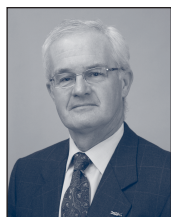


NEWSLETTER

www.NSAUA.org

Spring 2008

From the President



James W. L.
Wilson, M.D.

On behalf of the Northeastern Section of the American Urological Association (NS-AUA), I am happy to invite you and your colleagues to join us this September at the 60th Annual Meeting of the NS-AUA, to be held at the Hyatt Regency Tamaya Resort and Spa in Santa Ana Pueblo, NM, located 30 minutes north of Albuquerque.

The format for this year's meeting will be somewhat different from previous years, with the vast majority of submitted abstracts being presented at moderated poster sessions. Rob Siemens, M.D., chair of the Scientific Program Committee, has organized an excellent scientific program that will include state-of-the-art lectures, podium and poster presentations, and point/counterpoint and panel discussions. The program will feature several renowned experts speaking on a variety of urologic topics, and the daily format will allow ample time for relaxing at the resort and enjoying our planned social events.

Please remember that we have a program that reimburses urology programs up to \$2,000 to support attendance by residents from the Section. This year's meeting will be particularly valuable for residents, as the moderated poster session format permits closer interactions between presenters and attendees.

The meeting will start sharply at 8:00 a.m. on Thursday, September 18, 2008, so those traveling from eastern North America will need to arrive on **Wednesday, September 17** in order to take advantage of the activities. The meeting will conclude with the banquet on Saturday evening, September 20, so that attendees may return home on Sunday, September 21.

Meeting highlights can be found on page 10. To register or view up-to-date program and housing information, please visit our new Web site, www.NSAUA.org. See you in New Mexico! ■

James W.L. Wilson, M.D.
NS-AUA President

Highlights from the March 2008 Board of Directors Meeting

Finance/Investments

The auditing firm of McGladrey & Pullen, LLC, audited the consolidated statements of the financial position of the Northeastern Section and the Northeastern Section Foundation as of December 31, 2007, and the related consolidated statements of activities and cash flows. McGladrey conducted its audit in accordance with generally accepted accounting principles and standards and provided an unqualified opinion that the 2007 financial statements present fairly, in all material respects, the financial position of the Northeastern Section and its Foundation. The Board approved the report.

The Combined Statement of Financial Position for the 12-month period ending December 31, 2007 reflects total assets of \$2,305,204, with net assets (equity) of \$2,234,634. Year-to-date revenue is \$626,418 and total expenses \$471,256, together resulting in a surplus from operations of \$155,162.

Ms. Dorothy Boyer, the Section's Merrill Lynch investment advisor, reported that, for calendar year 2007, the Section's combined investment return was 7.67 percent. This compares to Standard & Poor's 5.49 percent return and a Bond Index of just over 4 percent for the year.

2007-2008 Board of Directors

Officers

President

James W. L. Wilson, M.D.
Kingston, Ontario

President-elect

Anne-Marie Houle, M.D.
Montreal, Quebec

Past President

Barry A. Kogan, M.D.
Albany, New York

Secretary

Edward M. Messing, M.D.
Rochester, New York

Treasurer

Hassan Razvi, M.D.
London, Ontario

Historian

Jack Sales, M.D.
Grand Bend, Ontario

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Syracuse, New York

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Ronald L. Hrebinko, M.D.
Pittsburgh, Pennsylvania

At-large

James L. Mohler, M.D.
Buffalo, New York

At-large

Gerald B. Brock, M.D.
London, Ontario

AUA Board of Directors

Datta G. Wagle, M.D.
Williamsville, New York

Newsletter Staff

Editor in Chief:

Edward M. Messing, M.D.

Copy Editors:

Wendy Isett
Rob Robinson

Board Highlights (Continued)

New Web Site

The Board approved the rollout of the Section's new Web site, www.NSAUA.org. The site will improve Section branding and searchability on major search engines, as well as provide Section members with a better-organized presentation of Section information. The Board wants to expand information on the site about the Section's 15 urology training programs, and work more closely with program directors to share events and other information on line.

Member Needs Assessment Survey

The Board reviewed data from the Section membership survey conducted in January and February 2008. The study had a number of objectives, including to:

- determine value of NS-AUA membership benefits
- assess value of NS-AUA membership dues
- evaluate attendance patterns of NS-AUA Annual Meeting
- evaluate continuing medical education (CME) courses
- develop a demographic profile

The survey e-mailed to 774 members with valid e-mail addresses and mailed to others. The survey consisted of 30 closed-ended questions and one open-ended question and took approximately 10 minutes to complete. A total of 103 surveys were completed for a response rate of 13 percent, a generally acceptable rate of return for this type of survey. Results can be found on page 11.

Nominating Committee

Barry Kogan, M.D., presented the report of the Nominating Committee, which included the names of three candidates running for the position of AUA President for 2010-2011. The chosen candidate will assume the position of AUA President-elect in 2009. The three candidates are Ronald Rabinowitz, M.D., Gerald Sufrin, M.D., and Datta G. Wagle, M.D. Each candidate was asked to provide responses to a series of questions; these responses can be found on pages 3-9. A ballot will be mailed in June and July to all voting members.

AUA Leadership Program Update

The Directors approved D. Robert Siemens, M.D. (Kingston, ON), and Jean Joseph, M.D. (Rochester, NY), as the NS-AUA participants in the AUA's 2008-2009 Leadership Program.

Involving Young Urologists

The AUA Section Secretaries/Membership Council continues to discuss ways to further engage residents and young urologists to get involved at both the Section and national levels of the AUA. The composition of the Board of Directors was also discussed, and it was agreed that two additional positions should be added. These positions will be filled by two young urologists (one to 10 years out of residency training); one from the United States and one from Canada. This Board action will ultimately require a change in Section bylaws. More information about this bylaw change will be communicated to members later this year.

