2006 WORLD CONGRESS ON ENDUROLOGY IN CLEVELAND

The 24th World Congress on Endourology and SWL and 22nd Basic Research Symposium was held August 16-20, 2006 at the Intercontinental Hotel and Conference Center, located within the campus of The Cleveland Clinic Foundation, Cleveland, Ohio. The 2006 WCE Meeting focused on minimally invasive oncology, laparoscopic surgery, endourology, female urology, and minimally invasive lower tract surgery, including BPH. Our Jefferson Urology group was well represented by Drs. Demetrius Bagley, Sam Chawla, Paul Gittens, Scott Hubosky, Costas Lallas, David McGinnis, Edouard Trabulsi, Perry Weiner and Brent Yanke. Our TJUH alumni of residents and fellows included: Drs. I. Zeltser, M. Chang, M. Conlin, M. Grasso, M. Fabrizio, M. Erhard, D. Lee and F. Keeley. Also attending were Allyson Berent, DVM and Chick Weisse, DVM, who are collaborators of Dr. Bagley with his studies at the Veterinary Hospital at the University of Pennsylvania.

Dr. Demetrius Bagley was involved in several Educational Courses which included: 1) “Ureteroscopy Session: Developments in Endourology” (Faculty); 2) “Storz Masterclass Workshop: Ureteroscopy- Tricks & Tips” (Faculty); 3) Opening Podium Views “Advanced Endourology: Ureteroscopy; 4) Ureteroscopy & Stone Management: Masters Panel Case Discussions, Question/ Answer Session “Hands on with Ureteroscopic: See and Treat Solutions”

POSTERS

1) Evaluation of Transurethral Microwave Therapy Using the Prolieve Thermodilatation System in Men with Symptomatic Benign Prostatic Hyperplasia. P R Gittens, J Yeoh, P R Weiner

2) Correlation of Balloon Dilatation Pressures with Ureteral Stricture Characteristics. S N. Chawla, J S .Yeoh, P R Gittens, D Sackett, B Lepchuk, D H Bagley

3) The Advancement of Endoluminal Lithotripsy in the Industrial Age. B Yanke and D Bagley

Also, Dr. Scott Hubosky, our newly appointed Urology Attending, presented several research studies that he completed during his residency at Eastern Virginia Medical School / Devine-Tidewater Urology, Norfolk, VA. These presentations are the following:


Prospective, Longitudinal, Comparative Study of Health-Related Quality of Life (QOL) in Patients Undergoing Primary Prostate Cryoablation and Brachytherapy for Prostate Cancer. S G Hubosky, M D Fabrizio, P F Schellhammer, B B Barone, C W Schwab, R W Given.

A special thanks goes to our fellows, residents, and JMC students for their research design and diligent work.

General Colin Powell, keynote speaker exchanges greetings with Dr. Bagley at the World Congress of Endourology.
LETTER FROM THE CHAIRMAN’S DESK

Dear Colleagues,

Thanks to all the members of the Department for another successful year. Our newsletter reflects the recent highlights that we enjoy sharing with everyone. On behalf of Tricia and the boys, we wish you and your families - Happy Holidays and a Prosperous New Year!

Lenny Gomella, MD

CLINICAL TRIAL HIGHLIGHTS

Title: BOTOX® for Neurogenic Bladder
Principal Investigator: Patrick J Shenot, MD
Sponsor: Allergan

In the healthy bladder, when the pressure within the bladder is greater than that within the urethra, urination begins. The sensations of pain and bladder fullness are carried by the afferent fibers to the Central Nervous System, which relay their message from the bladder to the micturition center in the brain, triggering micturition. Overactive bladder is a condition resulting in a disruption to the normal micturition process. It is a syndrome complex characterized by urinary urgency, frequency, and may or may not be accompanied by incontinence. Neurological disease involving the spinal cord can result in incontinence.

