



2005 WORLD CONGRESS ON ENDOUROLOGY IN AMSTERDAM

The 23rd World Congress on Endourology and SWL and 21st Basic Research Symposium was held August 23-26, 2005 in Amsterdam, The Netherlands. Our Jefferson Urology group was well represented by Drs. Demetrius Bagley, Sam Chawla, Pankaj Kalra, David McGinnis, Ilan Waldman and Medical Student-Chris Pagnani. The Jefferson alumni present were Drs. Scott Hubosky and David Lee.

Dr. Demetrius Bagley was involved in several Educational Courses which included: "All you need to know about flexible and semi-rigid URS" (Course Director); "Ureteroscopy for the proximal ureteral stone – Why be rigid?" (Debate Moderator); Bard Symposium: Advances in Stone Management and Paediatric Urology–Presentation: "Applications of Ureteroscopy in Adults" (Lecturer); and "Controversies in Upper Urinary Tract Access" Part II Retrograde Access – Balloon dilation versus not using a balloon (Lecturer).

Since Drs. Mark Chang, Craig Slotoroff, and Ilia Zeltser were unable to attend, Dr. Chawla, Dr. Waldman, Chris Pagnani and their collaborators Drs. Kalra and McGinnis took over the task of 9 flawless presentations from our department.

POSTERS

1) *Effect of Pulse Width on Object Movement In-Vitro Using the Holmium: YAG Laser.*

Kalra P, Ngoc-Bich L, Bagley D

2) *Evolution of Ureteroscopy from 1996 to 2004: Comparison of Indications, Endoscopes and Instruments.*

Slotoroff CB, Zeltser IS, Antonelli J, Bagley D

3) *Laparoscopic Pyeloplasty: Initial Outcomes in Practice Immediately Following Fellowship Training.*

Kalra P, Tomas J, Walters H, Chang M, Lee M, Bagley D, Kuo R.L

4) *Hand Assisted Laparoscopic Anterior Exenteration with Ileal Conduit Urinary Diversion in the Community Setting.*

McGinnis DE and Zeltser IS

5) *Laparoscopic Radical Prostatectomy (LRP): A Community Hospital Experience.*

Chang M, Kalra P, McGinnis DE

6) *Holmium Laser Lithotripsy: Assessment of Laser Energy in Relation to Calculus Composition and Size.*

Slotoroff CB, Pagnani C, Zeltser IS, Byrne D, Bagley D

7) *Natural History of Incompletely Treated Upper Tract Transitional Cell Carcinoma: A Series of Three Patients.*

(Waldman I, Kalra P, Bagley D)

8) *Above & Below: Treating Complex Stones with Percutaneous Nephrolithotomy and Ureteroscopy Simultaneously.*

Chang M, Garlitz C and Bagley D

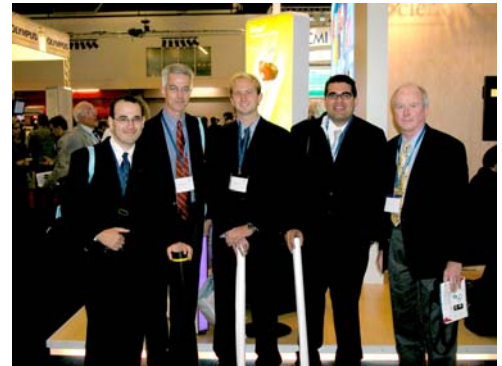
VIDEO PRESENTATION

9) *Video Demonstration using the New ACMI Invisio Digital Cystonephroscope.*

Waldman I, Garlitz CJ, Lepchuk B, Bagley DH

Outstanding recognition to this group directed by Dr. Waldman for venturing into video productions.

Special thanks goes to our residents for without their research design and diligent work these posters would not be possible. Dr Bagley remarked, "It was a very strong showing and an excellent meeting and all of these presenters deserve our thanks and congratulations."



COSTAS LALLAS, MD, ASSISTANT PROFESSOR IN UROLOGY

Costas Lallas, M.D. a Jefferson Medical College Graduate (1998) joins the Department of Urology at Thomas Jefferson University Hospital. He has also been appointed Assistant Professor of Urology at Jefferson Medical College of Thomas Jefferson University.



Costas Lallas, M.D.

Dr. Lallas has completed his general surgery training and urology residency at Duke University. He recently completed a clinical fellowship

in Laparoscopic and Robotic Surgery at the Mayo Clinic in Scottsdale.

Dr. Lallas will be involved with general urology and endourology with special interest in oncologic laparoscopy. As a formally trained robotic surgeon, he will be involved in the robotic laparoscopic radical prostatectomy and robotic pyeloplasty activities when the *daVinci*® is operational here at Jefferson (Mid September, 2005).

Dr. Lallas is a member of the American Urological Association, the Endourological Society, and a recipient of the Pfizer Scholars in Urology Award. He is the author of more than 25 abstracts, manuscripts and book chapters.

UROLOGY UPDATE ON THE ROBOT AND SURGICAL OPERATIONS

Dr. Gomella is pleased to report that the *daVinci*® Robot 4-Arm System has been ordered and arrival time is scheduled the third week in September. Initially, urology will start utilizing the Robot system with the CT surgeons followed by general surgery. The unit is mobile and will be used by urology in both Room 5 and Room 14 and by other services as needed. A formal schedule will be worked out with administration for the system to be shared by the different services. Room 5 will be considered the primary Urology site since the MIS suite is wired for remote access in that room.

The endourology suite renovations have begun with the removal of Dr. Bagley's "historic" Sonolith lithotripter as of August 1. The plans call for Room 14 renovations over the next several months, which will include: a dedicated c-arm, light-boom mounted monitor, new observation window, access door and supply systems reconfiguration. This room is our long awaited "triple purpose" room available for any potential urology case - endourology, laparoscopy or open surgery. Upon completion of these renovations, the endourology area beyond the automatic double doors will become a sub-sterile area meaning street clothes will no longer be permitted there.