Research

The Board approved the Section Scholar proposal from the AUA Foundation, which calls for each of the AUA's eight Sections to participate in jointly funding, in perpetuity, an annual Section Research Scholar. The Section's one-time contribution of \$125,000 toward the \$750,000 needed to endow a Research Scholarship will be matched by an AUA contribution of \$625,000. This funding will enable our Section to fund a scholar during the 2009-2010 grant cycle (currently a \$30,000 grant). The Board stipulated that if a scholar is a NS-AUA member, he or she will be allowed to conduct research inside or outside of the Section, and, if not a member, research must be done inside the Section.

IVUmed Traveling Resident Scholar Program

The Board agreed to support the IVUmed Traveling Resident Scholar Program. This program gives Section residents the opportunity to travel with Board-certified urologists (often well-seasoned mentors) and experience practicing urology in a developing world setting. American or Canadian residents work in partner hospitals abroad to exchange ideas with their hosts and perform procedures, some of which are no longer common in the United States. The Board agreed that participating residents should be required to submit a short written report for the Section newsletter or Web site and report in person at an appropriate venue during the Section Annual Meeting. ■

Web Site Announcement



The NS-AUA is excited to announce its all-new Web site. You will notice not only a new Web address, but also a new design and enhanced features. Our mission is to make this site the hub for Section education, information and news. Please take a moment

to visit the new site at www.NSAUA.org. Visit often as we continue to enhance the content.

We welcome your feedback, so please let us know what you think of the new Web site. E-mail comments to NSAUA@AUA.org.

AUA President-elect Candidate Questions

The NS-AUA is proud to announce its three candidates for 2010-2011 AUA President. Below are each candidate's responses to

questions posed by the Section Secretary, Edward Messing, M.D., and the Nominating Committee.



Ronald Rabinowitz, M.D.

Professor of Urology and Pediatrics
University of Rochester Medical Center
Rochester, NY

Contributions to the NS-AUA

President	1995-1996
President-elect	1994-1995
Past President	1996-1997
Secretary	1987-1992
Executive Committee/ Board of Directors	1980 1982-1985 1987-1997 2001-2007
Scientific Program Committee	1976-1977 1979-1980 1992-1993 1980-1993 1989-1992
Editorial Committee	
Section Editor, <i>AUA Today</i>	
Section Associate Editor, <i>AUA Today, AUA News</i>	1993-1997
Chair, Bylaws Committee	1987-1992
Member, Bylaws Committee	1987-1994
Professional Relations Committee	1980-1982
Chair, Candidate Evaluation Committee	1981-1982
Chair, Arrangements Committee	1984-1985 2006-2007
Member, Arrangements Committee	1984-1985 1995-1996 1999-2000 2006-2007
Chair, Nominating Committee	1996-1997
Member, Nominating Committee	1996-1999
Chair, Prize Essay Committee	1996-1997
Member, Prize Essay Committee	1994-1997
Chair, George Slotkin Lecture Committee	1995-1996
Member, George Slotkin Lecture Committee	1994-1997
Chair, Awards Committee	1996-1997
Member, Awards Committee	1995-1997
Meetings Attended: (missed two Annual Meetings)	1974-2007
Papers Presented: (list available upon request)	63
Sessions Moderated: (list available upon request)	14

Contributions to the National AUA

Section Representative, Board of Directors	2001-2005
Scientific Program Committee	1988-1991 1993-1995
Co-chair, Pediatric Scientific Program	1989-1990

Publications Committee	1993-1998
Vice-chair	1996-1997
Chair	1997-1998
Section Secretaries Committee	1987-1992
Bylaws Committee	1987-1992
Nominating Committee	2000-2003
Auditor, Pediatric Urology Fellowship Match	2005-2007
Auditor, Andrology, Fellowship Match	2007-2008
Research and Education Committee	1979-1984
Review and Long Range Planning Committee Think Tank	1979-1985
Ad Hoc Committees:	
History	2001
AFUD/AUA Development/Fundraising	2002-2003
Review Board Honoraria	2002-2005
Nomination and Election of Officers	2003
Honoraria Reporting	2003-2005
AUA/AACU Relationship	2004-2005
AUA Residency Match	2005
Reviewer, AUA Practice Guidelines	2002-2004
Scientific Prize Essay Committee	1986-1987
Representative, AUA National Advocacy Conference	2005
Representative, American Board of Urology Written Examination Committee	2004
Representative, AUA Physician Payment and Review Commission Survey of Visits and Consultations	1989
Annual Meetings Attended: (missed two Annual Meetings)	1976-2007
Papers Presented: (list available upon request)	16
Sessions Moderated: (list available upon request)	7

Contributions to Other Medical Organizations

American Academy of Pediatrics Section on Urology	
Chair	1999-2000
Chair-elect	1998-1999
Executive Committee	1986-1989 1998-2001 2002-present
Ex-officio Member	
Pediatric Urology Executive Coordinating Council	1998-2001
Pediatric Urology Long-Range Planning Committee	2000
Chair, Scientific Program Committee	1985-1986
Committee Member	1981-1982 1985-1989 1999-2000

<i>Pediatric Urology</i> Editorial Committee	1988-1990 2000-2006
Chair, Pediatric Publications Committee	1986-1988
Chair, Development Committee (Revenue raised to date: \$400,000)	1999-present
Chair, Nominating Committee	1994-1995 2000-2001
Chair, Pediatric Urology Medal Committee	2000-2001
Member	1991-1992 1998-2001
Testis Torsion, Varicocele and Cryptorchidism Committee	1984-1988
Annual Meetings Attended: (missed one Annual Meeting)	1978-2007
Papers Presented: (list available upon request)	15
Sessions Moderated: (list available upon request)	7

Other AUA Sections, Canadian Urological Association, Society for Pediatric Urology, American Pediatric Surgical Association, American College of Surgeons, European Society for Pediatric Urology

Papers Presented: (list available upon request)	48
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American Board of Urology