Current treatments include clean intermittent self-catheterization (CIC), drug treatments, and surgery. CIC can be associated with infection, which can worsen the problem of incontinence, and in some circumstances lead to renal damage. Common drug therapies to reduce bladder contractility include anticholinergics, antispasmodics, and tricyclic antidepressants. These treatments are associated with a high incidence of side effects including dry mouth, constipation and blurred vision.

Currently, the only options available to patients who do not respond to or discontinue drug therapy are invasive procedures such as implantable devices to chronically stimulate the sacral nerve to help control the bladder or surgical bladder augmentation (surgery that uses part of the intestine to enlarge the bladder). While these procedures may be effective for some patients, they are highly invasive, do not necessarily guarantee continence, and may have long term complications.

BOTOX® is a sterile, purified botulinum toxin Type A. Botulinum toxin blocks cholinergic neurotransmission by preventing the release of acetylcholine, and this mechanism of action is responsible for its activity in focal muscle relaxation. Because the neurotoxin is administered locally, there is minimal systemic distribution. Thus, the clinical effects of BOTOX® are largely dependent upon the anatomical site of injection.

There is evidence for the successful use of BOTOX® in the management of neurogenic incontinence. To date, treatment of over 600 neurogenic overactive bladder patients with BOTOX® at doses ranging from 200 U to 300 U in 20 to 30 injection sites within the bladder has been reported. Treatment benefit has been described to last between 6 and 12 months with an acceptable side effect profile.

Purpose: To evaluate the safety and efficacy of each of 2 dosages of BOTOX® (200 U or 300 U) compared to placebo injected into the bladder for the treatment of urinary incontinence caused by neurogenic detrusor overactivity in patients who have not been adequately managed with anticholinergic therapy.

This phase three study will evaluate patients with neurogenic detrusor overactivity due to either spinal cord injury or multiple sclerosis because these etiologies comprise the largest populations for patients with neurogenic overactive bladder.

Protocol Treatment: Patients will be randomized and enrolled to one of four treatment arms, which include
1) BOTOX® 200 U (treatment 1)/BOTOX® 200 U (treatment 2)/BOTOX® 200 U (treatment 3)
2) BOTOX® 300 U (treatment 1)/BOTOX® 300 U (treatment 2)/BOTOX® 300 U (treatment 3)
3) Placebo (treatment 1)/Placebo (treatment 2)/BOTOX® 200 U (treatment 3)
4) Placebo (treatment 1)/Placebo (treatment 2)/BOTOX® 300 U (treatment 3)

During each treatment session BOTOX® will be administered by injections evenly distributed into the detrusor, avoiding the trigone and base, via cystoscopy. The three treatment sessions will occur within a span of 12 weeks between each treatment.

Patient Eligibility: 1) Patient is male or female, aged 18 to 80 years old and weighs ≥ 50 kg (110 lb). 2) Patient has urinary incontinence as a result of neurogenic detrusor overactivity for a period of at least 3 months prior to screening day as a result of spinal cord injury or multiple sclerosis, determined by documented patient history. 3) Patient has detrusor overactivity 4) Patient is able to complete study requirements including electronic bladder diary completion and attend all study visits. 5) Patient has not been adequately managed with one or more anticholinergic medications for their urinary incontinence, 6) Patient has a negative pregnancy result if female. 7) Patient has completed a written informed consent form. Other criteria must be met according to the protocol and confirmed by the investigator.
KCC NAMES DR. GOMELLA - DIRECTOR OF CLINICAL AFFAIRS

New leadership positions were announced on July 19th within the Kimmel Cancer Center to broaden the clinical leadership. The new appointments include Dr. Matthew Carabasi as Director of Clinical Investigations and Dr. Leonard Gomella as Director of Clinical Affairs. Dr. Pestell, Director of the Kimmel Cancer Center, pointed out that these appointments would push forward the clinical and translational research goals of the KCC and were suggested and strongly endorsed by the External Scientific Advisory Committee.

Clinical Leaders of the Kimmel Cancer Center: Dr. Carabassi, Dr. Gomella, Dr. Curran, and Dr. Pestell.

