much of his original proposal intact, although making some changes to the original. The House passed the bill by a vote of 233-193, with 17 Democrats voting against it. In the Senate, the vote was 53-43, with four Democrats voting no, including newly minted Democrat Senator Arlen Specter. No Republicans in either chamber voted for the budget. The bill does include language easing the ability of the legislature to pass healthcare reform by forestalling the possibility of a filibuster in the Senate and reducing the necessary votes from 60, if opponents had launched a filibuster, to 51. The budget allows any healthcare initiative to be paid over the next 11 years, with cost estimates predicted to potentially run as high as $1 trillion.

Kathleen Sebelius Confirmed as Secretary of Health and Human Services
Former Kansas Governor Kathleen Sebelius was sworn in by President Obama as his Secretary of Health and Human Services on Tuesday, April 28th. She was confirmed by the full Senate that same day, by a vote of 65-31, with nine Republicans voting to approve her nomination. Early the previous week, the Senate Finance Committee voted 15-8 to send the nomination to the full Senate. The vote was largely along party lines with two Republicans voting with the majority. The Senate Republicans had filed an objection to a vote in the full chamber later in the week, which led the chamber's Democrats to threaten a cloture vote to force a vote. Her acceptance of campaign funds from a provider of late-term abortions and tax filing concerns had led to increased scrutiny of the nominee by conservative groups, who urged Republicans to oppose Sebelius. These issues were overshadowed by the swine flu scare, however, and the vote ultimately went through regular channels. ▼

AACU State Society Network Update - Ohio

Matt Swentkofske, State Affairs Manager

The state of Ohio is facing daunting fiscal challenges much like those facing the rest of the country. Revised 2009 revenue numbers recently came in almost $1 billion short of budget projections placing more stress on legislative leaders to either raise revenue or come up with program cuts to balance the state budget. While it will remain the front pages of most newspapers in the state until passed, Ohio urologists need to remain vigilant on other legislative matters that will affect their patients and their practice.

Ohio House Bills 134 and 135 are two such bills. The first, HB 134, will require health care insurers and plans to offer to provide benefits for prostate, colorectal, ovarian and cervical cancer screenings. House Bill 135 will require the state's Medicaid program to cover prostate cancer examinations as well as the cancers mentioned above when Medicaid patient falls within the most recently published American Cancer Society guidelines for age, health and other risk factors. It is important that you reach out to your state elected officials and ask them to vote to support these important measures in the battle against prostate cancer.

As a urologist practicing and serving patients in Ohio it is critical that you advocate on behalf of your patients devastated by prostate cancer. As you know, more than 186,000 men in the United States will be diagnosed with prostate cancer this year. The best way to confront this disease is with early detection, education and effective treatment.

Another issue confronting Ohio urologists include House Bill 493 which past late in 2008 during the last legislative session. This bill prohibits a urologist's ability to bill for an anatomic pathology service not personally rendered. The legislation is onerous, unnecessary and unfairly prohibits all specialists from directly billing for anatomic pathology services that are not performed by the provider or under his or her supervision.

The rationale for the legislation offered by pathologists was centered on disclosure of billing practices. They contended that a urologist sends samples to a pathologist for analysis and then bills the patient for pathology services in an amount that exceeds the pathology charge without informing or disclosing the mark-up to the patient. In some cases, pathologists contended that urologists or specialists are

engaging in the unethical conduct of fraudulent business practices.

This type of legislation is unnecessary, as the problem being addressed is overstated or even non-existent. Legislation should not restrict billing to a specific specialty as it does with pathologists. Urologists must be vigilant on how this type of legislation could have on their practice now and in the future. Indeed this type of legislation could set a dangerous precedent by showing how other specialists, like radiologists, can mandate direct billing for their services. ▼

Highlights from the 2009 Resident's Competition

The Resident Competition held during the annual meeting continues to be an excellent opportunity for the residents of the Ohio residency programs to present their clinical and basic science research. The residents' hard work was clearly displayed with a record number of abstracts submitted and presented at this year's meeting. The residents should be congratulated for their fine presentations and apparent in-depth understanding of the material. We look forward to the continued academic accomplishments of our Ohio urology residents.