Written Examination Committee	1989-1993
Chair, Pediatric Task Force, Written Examination Committee	1992-1993
Guest Examiner, Oral Examination	1993-1996 2007

Rochester Academy of Medicine

President	1999-2000
President-elect	1998-1999
Past President	2000-2001
Secretary	1993-1995
Trustee	1986-1992
Development Committee	1997-2001
Finance Committee	1998-2000
Awards Committee Chair	2000-2007
Awards Committee Member	1998-2007
Centennial Committee	1998-2000
Social Events Committee	1998-2000

University of Rochester

Professor of Urology	
Professor of Pediatrics	
Associate Chair, Department of Urology	
Chief, Division of Pediatric Urology	

Medical Faculty Council:	1987-1994	Fetal Therapy Committee	1984-2000	National Kidney Foundation of Upstate New York	
Chair	1992-1993	Promotions Committee, Department of Urology	1987-present	Medical Advisory Board	1984-1994
Chair-elect	1991-1992				
Secretary	1990-1991	Chair, Ambulatory Surgical Center Professional Advisory Committee	1988-1993	Reviewer for Professional Journals (Past and Present)	
Steering Committee Member	1989-1994	Department of Pediatrics, Chair, Search Committee	2004-2005	<i>The Journal of Urology</i> [®]	
				<i>Urology</i>	
Medical Faculty Group:				<i>The American Journal of Diseases of Children</i>	
Department Representative	1991-1993			<i>Pediatrics</i>	
At-large Board Member	1993-1999			<i>Pediatrics in Review</i>	
				<i>Journal of the American College of Surgeons</i>	
Medical School Advisory Committee Steering Committee	2003-2006			<i>Southern Medical Journal</i>	
				<i>Journal of Pediatric Urology</i>	
Strong Memorial Hospital		Rochester General Hospital			
Surgery Program Planning Committee	1982-1983	Director of Urologic Training	1976-2000		
		Human Investigation Committee	1977-1984		
Pediatric Program Planning Committee	1982-1983	Radiation Therapy and Nuclear Medicine Review Committee	1978		
		Chief of Urology	1980-2000		
		Chief of Pediatric Urology	1980-present		
		Ambulatory Surgery Committee	1984-1999, 2008		
		Surgical Executive Committee	1987-present		

1. Ideas on general challenges facing AUA and NS-AUA

How do we get young people to participate in organized urology?

The AUA and our NS-AUA are both doing an excellent job representing organized urology. Section newsletters, the AUA *Daily Scope*, AUA JobFinder and other rapid Web-based communications have greatly benefited our members. The AUA must remain vigilant in anticipation of possible physician shortages and supportive of other significant issues, including malpractice reform, reimbursement and universal healthcare. In the upcoming years, we must assure a secure environment in which urologists care for patients with genitourinary illnesses. Continuing education, based on investigational and clinical research and practice, will assure that urologists remain the specialists whose skill and knowledge permits us to maintain control of the management of genitourinary diseases.

In the AUA, those in leadership positions rose through the ranks during their urologic careers, bringing great experience to our membership. They generally have a track record of longstanding participation in Section and National committees. My own early involvement with the Section was the impetus to become an active participant. As a resident in Pittsburgh, urologists in private practice encouraged me to review results of surgical procedures, present at our Section meetings and publish. This encouragement continued during my fellowship in Toronto. When I first joined the faculty of the University of Rochester in 1976, I was invited to be a member of the Section Scientific Program Committee. This early and continued encouragement was instrumental in initiating my membership and participation in our Section, the Canadian Urological Association (CUA) and the AUA. We have made significant advances, through resident memberships and participation in our meetings, to offer an initial exposure. We must do more. Young urologists should be included in organizational committees. Mentors, department chairs, residency directors and senior group practice members should encourage and recommend their younger colleagues for committee participation. In addition to inclusion of members from various Sections, representation on committees should also include younger urologists in both academic and private practice positions and with diverse areas of expertise. In order to encourage early involvement by members, a certain number of committee positions might best be reserved for younger members of our academic and private practice sectors.

Should the AUA take a more activist proprietary stance for protecting turf issues (like radiology has) with legislative and regulatory agencies?

A priority of the AUA is to remain active in lobbying on behalf of the membership for protection against encroachment by non-urologic practitioners. Through standardization of our core residency training and aggressive continuing education efforts, the urologist will remain the preeminent specialist in the care of urologic conditions. In addition to improving resident training, we must continue to lead in innovation and accreditation. Our continuing education office must assure that all urologists have access to the same high level of teaching obtained in residency. In specific areas such as use of technology, urologists must remain the source of expertise and innovation. For example, although a radiologist or radiological technician may perform an ultrasound examination, urologists not only perform the study, but also have the expertise and obligation to act upon the information obtained. While the AUA needs to be aggressive in responding to challenges, we should not be predatory or antagonistic regarding turf issues. We must continue to take the moral high ground and demonstrate that urologists work for the best interests of our patients with the highest skill and compassion.

Describe what the AUA should do to stimulate research in urologic diseases, including training, expanding grant support, and making the physician-scientist career path a feasible and attractive one (particularly when there is an enormous pressure to “produce” clinically in the current economic environment).

The members of the AUA must remain the most knowledgeable in the management of urologic diseases. This entails continued excellence in research, innovation and education. Both university academicians and private practitioners should be involved in research. This includes basic, molecular, translational, technological and clinical research. Support should come from universities, industry, grants, private donors and the AUA. Competitive AUA- and Section-sponsored research grants to junior faculty can jumpstart academic careers. Academicians and private practitioners should both benefit from this support and gain from this knowledge through continuing medical education provided by the AUA.

What are threats and opportunities regarding AUA's image and leadership in international urology?