DR. DEMETRIUS BAGLEY INVITED SURGEON AND SPEAKER AT 2ND ANNUAL ENDOUROLOGY & ENDOSCOPIC SURGERY MEETING

Dr. Bagley was invited to participate in The 2nd Annual meeting of Endourology and Endoscopic Surgery, October 27-28, 2006 in Paris. The meeting was sponsored by Hôpital Tenon and organized by Dr. Olivier Traxer. The event consisted of two days. The first was at Hôpital Tenon with live cases in two operating rooms with audiovisual linkage to a remote conference room. On that day Dr. Bagley treated a 15 mm renal pelvic neoplasm ureteroscopically. Other cases were a lower pole renal calculus treated by Dr. Stephen Nakada, Chairman of Urology at the University of Wisconsin and obstructive prostates treated with laser ablation and bipolar resection by urologists from Strassberg and from Milan.

The second day consisted of lectures at the Hôtel du Louvre. The two Americans, Drs. Bagley and Nakada presented in English while the remainder of the conference was in French.

Richard Maitaico, RN from Thomas Jefferson University Hospital who works on the Urology team in the operating room accompanied Dr. Bagley and assisted in both his and Dr. Nakada’s ureteroscopic cases.

For our team, one of the highlights was the justifiably renowned French food enjoyed at the meals associated with the conference, both at the luncheons and at a dinner for all of the participants. It also was the best chance to meet the urologists who came from cities throughout France.

DR. M. ERHARD PRESENTS GRAND ROUNDS

On November 2, 2006, the Department of Urology had the pleasure of hosting a former Jeff Urology graduate, Dr. Michael Erhard, to give Grand Rounds. Dr. Erhard presented the lecture "Robotic laparoscopy in pediatric urology". Dr. Erhard is currently the Chief of the Division of Pediatric Urology, and Chairman of the Department of Surgery at the Nemours Children's Clinic-Jacksonville. He is Associate Professor of Urology at the Mayo Medical School. Dr. Erhard graduated from the Jefferson Medical College and completed his Urology residency at Jefferson in 1995. He did his fellowship training in Pediatric Urology at the University of Florida, and has been at Nemours in Jacksonville since 1997. His presentation was informative and highly stimulating.
PAUL GITTENS, MD (PGY4)
NOGUCHI RESEARCH INSTITUTE SPONSORED PHYSICIAN IN JAPAN

The Noguchi Research Institute (NRI) is a non-profit organization that promotes the ideas of medical and cultural exchange amongst Japanese and American physicians and medical students. NRI’s is named after the celebrated Japanese physician Hideyo Noguchi, who immigrated to United States. Dr. Noguchi became the first person to isolate the Tropenemea Pallidium spirochete which paved the path for the cure of syphilis. He also developed multiple snake antivenin and had an instrumental role in the theory of the pathogenesis of yellow fever.

NRI has a unique relationship with the Thomas Jefferson University Office of International Affairs. Both are responsible for the exchange of approximately 9-10 U.S medical residents and 10 Japanese medical students per year. NRI is also involved in coordinating and supporting Japanese physicians who have the desire to undergo further training in the United States. Paul Gittens, MD, PGY-4 Resident in the Department of Urology applied and was interviewed by an NRI associate and a member of the International Affairs Department from Thomas Jefferson. Paul and eight other residents from several different disciplines at TJUH were selected for a three week rotation in their respective fields in Osaka, Japan. The TJUH Department of Urology is proud of Paul’s initiative. Paul shared with us the knowledge gained by experiencing the Japanese health system in a hospital setting.