Resident's Program
Saturday, March 14, 2009
8:00 a.m. – 10:00 a.m.

8:00 a.m. – 10:00 a.m. **Presentations**

Medical Education

#1 - 8:00 a.m. **DESIGN OF A FOURTH YEAR MEDICAL STUDENT UROLOGY ELECTIVE**

Presented By: David M. Shore, Ohio State University

A deficit in undergraduate medical student education was identified in our department. A 4th year medical student rotation was designed to better prepare students for their responsibilities as interns. This rotation will begin in July of 2009.

Voiding Dysfunction

#2 - 8:04 a.m. **REVIEW OF BOTOX**

Presented By: Daniel Mulligan, Akron / NEOUCOM

A historical perspective on the discovery of botulinum toxin, its purification by multiple militaries, and eventual medical usage was reviewed. The efficacy and safety data was reviewed regarding Botox injection for overactive bladder in neurogenic and idiopathic overactive bladder populations. Then common local side effects and rare possible distal drug side effects were reviewed. The post marketing publication issued by the FDA regarding Botox injection was also presented.

Transplant

#3 - 8:08 a.m. **REPORT FOR A 73 TRANSPLANT CENTER MULTI-REGIONAL KIDNEY PAIRED DONATION PROGRAM**

Presented By: David Bargnesi, University of Toledo

Seventy-three transplant programs in 22 states have partnered to increase the access of their patients to a large pool of incompatible pairs for kidney paired donation. Since February 2007, computer match runs have been performed every 4-6 weeks generating a solution that simultaneously optimizes for quality and quantity of transplants in 2-, 3- and 4-way matches as well as altruistic donor-initiated chains. Of the 34 transplants performed or scheduled, 10 have resulted from simple 2-way paired donations, 3 transplants were performed as part of one 3-way chain, and the remaining 21 transplants were made possible through altruistic donor initiated chains. Rapid changes in the status of pairs enrolled in this KPD program emphasize the importance of efficiency in converting feasible matches to transplants before the opportunity is lost.

#4 - 8:12 a.m. **THE EFFECT OF THE ON-Q™ PAIN PUMP ON PERIOPERATIVE PAIN IN RENAL DONOR AND RECIPIENT TRANSPLANT PATIENTS**

Presented By: Adam Becker, University of Toledo

The objective of this study was to define the efficacy of the On-Q™ Pain Pump delivery system in 2 sets of patients, laparoscopic do nor nephrectomy and renal transplant patients. The records of 202 patients (49 donors, 153 recipients) seen between August 2006 and May, 2008 were ana lyzed. The On-Q™ Pain Pump system in the laparoscopic donor nephrectomy and renal transplant patients did not contribute to a significant improvement in postoperative pain management compared to traditional parenteral medications. It was also associated with an elevated cost to the patients.

Oncology

#5 - 8:16 a.m. **SMALL CELL CARCINOMA OF THE BLADDER**

Presented By: Benjamin Dehner, University of Cincinnati

Small cell carcinoma of the bladder is a rare entity, with much controversy over the pre ferred management. We present a recent case of small cell carcinoma from our institution, including a review of the pathology of the disease. Management options are unclear, but include the use of chemotherapy and bladder-preservation.

#6 – 8:20 a.m. **EFFECT OF EXTENT OF PELVIC LYMPH NODE DISSECTION ON LYMPH NODE DENSITY IN NODE POSITIVE PATIENTS AT TIME OF CYSTECTOMY: MAPPING OF LYMPH NODE DENSITY**

Presented By: Benjamin R. Gibson, Ohio State University

Lymph node density in node positive patients at time of cystectomy is important in terms of prognostication of overall survival and recurrence free survival when nodes are submit ted in packets. There appear to be no one specific nodal chain that contributes disproportionately to LND. As well, extent of lymph node dissection does not affect overall LND.