The AUA meetings, publications and courses are of the highest caliber and continue to attract international urologists to present

and publish their clinical and research advances. Economic realities may progressively hinder international travel and threaten to limit our mutual exposure to the most current urologic developments. The AUA must seek to provide funding sources in the form of grants and fellowships in order to maintain this educational exchange. In this fashion, the AUA will remain the premier urologic organization worldwide.

2. Why are you the best person for the job of AUA President?

I am highly qualified to be president of the American Urological Association. My contributions to the NS-AUA, the AUA, the American Academy of Pediatrics and other medical organizations demonstrate my extensive executive and Board of Directors experience. I have also had significant leadership experience in a large university medical center and a large community private hospital. I am an academician with a busy clinical practice and have authored or co-authored more than 170 publications. I have worked diligently, often behind the scenes, in support of our

Section, the AUA and pediatric urology. I have extensive administrative experience at the local, regional and national levels. I am well organized, practical, efficient and, most importantly, a good listener. I act for the betterment of the organization rather than self-interest and self-aggrandizement. I have been an active participant or attendee in almost every NS-AUA, national AUA and American Academy of Pediatrics Section on Urology meeting for more than 30 years. I am highly motivated and have chaired numerous Section and National committees, including scientific, arrangement, publications and development. I am highly respected for my fairness and work ethic. I have an excellent working relationship with my colleagues. I have been a role model and teacher for many students and residents who have become productive urologists and leaders in our specialty and organization. Lastly, and perhaps most importantly, I have Sally, my wonderful and supportive wife, who actively attends Section and National meetings, and would continue to be an asset in my role as AUA president and ambassador for urology. ■



Gerald Sufrin, M.D.

Professor and Chair, Department of Urology
School of Medicine and Biomedical Sciences
State University of New York at Buffalo
Director of Urology
Buffalo General Hospital, Buffalo, NY

Contributions to the NS-AUA

NS-AUA Representative to AUA Ad-hoc Committee to Study Lithotripsy	1984-1985
NS-AUA Representative to AUA Research Committee	1984-1988
NS-AUA Representative to AUA Editorial Board, <i>The Journal of Urology</i> [®]	1993-1995
Member, Board of Directors NS-AUA	1985-1987

Contributions to the National AUA

Member

Technical Exhibits Committee	1983-1986
Program Committee	1985-1999
Public Media Committee	1989-1994
Strategic Planning Committee	1989-2005
Work Force Committee	1993-1994
Prize Essay Committee	1994-1998

Chair

Educational Council	1985-1994
Prize Essay Committee	1988-1989
Search Committee for Director of Office Education	1992-1993

European Urological Association – AUA International	1993-1999
Academic Fellowship Committee Special Committee to Study Urology Efforts at NIH	1995-1998
Urology Research Funding Committee	1995-1998
Research Committee	1995-1999
New Headquarters Building Committee	2001-2003

Treasurer

American Urological Association	2001-2005
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Contributions to Other Medical Organizations

Member

Research Fellowship and Grants Committee, National Kidney Foundation	1979-1983
National Cancer Institute, Site Visitor	1979-1986
Surgery, Anesthesia and Trauma Study Section, NIH	1983-1987
Small Business Innovative Research Program, NIH	1983-1987
Intersociety Council for Research of Kidney and Urinary Tract	1989-1999
Residency Review Committee for Urology, Site Visitor	1990-1996
American Board of Urology, Oral Examiner	1991-present
Benign Prostatic Hyperplasia Study Advisory Board, NIH	1993

Special Grants Review Committee, Sub-committee D	1994-1998
National Institute of Diabetes and Digestive and Kidney Disease (NIDDK), NIH SPORC for Research in Prostate Cancer, Study Section, NIH	1995
Collaborative Recruitment Center for African-American Hereditary Prostate Cancer Network, Study Section NIH	1997
George M. O'Brien Kidney and Urology Research Center Program Study Section, NIH	1996
Ad-hoc Prostate Cancer Research Program Study Section	1998
Detection and Diagnosis, Department of Defense Grant Review Committee NY Council on Graduate Medical Education	2002-2006
Prostate Cancer Research Panel, Endocrinology Study Section	2004
Endocrinology Study Section, Prostate Cancer Research Program, Review Panel Department of Defense	2006

Chair

Program Committee, Society of Urologic Oncology	1990
Ad-hoc Study Section for George M. O'Brien Urology Research Centers Program, NIH	1992

1. Ideas on general challenges facing AUA and NS-AUA

How do we get young people to participate in organized urology?

Upon completing formal training, young urologists entering either private or academic practice face substantial personal, financial and professional challenges. New strategies are required if organized urology is to secure the participation of these individuals. Efforts should begin at the resident level where the value, importance and satisfaction of contributing to Sectional or National urologic efforts are explained and opportunities outlined. In addition, it is essential that the process whereby young practicing urologists can become actively engaged in organizational matters be disseminated, and for those expressing interest that they be formally encouraged and opportunities provided. Particular attention might also be directed to those urologists possessing unique skills, such as those who have earned an M.B.A. or M.P.H. degree, since it can be predicted that such individuals might already have a heightened interest in organizational matters.

Should the AUA take a more activist proprietary stance for protecting turf issues (like radiology has) with legislative and regulatory agencies?

To prevent intrusion of other specialties into urological domains, the AUA must maintain an active, ongoing dialogue with legislative and regulatory bodies. These efforts must be based on the premise that urologists are the most capable physicians to provide the highest quality care for disorders of the genitourinary system. Accordingly, urologists must continue to have access to training in all urological areas, particularly those that may be targets of acquisitive specialties (e.g., radiology). Residency training, for example, should emphasize competency in diagnostic and interventional imaging, one area currently under attack by radiologists, and the AUA should reinforce and expand its educational programs for practicing urologists in these and other areas. Attempts at influencing the regulatory process by advocacy in the absence of demonstrable technical competence and excellence will likely be ineffective. In addition, it can be anticipated that, in the future, other specialties may also seek to invade urologic domains, and the AUA must continue to serve as a vigilant advocate for urologists, utilizing all appropriate administrative, regulatory and legislative channels.