“My three weeks in Japan were spent in the Department of Urology at Osaka City University Medical School under the supervision of Professor and Chairman, Dr. Nakanti and his team of urology attendings, residents and postdoctorates. The Japanese education and urology training consists of 4 years of high school, 6 years of medical school, 2 years of general residency, 2-3 years of urology training, a 2-3 year doctorate degree and a return to urology for 3-4 years. The urologists in Japan are taught to be responsible for the total care of their patients. Along with the conventional subspecialties in urology, Japanese urologists are also responsible for the delivery of chemotherapy for bladder and refractory prostate cancer, some perform parathyroidectomies for hyperparathyroid disease, dialysis access surgery (i.e., grafts or A-V fistula) and dialysis management. Also, all of the uro-radiological studies ranging from renal ultrasound to percutaneous radiofrequency ablation using CT involved the urologist performing the study or being actively involved.

The Japanese health care system is socialized and is accessible to all members of society. Unlike other socialized systems in which there are stories of patients waiting months for an MRI, this system seems to be more efficient. The amount of time that patients are allowed to remain in the hospital both before and after their surgeries is quite different from American standards. For example, a patient undergoing a cystectomy would be admitted 1 week prior and remain in the hospital up to 3 weeks after surgery; a prostate biopsy could be admitted 3 days prior to surgery and would return home after 1 to 2 days and a renal transplant recipient could be in the hospital for up to 2 months as standard protocol. It was not uncommon for there to be over 30 patients on a primary urology census.

During my stay I attended operating room cases three days per week and the remainder of the time was spent in the outpatient clinic. The operating rooms were all modernized with the most up to date Olympus equipment, plasma screen monitors and were built with common sense and space in mind. The outpatient clinic was arranged in such way in that the physician remained stationary and the patients filed in after a traditional bow.” (continued on next page)
The physician would see approximately 40 patients in a 3 hour time block. During the 3 hour period the physician was always kept to his schedule by a stern head nurse. The efficiency of the practice schedule was facilitated by an outstanding hospital patient record system, along with an adjacent laboratory and lab technologists that would spin urines and have all results by the time the patient was seated.

My time in Japan, although very busy, did allow time for cultural activities. The urologists were extremely hospitable and showed great pride in their country and its culture. On my first night and last night in Japan a dinner party was organized in my honor. On most nights after work, I would be invited out to a number of traditional Japanese restaurants and ate dishes which included sushi, fugu, and an assortment of delicacies. During one weekend I was accompanied to the ancient city of Kyoto by an attending and a resident and on others I ventured to walk amongst the masses in Tokyo. Overall, my experience in Osaka, Japan is one that I will always remember both medically and culturally.
**UROLOGY UPDATES**
**FROM ALFRED I. DU PONT HOSPITAL FOR CHILDREN**
**15TH ANNUAL VISITING PROFESSOR**

On November 1, 2006, the Division of Pediatric Urology at the Alfred I. duPont Hospital for Children hosted Dr. Enrique Jaureguizar as the 2006 Visiting Professor in Pediatric Urology. Dr. Jaureguizar is one of the mostrecognized and distinguished European pediatric urologist. He is Chief of Pediatric Urology at the La Paz University Hospital in Madrid, Spain, and Professor of Urology at the Universidad Autonoma de Madrid. He is the former president of the European Society for Paediatric Urology (ESPU), and current president of the Ibero-American Society of Pediatric Urology (SIUP). Dr. Jaureguizar is a recognized expert in pediatric renal transplantation. During his visit to duPont, Dr. Jaureguizar presented three lectures. The first one was "Current management of vesico-ureteral reflux", given during the Department of Pediatrics Grand Rounds at duPont. The second lecture was titled "Initial and long term management of posterior urethral valves". On November 2nd, he presented the lecture "Pediatric Renal Transplantation" at the Department of Solid Organ Transplantation Grand Rounds. During his visiting professorship, Dr. Jaureguizar presented personal clinical cases to the urology residents, and in turn, participated in lively and stimulating case presentations prepared by the residents and pediatric urology fellows. This was the 15th consecutive year that the Visiting Professorship in Pediatric Urology has been held at duPont. This conference was established by the former Chief of the Division of Urology, R. Bruce Filmer, MB, BS, in 1991.