#7 – 8:24 a.m. **PROSPECTIVELY DEFINING LYMPH NODE GROUPS CONTRIBUTING MOST TO RADICAL CYSTECTOMY OUTCOMES**

Presented By: Subbarao Mandalapu, Ohio State University

We prospectively evaluated whether precisely mapping the distribution of lymph node (LN) metastases (mets) by LN group in patients undergoing radical cystectomy (RC) for inva sive bladder cancer (BC) would allow for defining what LN groups contribute most to a potentially curative lymphadenectomy, regardless of LN count. Patients who undergo a RC for invasive disease commonly have LN mets outside of a standard lymph node dis section. Our data supports a thorough lymph adenectomy below the aortic bifurcation is necessary for possible therapeutic benefit and should routinely include the deep obturator, presacral and common iliac LN.

#8 – 8:28 a.m. **RADICAL PERINEAL PROSTATECTOMY: INFERIOR ONCOLOGIC OUTCOMES**

Presented By: Youssef Tanagho, Case Western Reserve

The minimally invasive benefits of RPP are insufficient to claim equivalency to other minimally invasive techniques. We performed retrospective review of 298 cases of RPP performed by a single experienced surgeon at our institution with regard to oncological outcomes. The positive margin rate was 47.4%. The disease-free survival rate at 15 years of follow-up was only 48.5%. Our review of oncological outcomes after RPP raised concerns.

#9 – 8:32 a.m. **PROSTATE SPECIFIC ANTIGEN/SOLVENT INTERACTION ANALYSIS (PSA/SIA): A NEW ASSAY FOR IMPROVED PROSTATE CANCER (CaP) DIAGNOSIS**

Presented By: Srinivas Vourganti, Case Western Reserve

We present initial clinical results from a prospective multi-institutional clinical trial of a new urine based assay (PSA Solvent Interaction Analysis) aimed at discerning populations of PSA isoform fractions in order to distinguish prostate malignancy from benign conditions. We enrolled 222 men who were undergoing prostate biopsy for standard clinical triggers of DRE and serum PSA parameters. Comparing this assay's results to the prostate biopsy results, PSA-SIA demonstrated 100% sensitivity and 84% specificity with PPV of 80% and NPV of 100%. We believe this assay represents a potentially new way to improve the diagnosis and management of prostate cancer.

#10 – 8:36 a.m. **RENAL ONCOCYTOMA IN A PATIENT PRESENTING WITH STAUFFER'S SYNDROME**

Presented By: Kari Aretakis, Case Western Reserve

Stauffer's syndrome is a paraneoplastic syndrome of cholestatic jaundice typically as sociated with non-metastatic renal cell car cinoma. Described is a case report of a patient with a renal mass associated with jaundice, icterus and abnormal liver function tests. Pathology demonstrated oncocytoma. To the best of our knowledge this is the first case of Stauffer's syndrome associated with renal oncocytoma.

#11 – 8:40 a.m. **IS LYMPH NODE DISSECTION NECESSARY IN LOCALIZED RENAL CELL CARCINOMA? AN ANALYSIS OF SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS (SEER) DATA**

Presented By: Sundeep Deorah, University of Cincinnati

We used the Surveillance, Epidemiology, and End Results (SEER) database (Registry Grouping 13) released in April 2005 to analyze RCC cases submitted during the period 1998-2002. Of the 11,550 patients with RCC registered, our study population included 7699

patients with histologically confirmed RCC who had undergone radical nephrectomy with or without regional lymph node dissection. Regional lymph node dissection in patients with localized RCC did not seem to improve survival when compared to patients who did not undergo lymph node dissection. As a staging tool, RLND had a low yield in localized disease since only 6% of those who underwent RLND had lymph node metastasis.

#12 – 8:44 a.m. **ACTIVE SURVEILLANCE OF SMALL RENAL MASSES**

Presented By: Irma J Lengu, Case Western Reserve

We review our prospective database and identify outcomes in patients with small enhancing renal lesions selecting active surveillance. Thirteen patients with a total of 15 enhancing renal lesions were identified and followed for a mean duration of 29 months (range 2 to 108). Mean change in tumor size was -0.2 cm (range -2.0 to 0.5) over the entire follow up period. Overall survival was 100%. Complete regression of one enhancing renal lesion was seen in one patient. One patient was biopsied after an increase of 0.5 cm in an enhancing renal lesion was noted on follow up imaging. Active surveillance is a reasonable alternative to invasive treatment in specifically selected patients with small enhancing renal lesions.