Describe what the AUA should do to stimulate research in urologic diseases, including training, expanding grant support, and making the physician-scientist career path a feasible and attractive one (particularly when there is an enormous pressure to “produce” clinically in the current economic environment).

Stimulation of research in urologic diseases by the AUA should be based on a strategic organizational plan, aimed at enhancing the AUA's research mission and defining “urologic research” in the broadest terms possible. This definition should at least encompass basic laboratory research, translational research, clinical research, urologic outcomes research and research in healthcare delivery, and be sufficiently flexible to identify and incorporate new areas as the discipline expands. An ongoing commitment to urologic research is necessary to ensure the continuation of cutting-edge research, to increase urological investigation among urologists and to attract investigators from traditionally non-urologic disciplines. The AUA should also increase its participation and visibility in resident education, but most importantly must maintain

its pre-eminence in providing education to its members. The AUA is the only “national” or even “international” organization with sufficient organizational capabilities and resources to successfully accomplish these initiatives, and therefore, should aggressively pursue this agenda.

Increasing urologic grant support remains a challenge, particularly since the uncertainties of federal and other governmental support makes these unreliable partners upon which to base strategic planning. Consequently, the AUA should expand its support in the research domains outlined previously in order to enable young investigators to mature until such time that they are capable of successfully competing for limited highly competitive funding. Efforts should also be made by the AUA Foundation to identify and cultivate new and previously unexplored sources of funding. In addition to basic and translational research, amplification of support for clinical research, outcomes research, and healthcare delivery research, will likely lead to efficiencies and novel paradigms for the delivery of urologic care, which are areas of great interest to corporations, foundations and policymakers.

While the physician/investigator career path has many inherent attractions, the challenges facing individuals seeking to pursue this path are daunting. Young urologists, in general, face burdensome loans, ongoing expenses and declining reimbursement. In particular, it is important for those contemplating a physician/investigator career that they not become economically disadvantaged. The AUA, therefore, must expand its efforts in identifying funds to allow motivated physicians to develop this career path. These efforts, for example, might include identifying new support from private, corporate and philanthropic entities.

What are threats and opportunities regarding AUA's image and leadership in international urology?

The major threats to the AUA's image and leadership in international urology are, in a real sense, an outgrowth of the AUA's success. These challenges include those generated by other organizations who now seek to establish their own identity and primacy. Another potential threat is that, as the AUA continues to broaden its scope, its ability to respond to the needs of its members may diminish. It is therefore essential that the AUA ensure its capacity to respond to the evolving needs of its members.

Opportunities to enhance the image of the AUA and its leadership in international urology exist on multiple levels. The AUA should expand its outreach efforts to countries such as China and India through collaborations and through scientific, clinical and educational exchange. The AUA should maintain its efforts in Europe while at the same time developing initiatives in countries and organizations that, in the past, may have lacked the opportunity to partner with AUA, and could include facilitating attendance at AUA meetings and participation in educational programs.

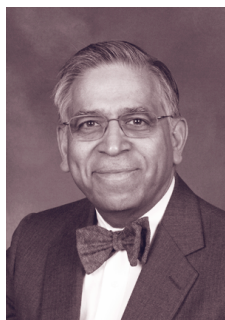
2. Why are you the best person for the job of AUA President?

The AUA has evolved into a complex integrated organization, with total assets of more than \$100 million, and an annual budget of approximately \$30 million. The influence of the AUA continues to expand, as it integrates new roles that complement its current missions of advancing urologic education, research, clinical care, health policy and advocacy. The president of the AUA, therefore, requires extensive knowledge of the Association's goals and of its affairs, organization, operations and culture.

I believe that I am uniquely qualified to serve as AUA president in view of my previous and extensive service to the AUA and

the comprehensive knowledge that I acquired as a participant and, particularly, as a leader in those areas of the AUA that deal with its core missions. In particular, I call attention to my service as chair of the Education Council, chair of the Research Committee, NS-AUA Representative to the AUA Board of Directors and treasurer of the AUA, in addition to the multiple other responsibilities outlined above in the sections dealing with my contributions. These positions have provided me with an exceptionally broad-based understanding of the AUA and a strategic knowledge of the

organization and of its operations. Indeed, the experience, which I acquired through the leadership positions that I have held, encompass the fundamental goals of the AUA and will allow me, as president, to advance the Association's development in all dimensions, and to effectively represent, and be responsive, to the diversity of interests and priorities of all AUA members. ■



Datta G. Wagle, M.D.

Main Urology Associates
Williamsville, NY

Contributions to the NS-AUA

President	2001-2002
Distinguished Service Award (One of only eight NS-AUA urologists so honored since 1948)	1999
Development Committee Chair	1992-present 1995-present
Chair, Socioeconomic Committee (protected urology as one of only three specialties which have experienced no loss in reimbursements)	1995-present
Moderator, Socioeconomic Panel at NS-AUA Annual Meeting	1995-present
Board of Directors	1995-1998 and 2000-2003
Nominating Committee	1993-1995 and 2002-2005
Chair	2002
Elected representative to AUA Board of Directors; regular presentation of AUA BOD report	2005-present

- led NS-AUA from the verge of bankruptcy in 1989 to fiscal stability to date; with a \$500,000 reserve, the NS-AUA unveiled the first Research Foundation of any Section in the history of AUA in Toronto at its 50th Anniversary
- authored more than 106 papers on uroconomics and urologic oncology
- raised \$30,000 every year for 10 years to subsidize two senior residents from each of the NS-AUA's 15 university programs (nine Canadian, six American) to attend the Annual Meeting and present their research work
- had 12 years of experience in socioeconomics at all levels; successful interaction with members of congress and senators, Medicare, medical directors and private insurers
- committed to keeping members informed about regulatory, reimbursement and quality care issues
- advocated staunchly for Canadian colleagues in the AUA