**DR RICARDO GONZÁLEZ-SABBATICAL LEAVE IN SWITZERLAND**

From April to October 2006, Ricardo González, MD, FAAP had the privilege of being visiting professor and acting Chief of the Division of Pediatric Urology at the Children’s Hospital of the University of Zurich, Switzerland, familiarly called KISPI. Dr. González had previously worked there as a visiting professor and visiting surgeon. When Dr. Rita Gobet, the chief of urology decided to spend several months in London, he was offered this opportunity. Trainees in the department include medical students, pediatric residents, general surgery and pediatric surgery residents. There is a rigorous meeting schedule that starts every morning with report of the night events and ends the day with the radiology and preoperative meeting to review the following day’s schedule. In consideration of Dr. González, the meetings were held in high German as opposed to the more commonly spoken Swiss German which, even after six months he found somewhat difficult to follow. His stay in Zurich presented numerous opportunities to visit, lecture and operate in several other Swiss, German and Austrian medical centers. Dr. González recalls, “I found Swiss medicine of the highest quality, the patients and parents very tolerant of my occasional linguistic difficulties and my colleagues always ready to lend a hand. Also, the nursing and administrative staff was always welcoming and accommodating.” A highlight of this sabbatical term stay was becoming a corresponding member of the Swiss Pediatric Surgical Society. From his personal point of view, Dr. González states “I found Zurich an ideal city to live in, beautiful and not too big. There is great music, opera and theater, it is well connected with the rest of the country and the world, has a cosmopolitan population which results in great restaurants that add to the local cuisine. For lovers of the outdoors, there are wonderful opportunities for mountain sports nearby. This fabulous professional and personal experience was made possible by the support of my colleagues at A.I. duPont Hospital who endured my absence.”

Children’s Hospital of the University of Zurich
FROM THE ADMINISTRATOR’S CORNER – JOSHUA ZISSMAN

As you read this I will have been here in the Department of Urology for one year. During this time we have made many changes to significant aspects of the Department and its operations. We have accomplished some of the following items:

- moving our labs from the College Building to the Bleumle Life Sciences Building,
- final implementation and operation of the Stryker teleconferencing system in our conference rooms, ORs, and to outside institutions,
- instituting new practice wide clinical and administrative job descriptions,
- creating new reporting mechanisms for managing the Department’s finances and operations,
- adding new consultation space to the 833 Chestnut Street office,
- adjusting various operational responsibilities for increased efficiency and efficacy,
- creating a strategic planning committee to plan the Department’s growth as a leader in academic and clinical medicine
- garnering patient satisfaction scores generally above the 90 percentile in almost all categories

There are still many areas for significant improvement. My goals for this coming year are to improve our office patient and medical records flow, keep our costs down, and to continue to increase the efficiency of all Departmental operations. These goals include a continuing evaluation of our staffing and space needs, as well as working with Dr. Gomella on the faculty recruitment and academic needs of the department.

As always, your thoughts and suggestions as to what you think needs improvement are welcome. I especially look forward to specific suggestions as to how to make improvements, not only on what needs to be improved.

Thanks again for a great first year.

DR. P. KENNETH BROWNSTEIN - DIRECTOR OF DEVELOPMENT

When Dr. Leonard Gomella took over the Chairmanship of the Department of Urology, he appointed Dr. P. Kenneth Brownstein as Director of Development. This is a newly created position. The purpose of the appointment was to capitalize on the many close relationships with patients and colleagues formed during Dr. Brownstein’s 35 years of practicing urology at Jefferson. In the past, as an expression of their appreciation, many of these people had given significant financial support to the Department.

Because of the poor reimbursements in the southeastern Pennsylvania area from insurance companies, and also because of the high cost of malpractice insurance, it is very difficult to offer competitive salaries and to fund teaching and research endeavors. Accordingly, philanthropic gifts have become paramount to sustain the ongoing financial health and vitality of the Department of Urology. For the first time in the Department’s history by creating the position of Director of Development, Dr. Gomella has made an organized effort to reach out to patients with the hope of increasing the support that is essential to our teaching and research mission.