#13 – 8:48 a.m. **RADICAL NEPHRECTOMY IS ASSOCIATED WITH WORSE OVERALL SURVIVAL COMPARED TO PARTIAL NEPHRECTOMY IN PATIENTS WITH BENIGN RENAL TUMORS**

Presented By: Chris Weight, Cleveland Clinic

A significant number of renal masses suspected to be malignant, turn out to be benign on final pathology. We studied this cohort to better compare radical vs. partial nephrectomy and the effects of type of surgery on overall survival by creating a propensity score and then performing Cox multivariate models. Partial Nephrectomy was associated with improved overall survival even when controlling for age, comorbidity, eGFR, and drop in renal function.

Robotic Surgery

#14 – 8:52 a.m. **CLINICAL PATHWAY FOR EARLY DISCHARGE AFTER ROBOTIC CYSTECTOMY**

Presented By: Asha D. White, Ohio State University

Length of hospital stay after radical cystectomy adds to hospital cost. We reviewed our initial experience of 12 patients with robotic cystectomy and developed a clinical pathway for early discharge. The pathway included limiting the extraction incision to 2-3 inches, no ICU stay, no NG tube, an onQ pain pump, oral analgesics, ambulation, and a clear liquid diet on postoperative day one. Diet was advanced based on clinical exam and patients were discharged home when tolerating a regular diet. We found our mean length of stay to be 3.1 days. There were no readmissions in the first 10 days postoperatively.

#15 – 8:56 a.m. **ROBOTIC INSTRUMENT INSULATION FAILURE: INITIAL REPORT OF A POTENTIAL SOURCE FOR PATIENT INJURY**

Presented By: Adam Mues, Ohio State University

We report our experience with failures in the insulating robotic cautery instrument tip cover, reviewing both the incidence of failure and patient complications that have resulted. We observed 12 failures from June 2008 to January 2009 for a failure rate of 2.6%. Possible causes include excessive use of the cutting setting, inappropriate cover placement, and robotic port imperfections. We have noticed only one failure since making changes in these parameters.

#16 – 9:00 a.m. **DIMINISHED SUTURE STRENGTH FOLLOWING DAVINCI ROBOTIC MANIPULATION**

Presented By: Scott D. Shie, Akron

Da Vinci robotic prostatectomy lacks tactile feedback and performing the urethral anastomoses requires multiple grasps of the suture material with robotic instruments. We performed randomized, blinded testing on two suture types (3-0 monofilament Biosyn and 3-0 braided Polysorb) commonly used for urethral anastomoses during robotic prostatectomy to determine if repetitive grasping with robotic needle drivers leads to reduced suture integrity. Our results showed statistically significant reductions in suture strength for both types of suture, but the decrease in the monofilament strength was much more pronounced (35% total reduction in average failure force). We conclude that repetitive grasping by robotic needle drivers can lead to a significant loss in suture integrity and may ultimately prove clinically relevant, particularly in the setting of expected absorbable suture degradation.

#17 – 9:04 a.m. **MEDIAN LOBE IN ROBOTIC PROSTATECTOMY: BLADDER NECK RECONSTRUCTION AND PELVIC DRAIN NOT ROUTINELY REQUIRED**

Presented By: Humberto J. Martinez-Suarez, Ohio State University

Perspective outcomes of robotic prostatectomy in patients with an enlarged median lobe were analyzed. Based on our review of 250 patients, 40 of whom had an enlarged median lobe, it is safe to address an enlarged median lob in robotic prostatectomy. Furthermore, bladder neck reconstruction and pelvic drain placement are not routinely required.

#18 – 9:08 a.m. **OUTCOMES OF PATIENT-DIRECTED NERVE SPARING IN ROBOTIC PROSTATECTOMY**

Presented By: David Prall, Ohio State University

Patients with prostate cancer are allowed to choose nerve-sparing or non-nerve sparing robotic laparoscopic prostatectomy after preoperative counseling of nomagram-predicted extra-capsular extension risk. When risk was high, patients appeared to be conservative, possibly prioritizing oncological outcome, and choose non-nerve sparing surgery. When risk was low, patients also may have been conservative when non-nerve sparing surgery was selected. Allowing patients to choose nerve sparing or non-nerve sparing surgery is a reasonable strategy.