Contributions to the National AUA

Board of Directors representing NS-AUA	2005-2009
Chair, Compensation Committee	2007-2009
Member, Compensation Committee	2005-present
Health Policy Committee	1994-present
Board of Directors, AUA Foundation	2005-2009
Board of Directors	2005-2009
Practice Guidelines Committee	1994-2004
Peer Review Committee	1994-present
(enhanced quality of care nationally and internationally and in the eyes of government and the public; kept membership informed, involved and invested)	
Industry Relations Committee	2005-present
Carrier Advisory Committee	1995-present

Contributions to Other Medical Organizations

Political Action Committee of Urology (UROPAC) for AUA/AACU	
Chair	2005-2008 (first term)
Treasurer	2002-2005
Member	1993-present
American Association of Clinical Urologists (AACU)	
President	1999-2000
Chair, Legislative Committee	1995-2005
Board of Directors	1992-present
Historian	2002-2005
(contributed to formation of annual Joint Advocacy Conference (AUA and AACU) for young urologists to get involved in the governmental, regulatory and reimbursement issues involved in urology)	
Canadian Urological Association	1992-present
Senior Member	2005-present

American Medical Association	1968-present
Fellow, American College of Surgeons (FACS)	1972-present
Fellow, Federation of State Medical Boards	2000-present
Co-investigator, Center for Urologic Research of Western NY Phase Three	
Evaluation of Pharmaceuticals	1998-present
SUNY Buffalo School of Medicine	1976-present
Clinical Assistant, Professor of Urology New York College of Osteopathic Medicine and New York Institute of Technology Adjunct Clinical Associate Professor of Surgery	2000-present
New York State Urological Society	
Board Member	1981-present
President	1990-1992
Socioeconomic Chair	1995-Present
Secretary/Treasurer	1986-1988
New York State Office of Professional Medical Conduct	1990-present
New York State Administrative Review Board for Public Safety	2003-present
New York State Carrier Advisory Committee Urology Representative	1995-present
New York State Medical Society	
House of Delegates Urology Representative	1990-present
Urological Society of India (USI)	2000
Dr. G. M. Phadke Memorial Oration Award (USI's highest honor in the nation)	
Honorary Life Member	2000
Asian-American Physicians Association (national) Distinguished Service Award	2000
Erie County Medical Society	1968-present
President	1999-2000
Vice President	1997-1998
Secretary/Treasurer	1996-1997
Buffalo Urological Society	1968-present
President	1981-1982

1. Ideas on general challenges facing AUA and NS-AUA

How do we get young people to participate in organized urology?

Young urologists will participate in an organization that meets their needs: state-of-the-art presentations on topics and procedures one can use in practice, research scholarships, role models, leadership training and on-line access to information. The AUA Leadership Program trains two young members from each Section to become leaders in governance, health policy and advocacy issues that form the business of medicine, which affects our research and clinical potential. Graduates have become participants in their respective AUA Sections' governance, and have served on AUA committees.

In addition, the NS-AUA recently created two positions on our Board for young urologists, one from the United States and one from Canada, as voting members who will learn to be Section leaders first hand.

As Chair of the NS-AUA Development Committee, I have raised 90 percent of \$3.2 million and an additional \$1.6 million for the Section's Foundation (Research and Education), which has awarded 20 scholarships to our best young urologists.

Should the AUA take a more activist proprietary stance for protecting turf issues (like radiology has) with legislative and regulatory agencies?

I strongly believe the AUA should take a more proactive proprietary stance with legislative and regulatory agencies. The AUA should identify issues unique to urology, analyze their potential impact and formulate a specific targeted response. To be proactive, the AUA should take the following steps:

1. *Prevention of harm* – Any urology agenda must be conducted by AUA staff, in concert with members.
2. *Promotion of urologic interest* – This can be done only by frequent interaction on Capitol Hill through contacts with legislators on a regular basis to make them conversant in urologic issues.

The AUA's legislative agenda is derived from overt actions by Congress and government agencies that affect the practice of medicine and analysis of those actions for their impact on urology. We gather intelligence from key legislators and proactively promote policies of benefit to our members. The AUA's top legislative priorities to date, with the exception of the Training and Research in Urology (TRU) Act, have been reactive: imaging, medical liability reform, pay-for-performance and reform of the sustainable growth rate (SGR) for Medicare reimbursements.

To craft a legislative plan, we highlight what is distinctive to urology across the spectrum of primary care and other surgical specialties. Our plan informs the way we structure coalitions and develop strategies that will further our interests. Two areas that require attention are immediate threats to urology and opportunities to expand our influence in a positive way, including:

- a) threats to in-office imaging at all insurer levels
- b) attacks by pathologists at the American Medical Association (AMA) and state level with accusations of Stark violations such as urology specialty "pod" labs
- c) sudden terminations of payment for common procedures
- d) scrutiny by MedPAC, a commission that advises Congress on Medicare payments

e) competition from closely related specialties: ob-gyn, geriatrics, radiology and oncology

It is critical for the AUA to develop a program to certify urologists to conduct imaging and to be assured that the American Board of Urology (ABU) will continue to incorporate urologic imaging into the initial and continuing Board Certification of urologists. This will enable the AUA to develop standards for urologists to meet the growing requirements of insurers.

Opportunities for urology – The AUA Foundation and key external partners, such as the Congressional Black Caucus, can solidify the connection between urology, prostate health and early detection and treatment of prostate cancer. Joining research efforts at the National Institutes of Diabetes & Digestive & Kidney Diseases (NIDDK) at the National Institutes of Health (NIH) and other federal agencies will help us become a more influential specialty on the Hill. The goal should be to raise urology's profile in the healthcare arena at all government levels.

Support UROPAC – Contributions to candidates who support urology's positions is essential to political influence upon legislators who support bills on urologic issues. In the past two election cycles, I have raised \$1 million for UROPAC and am on track to do it again.