As Director of Development for the Department of Urology, Dr. Brownstein’s responsibilities include:

- Meeting regularly with Jefferson Foundation Staff
- Creating events showcasing Department achievements
- Developing and distributing brochures and marketing material
- Sending individualized mailings to active and potential donors
- Developing and stewarding corporate and individual donors
- Establishing a web link from the Department’s website to a related site outlining the various philanthropic funds and where new donations can be made online

To date, the results of this new program are encouraging. There are several philanthropic funds which have been established and to which donors have been regularly contributing. The ultimate goal is to build a substantial endowment for the Department to ensure its continued success as a leader in the field of urology on a national and international basis. To learn more about our philanthropic funds, visit our university website at [http://www.jefferson.edu/urology/](http://www.jefferson.edu/urology/) and click on “GIVING TO UROLOGY FUNDS”.

Dr. P. Kenneth Brownstein
CONGRATULATIONS
Rob and Valerie Linden are proud parents of Isaac Andrew Linden who was born on October 5th. Isaac weighed 7 lb 1 oz.

Rob and Katie Ramey are the proud parents of twin boys born on November 20th. William weighed 7 lb 15 oz and Christopher weighed 7 lb 11 oz.

In Memoriam
Francis Rosato, MD
1934-2006
Chairman (1978-2000)
Department of Surgery
Thomas Jefferson University

TRAVELIN DOCS

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<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Event Details</th>
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<tr>
<td>May 5</td>
<td>R. Baffa</td>
<td>Invited Lecture, “Gene discovery: A pathologist’s perspective”, Department of Pathology, University of Cambridge, Cambridge, UK,</td>
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<td>July 7</td>
<td>R. Baffa</td>
<td>Invited Lecture, “Gene discovery: A pathologist’s perspective”, Department of Biochemistry, University of Modena e Reggio Emilia, Italy</td>
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<td>September 12</td>
<td>L.G. Gomella</td>
<td>Speaker, “Understanding Robotic Prostatectomy?” Nanticoke Regional Medical Center, Seaford, DE</td>
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<td>September 13</td>
<td>L.G. Gomella</td>
<td>Speaker, “Multimodality Therapy In Prostate Cancer: The Latest Data”, George Washington University, Department of Urology, Grand Rounds, Washington, DC</td>
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<td>October 9-12</td>
<td>D. T. Glassman</td>
<td>92nd American College of Surgeons Annual Clinical Congress in Chicago and inducted as a Fellow.</td>
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<td>October 28</td>
<td>D. H. Bagley</td>
<td>Speaker, &quot;Technique, Tips and Tricks on flexible URS&quot; at the Lasers et Endourologie-NLPC Meeting in Paris, France,</td>
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<td>November 2</td>
<td>D. H. Bagley</td>
<td>Presenter, “Lasers-Holmium Pulse Width” at The 1st International Urolithiasis Research Symposium, Indianapolis, Indiana,</td>
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<td>November 4</td>
<td>J. Llenado</td>
<td>Lecturer, “TVT-O Cadaver Training Lab”, Vista Cadaveric Training Facility, Baltimore, MD, Sponsored by Gynecare</td>
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DATES TO REMEMBER IN 2007
- **ASCO**
  The Prostate Cancer Symposium, **February 22-24**
  Orlando, Florida
- **Resident’s Night Competition**, **March 26 at 4 pm**
  Philadelphia College of Physicians
  19 S. 22nd St. Philadelphia, PA
- **AUA Annual Meeting**, **May 19-24**
  Anaheim, CA
- **David M. Davis Visiting Professor**, **May 31-June 1**
  Dr. Dr. Peggy Pearle,
  Professor of Urology and Internal Medicine,
  The University of Texas Southwestern Medical Center
  Her area of expertise is in endourology with emphasis on stone disease.

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Visit our web site to get the latest information on the Department meetings and academic programs.
[http://www.jefferson.edu/urology/](http://www.jefferson.edu/urology/)