#19 – 9:12 a.m. **THREE-PORT ROBOTIC UROLOGIC SURGERY WITH A LAPAROSCOPIC BEDSIDE ASSISTANT**

Presented By: Gregory Lowe, Ohio State University

Robotic surgery can be accomplished utilizing only 3 ports and without an assistant. Few robotic radical nephrectomies do need the benefit of an assistant. All robotic simple nephrectomies, pyeloplasties, and ureteral procedures can be done without an assistant.

#20 – 9:16 am. **COMPARISON OF INTRAOPERATIVE OUTCOMES WITH NEW AND OLD GENERATION DAVINCI ROBOT FOR ROBOTIC PROSTATECTOMY**

Presented By: Ketul Shah, Ohio State University

In this retrospective review of comparison of standard versus S robotic system, we found statistically significant difference in the operative time (22 min) between 2 cohorts. More importantly there was no difference in cancer control between two robotic systems. In summary, both daVinci robotic systems are equally effective with the S system having shorter procedure time. We believe this difference is due to ease of docking the robot and less arm changes required during the procedure.

#21 – 9:20 a.m. **ROBOTIC LIMITED AND EXTENDED PELVIC LYMPHADENECTOMY FOR PROSTATE CANCER**

Presented By: Hugh Lavery, Ohio State University

Bilateral pelvic lymphadenectomy (BPLND) was successfully performed in either standard or extended template in 250 consecutive robotic prostatectomies. Our mean nodal yields of 8.6 and 16.4 nodes were for standard and extended BPLND, respectively, are within the nodal yield rates of the open procedure. Complication related to the PLND occurred in 0.5% and 8% in the standard and extended PLND, respectively. Thus robotic PLND can be performed safely, effectively, and efficiently with nodal yields comparable to open RRP series.

Laparoscopy / Endourology / Minimally Invasive

#22 – 9:24 a.m. **RIGID CYSTOSCOPE PLATFORM FOR SINGLE SURGEON SUB-CENTIMETER LESS (LAPAROS-ENDOSCOPIC SINGLE SITE SURGERY) IN A PORCINE MODEL**

Presented By: Mark Sawyer, Case Western Reserve

Presented is the initial description of sub-centimeter, single surgeon LESS in a porcine model. We describe the initial use of a modern rigid cystoscope for LESS procedures, including liver biopsy, oophorectomy, partial salpingectomy and partial cystectomy. This method results in a final incision half the previously reported size.

#23 – 9:28 a.m. **PERCUTANEOUS CRYOABLATION OF RENAL TUMORS: THE EFFECT OF PATIENT SELECTION ON OUTCOMES**

Presented By: Gino J. Vricella, Case Western Reserve

We investigated whether patient selection affected outcomes in terms of recurrence and complications for percutaneous cryoablation of renal masses. We reviewed the records of 27 patients with 28 renal masses treated. We found that mean tumor size, # of probes, age, sex and pre-op creatinine levels did not predict successful ablation. Our results are on par with other reported series.

#24 – 9:32 a.m. **ENDOVASCULAR TREATMENT OF URETEROILIAC ARTERY FISTULA WITH STENT-GRAFTS**

Presented By: Nicholas K. Johnson, University of Toledo

Ureteroiliac fistula is a rare condition with life-threatening hematuria that should be diagnosed and treated immediately. Endovascular treatment of ureteroiliac artery fistula with stent-grafts is well described. Follow-up and treatment after stenting is more controversial. We report a case study of a female with a history of pelvic surgery and radiation that experienced massive hematuria during a scheduled ureteral stent exchange for ureteral stricture. Angiography demonstrated an ureteroiliac fistula. Hematuria disappeared immediately after endovascular stent-graft deployment. The hematuria did not recur, however long-term management remained problematic secondary to infected urine communicating with the graft. We reviewed long-term management recommendations for patients with ureteroiliac fistula managed with an endovascular graft.