Describe what the AUA should do to stimulate research in urologic diseases, including training, expanding grant support, and making the physician-scientist career path a feasible and attractive one (particularly when there is an enormous pressure to "produce" clinically in the current economic environment).

In addition to the NS-AUA's two annual scholarships, the NS-AUA has contributed \$125,000 to the AUA Foundation to secure a third research scholarship (NS-AUA Foundation scholar) in perpetuity for our Section.

Additional established NS-AUA surgeon-scientists should apply for K-award grants from the NIH; the AUA has established a financial award to bridge the income gap for K-award holders, who can serve as preceptors for young urologists interested in research.

Also, this is an opportune time for the AUA to join with NIDDK/NIH research in urology. The new AUA Research Director's charge will be to collaborate with various stakeholders to develop a national urologic research agenda that influences federal policy and funding, nurtures young investigators and guides our interactions with NIH and other institutions.

To stimulate research in urologic diseases, the AUA should:

- a. create the international research teams of the future and develop new programs
- b. develop a national urologic research plan
- c. identify and implement strategic urologic research investments

What are threats and opportunities regarding AUA's image and leadership in international urology?

In the global urologic community, the AUA must maintain and enhance its position as the leading international urological association. The altruistic motive of sharing knowledge, technology and AUA's best clinical practices and research to urologists outside the United States is indeed worthy, but other organizations are competing with the AUA, particularly the European Association of Urology and the American Society of Clinical Oncology. Worldwide, urologists seek an organization that provides guidance and fulfillment of their educational needs at an affordable price, on the Internet and in an accessible language.

The AUA's Section structure includes Canada and Central America. The greatest long-term benefits will come from collaborations in Asia, South America and India.

The AUA must capitalize on its position by expanding translation and international marketing of its educational products, particularly on the Internet. A long-term benefit is the Urological Society of India's proposed AUA partnership to develop a "bridge to education" in India, where urology is growing exponentially. Key collaborations include formalizing AUA's exchange program with Brazil's urologists and completing a joint policy statement with the Japanese Urological Association.

2. Why are you the best person for the job of AUA President?

As a research-oriented, practicing urologist, I have dedicated my career to serving urology and urologists. I have administrative expertise from the grassroots to the international level and the diplomatic inter-organizational contacts needed to represent the AUA as the face of North American urology to the world. Thank you for your support. ■

Research and Education Fund

Thank you to the NS-AUA members and corporate supporters for their generosity in supporting the Research and Education Fund since its inception in 1995. The Fund enables the Section to provide valuable resources to urologists, including the Young Investigator Research Awards and the Urology Residents Travel Grants Programs. The Fund continues to grow with donations from the following corporations and the membership of the Section. To find out more information about the Fund and how

you can contribute, contact Drew Shifflet, executive administrator, at 410-689-4025 or by e-mail to NSAUA@AUAnet.org. Through the generosity of our Section members and corporate supporters, the Research and Education Fund continues to grow. We gratefully acknowledge and thank:

Abbott	Cook Urological Incorporated	Novartis Pharmaceuticals Corporation
Abbott – Canada	Eli Lilly and Company	NS-AUA Members
Amgen Inc.	Flarsheim/Mallinckrodt	Ortho-McNeil
Astellas Pharma US Inc.	GlaxoSmithKline	Pfizer Inc.
AstraZeneca Canada Inc.	Gyrus ACMI	Pfizer Canada
AstraZeneca Pharmaceuticals LP	Healthtronics, Inc.	Praecis Pharmaceuticals Incorporated
Bayer Healthcare Pharmaceuticals	Indevus Pharmaceuticals, Inc.	Procter & Gamble Pharmaceuticals
Boehringer Ingelheim – Canada	Janssen-Ortho Inc.	sanofi-aventis Group
Boehringer Ingelheim Pharmaceuticals, Inc.	Karl Storz Endoscopy – America, Inc.	Schering Oncology/Biotech
Boston Scientific	Karl Storz Endoscopy Canada Ltd.	Tap Pharmaceutical Inc.
Bristol-Meyers Squibb	Lilly ICOS LLC	
CR Bard	Merck US Human Health	
Cook (Canada) Inc.	Merck Frosst Canada Ltd.	
	Novartis Oncology	

Contribute to the NS-AUA Research and Education Fund!

The Research and Education Fund was initiated in 1995 by Searle Canada and Searle USA. The purpose of this Fund is to assure the membership of the NS-AUA continuing excellence in research and educational activity within our Section. With your help, the Section is able to fund the NS-AUA Scholarship Program, which offers up to two \$30,000 scholarships annually as well as provides two \$1,000 stipends, per urology program, to help offset costs

associated with sending residents/fellows to the NS-AUA Annual Meeting. All corporate contributions designated for the NS-AUA Research and Education Fund support the Section's 501(c)(3) Foundation, Tax ID #06-1705712. If you wish to contribute or learn more about this fund, please contact the NS-AUA at 410-689-4025 or NSAUA@AUAnet.org. ■

New Members

Active

Elise J. Billings De, M.D.
Philippe Walsh, M.D.
James E. Ashfield, M.D.
Stephen S. Steele, M.D.
Nicholas A. McFarlane, M.D.

Associate

Sumit Dave, M.D.
Jehonathan H. Pinthus, Ph.D., M.D.
Khurshid A. Guru, M.D.

Transfer Into Section

Ramsay Li-Ping Kuo, M.D.

YOUNG INVESTIGATORS RESEARCH GRANTS

The Section offers grants to young faculty to initiate their research careers. Up to two \$30,000 grants are awarded each year. These tend to be much easier to obtain as a source of initial funding than traditional government grants. Visit www.NSAUA.org for an application and further details. Deadline for submissions is **June 20, 2008**.

60th Annual Meeting Program Highlights

60th Annual NS-AUA Annual Meeting
September 17-21, 2008
Santa Ana Pueblo, NM

Meeting Highlights and Preliminary Schedule*

NEW Format!

This year, the Section has adopted a unique program layout. The abstract-driven portion of the program will focus on two- to three-minute moderated poster sessions. This will be particularly valuable for residents as the moderated poster session format permits closer interactions between presenters and attendees.

Registration and Housing

Registration and housing is now open. Register before August 8, 2008 and save \$100! Visit our new Web site, www.NSAUA.org, for the latest and most up-to-date Annual Meeting information.

Thursday, September 18, 2008

- Industry-sponsored Breakfast Symposium
- Plenary: Prostate Cancer, Benign Prostatic Hyperplasia (BPH) and Erectile Dysfunction (ED)
- State-of-the-Art Lectures
- Moderated Poster Sessions: Prostate Cancer, Pediatrics, Renal and Bladder Cancer and BPH/Genitourinary Inflammation/ED
- Sneak Peek Luncheon in Exhibit Hall

- Welcome Reception
- Networking Reception

Friday, September 19, 2008

- 5k Fun Run/Walk
- Industry-sponsored Breakfast Symposium
- Plenary: Prize-winning Essays, Pediatric Urology and Infertility, Minimally Invasive Surgery (MIS) and Systemic Therapy for Renal Cell Carcinoma (RCC)
- State-of-the-Art Lectures
- Video Session
- Moderated Poster Sessions: MIS and Stones
- Fun Night: Get Your Kicks on Route 66!

Saturday, September 20, 2008

- Industry-sponsored Breakfast Symposium
- Residents Program
- Plenary: Incontinence, Bladder Cancer and Prostate Cancer
- State-of-the-Art Lectures
- Slotkin Lecture
- Tennis Tournament
- Golf Tournament
- President's Banquet

*schedule subject to change

Needs Assessment Survey Results

Key Findings By Age:

Younger Members (under 45 years of age):

- Are significantly less satisfied with the NS-AUA than older members (60 percent for younger members vs. 83 percent for older members)
- Indicate that discounted registration to NS-AUA Annual Meeting is significantly more valuable to them than do middle-aged members (58 percent vs. 35 percent)
- Two-thirds of younger members have attended a NS-AUA Annual Meeting
- Attend the NS-AUA Annual Meeting because of abstracts being accepted (73 percent indicate a primary reason for attending) and networking opportunities (65 percent) and prefer an Annual Meeting location that is a vacation destination (61 percent vs. 28 percent for older members)

Middle-aged Members (45 to 64 years of age):

- Experienced the lowest satisfaction levels with the NS-AUA (only 37 percent indicate they are very satisfied, while 22 percent indicate they are not satisfied)
- Approximately eight out of 10 (83 percent) of middle-aged members have attended a Section Annual Meeting
- Attend the Section Annual Meeting because of location of Annual Meeting being convenient/desirable (76 percent indicate a primary reason for attending) and prefer an Annual Meeting location that is a vacation destination (56 percent vs. 28 percent for older members)

Older Members (65 years or older):

- Are the most satisfied with their NS-AUA membership; approximately eight out of 10 (83 percent) indicate they are very satisfied, while none indicate they are not satisfied
- Indicate that several membership benefits are more valuable to them than did younger and middle-aged members, such as discounted registration to NS-AUA Annual Meeting (62 percent indicate very valuable), networking and interaction with peers (52 percent), a sense of pride/prestige of membership (76 percent), NS-AUA newsletters (67 percent) and Webcasting from the Section Annual Meeting (38 percent)

- Are significantly more likely to perceive amount of NS-AUA membership dues annually to be representative of the value received (71 percent vs. 36 percent younger and 42 percent middle-aged); nearly all have attended a Section Annual Meeting (95 percent)
- Attend the NS-AUA Annual Meeting because location of the Annual Meeting being convenient/desirable (80 percent indicate a primary reason for attending), dates being convenient (60 percent) and the Exhibit Hall (60 percent)
- Are significantly more satisfied than younger and middle-aged members with regard to the NS-AUA Annual Meeting overall quality of education (71 percent vs. 37 percent younger and 29 percent middle-aged)

Communication Efforts Based on Data:

- Preferred methods of receiving information about the NS-AUA Annual Meeting is split between e-mail and brochure mailings. However, younger members (82 percent) are significantly more likely than older members (48 percent) to indicate e-mail as a preferred method, while brochures are the preferred method for older members.
- There is also an opportunity to use the new NS-AUA Web site as a communications vehicle for promoting the Section and also the Annual Meeting. Nearly one out of every five members indicate the Section Web site is a preferred method of receiving information about the Annual Meeting.
- Very few members indicate they value the membership benefit dealing with the Webcasting from the NS-AUA Annual Meeting. The NS-AUA Section should explore the possibility of communicating this benefit to its members in a more direct way so members can become aware of the benefit and be more inclined to use it as a resource, which will in turn increase its membership value.
- Members reported that they wished to see more state-of-the-art lectures, more educational courses and more practice-oriented courses at the NS-AUA Annual Meeting, with reduced time for lectures from within the Section, and fewer socio-economic discussions. ■

Annual Meeting Registration Drawing

As promised, the Section has selected at random a winner from those membership surveys returned. Congratulations to Jerzy Bogdan Gajewski, M.D., from Halifax, NS! Dr. Gajewski will receive a complimentary registration for the upcoming NS-AUA Annual Meeting in New Mexico.

Annual Meeting

the NORTHEASTERN SECTION of the AUA

invites you to attend its 60th Annual Meeting,

September 17-21, 2008 at the

Hyatt Regency Tamaya, Santa Ana Pueblo,

New Mexico. For more information, visit

www.NSAUA.org

New Mexico



September 17-21

2008



The Northeastern
Section of the American
Urological Association

1000 Corporate Boulevard
Linthicum, MD 21090

Address Service Requested