#25 – 9:36 a.m. **LAPARO-ENDOSCOPIC SINGLE SITE (LESS) NEPHRECTOMY THROUGH A PFANNENSTIEL INCISION: PORCINE MODEL**

Presented By: Matthew L. Steinway, Case Western Reserve

We investigated the use of Laparo-Endoscope single site (LESS) Nephrectomy perform completely through a Pfannenstiel incision in a porcine model. Ten nephrectomies were perfomed in 5 acute swine using a Gelfort device through a Pfannenstiel incision. Nine of 10 nephrectomies were completed successfully with mean operative time of 70.6 minutes and EBL of 29.4 min. We determined that LESS through a Pfannenstiel incision is feasible in a porcine model and anticipate incorporating this approach into humans.

#26 – 9:40 a.m. **LAPAROSCOPIC URETEROURETEROSTROMY FOR UPPER POLE DIVERSION IN ECTOPIC URETERS/URETEROCELES**

Presented By: Achal Modi, Ohio State University

Laparoscopic proximal UU is an acceptable treatment for ectopic ureters/ureteroceles. The setup is the same as the laparoscopic pyeloplasty, which is well know to pediatric urologists. The lower pole ureter is mobilized and lifted with a percutaneous holding suture. This fixation, in conjunction with the previously placed stent, facilitates creation of a medial ureterotomy in the recipient ureter. ▼

Congratulations to the Following Winners of the 2009 Ohio Urological Society Resident Essay Contest

First Place Winner

CLINICAL PATHWAY FOR EARLY DISCHARGE AFTER ROBOTIC CYSTECTOMY
Presented By: Asha D. White, Ohio State University
Receives: $1000 plus travel to the NCS 2009 Annual Meeting

Second Place Winner

RADICAL NEPHRECTOMY IS ASSOCIATED WITH WORSE OVERALL SURVIVAL COMPARED TO PARTIAL NEPHRECTOMY IN PATIENTS WITH BENIGN RENAL TUMORS
Presented By: Chris Weight, Cleveland Clinic
Receives: $500

Third Place Winner

THE EFECT OF THE ON-Q™ PAIN PUMP ON PERIOPERATIVE PAIN IN RENAL DONOR AND RECIPIENT TRANSPLANT PATIENTS
Presented By: Adam Becker, Medical College of Ohio, Toledo
Receives: $250 ▼

Make Sure Your Medical Records are Legible

A tip from the risk management experts at American Physicians

Illegible patient records pose a risk to patient care, drain healthcare resources, jeopardize optimal reimbursement and carry potential legal ramifications. Specifically:

- Illegible medical records can lead to misunderstanding and patient injury.
- The patient record is the most important evidence when defending a malpractice claim and, without a legible medical record, defense efforts may be weak.
- The time and talent of clinicians could be better spent delivering patient care than clarifying illegible entries.

Tips to ensure your records are legible include:

- Make a conscious effort to write clearly – the simple act of sitting down while writing should improve legibility.
- Dictate your notes – although more costly, dictation will improve readability and has the added benefits of increasing reimbursement and decreasing staff time handling documentation issues.
- Institute an electronic medical record system.
- Use preprinted encounter sheets, which can be checked or circled. (Just be careful to avoid the pitfall of not providing enough documentation when using these forms.)

American Physicians is the exclusively endorsed professional liability insurer of the Ohio Urological Society. For information about the company call 800-748-0465, or visit their website at www.apassurance.com.

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PLAN TO ATTEND!

2009 NCS 83rd Annual Meeting
November 9 – 14, 2009
Camelback Inn, A JW Marriott Resort & Spa
Scottsdale, Arizona

2010 OUS Annual Spring Meeting*
March 12 – 13, 2010
Hilton Columbus/Polaris
Columbus, Ohio
**New Meeting Format: Friday afternoon Ultrasound Course followed by a Welcome Reception in the Exhibit Hall (in place of the Saturday banquet). Plan to attend Friday's Welcome Reception and Saturday's Scientific Program.*

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