As part of the hospital's commitment to Urology, Rooms 15 and 16 will soon be equipped with new Storz video towers. These units are on site and are being cleared by biomedical. The Stentor 17 inch monitors will also be installed in the three endourology rooms to allow improved access and visualization of electronic films.

Dr. Gomella and the Department of Urology is most grateful to hospital administration including Tom Lewis, Alan Brechbill, Mary Ann McGinley and Sherry Josue for helping make these purchases and improvements possible. A special thanks to the TJUH Board of Trustees for their approval of the *daVinci*® Robot purchase.

CLINICAL TRIAL HIGHLIGHTS

Title: A Randomized, Double-blinded, Placebo-Controlled, Study to Evaluate the Effects of GW679769 on Current Perception Threshold (CPT) Following a Single 150mg Dose (Part A) and to Evaluate the Effect on CPT and Symptoms of Overactive Bladder Following 28 Days of Repeat Dosing with 120mg GW679769 Administered Once Daily (Part B) in Patients with Neurogenic Bladder due to Incomplete Spinal Cord Injury.

Principal Investigators: Patrick J. Shenot, M.D.

Sponsor: The GlaxoSmithKline group of companies

The Department of Urology is currently conducting a research study on a new investigational medication, GW679769, that is being tested for use in patients with a bladder condition known as overactive bladder (OAB).

The symptoms of overactive bladder include the need to urinate frequently and with urgency, insufficient bladder control and the need to wake up several times during the night to empty the bladder. The currently available drugs used for the treatment of OAB are not well tolerated in some patients.

The effectiveness of drugs for overactive bladder has been difficult to evaluate because the symptoms or sensations that a patient might feel are not easily described. Recently, researchers have designed an instrument, which uses mild electrical current to measure levels of sensation in various parts of the body, including those around the bladder area. This device, called a neurometer, is a computerized instrument that gives electronic results in the form of CPT (Current Perception Threshold) values. The CPT readings are a good measurement tool, which helps the doctor understand what the patient is experiencing and what the status of the patient's medical condition is numerically. Change in CPT readings might result from change in the patient's medical condition or the response a patient's body shows to a drug during treatment.

GW679769 has been shown to be a potent NK-1 receptor antagonist. Based on the information that suggests that NK1 receptors are involved in neuronal circuits related to bladder C-fibre afferent activity, it is anticipated that GW679769 might play a role in the management of subjects with overactive

bladder. This study represents the first administration of GW679769 to subjects with symptoms of overactive bladder.

The purpose of this study is to test GW679769 as an effective treatment in patients with overactive bladder symptoms and to evaluate the use of the neurometer in evaluating the condition of overactive bladder patients. This instrument has been approved for use by the United States Food and Drug Administration (FDA).

The population for this study will be subjects with neurogenic overactive bladder due to upper motor neuron disease. CPT values will be obtained at different time points in the study. If changes in the CPT values can be correlated with changes in clinical outcomes, the Neurometer will provide a quantitative method for assessing bladder function in subjects suffering from overactive bladder and possibly contribute to the appropriate selection of therapeutic strategy in subjects with urinary sensory dysfunction.

Inclusion criteria. Male or female, between 18 and 65 years of age, inclusive; who has given written informed consent and is able to understand and comply with protocol requirements, instructions and protocol-stated restrictions. The study population will include neurogenic overactive bladder (detrusor hyperreflexia) subjects evidenced by symptoms of urge incontinence which may be associated with urinary urgency, frequency and nocturia but without bladder related pain and patients with neurogenic bladder with traumatic incomplete injury to the suprasacral spinal cord (UMN) excluding ASIA impairment classification A. Other requirements are the following: Urodynamic, including cytometry, assessment within 1 year with documentation of involuntary detrusor contraction; CPT value > 0 but approximately ≤ 7, measured at a frequency of 5Hz at screening; Mean of ≥ 8 micturations/24 hrs; Mean of ≥ 1 incontinence episode/24 hrs; Mean volume voided of ≤ 250 mL/micturition; Mean total urine volume of ≤ 3000 mL/24

Exclusion criteria. This criteria is extensive. Our clinical trial staff is always available to discuss the parameters for exclusion.



HIGHLIGHTS OF ROBOTIC SURGERY

Jefferson Urology has committed to take another step forward into minimally invasive surgery by purchasing a *da Vinci*[®] Robotic Surgical System (Intuitive Surgical, Sunnyvale, CA). [Figure 1]. This system provides surgeons with the flexibility of traditional open surgery while operating through a laparoscopic template. Because of the laparoscopic platform, patients benefit from the traditional returns of minimally invasive surgery, namely less blood loss and need for transfusions, less post-operative pain and discomfort, shorter hospital stay, faster recovery and return to normal daily activities, and improved cosmesis.

Robotic surgery has taken the urology community by storm because of its ability to facilitate complicated laparoscopic procedures, namely the radical prostatectomy. What the robot provides to the surgeon is a direct translation of his hand movements to attached robotic instruments – in other words, the surgeon places his hands directly where he wants the robotic arms to operate. This is in direct contrast to pure laparoscopy, which has counterintuitive movements that are difficult for the novice laparoscopist to master. Moreover, the *da Vinci* Surgical System provides the surgeon with true 3-D visualization, a distinct advantage over the planar optics of laparoscopy. Finally, the *da Vinci* system conveys upon a surgeon an extra degree of freedom, a ‘wrist’ that is not available in pure laparoscopy, and that makes complex laparoscopic processes as intracorporeal suturing and tying much easier. [Figure 2]

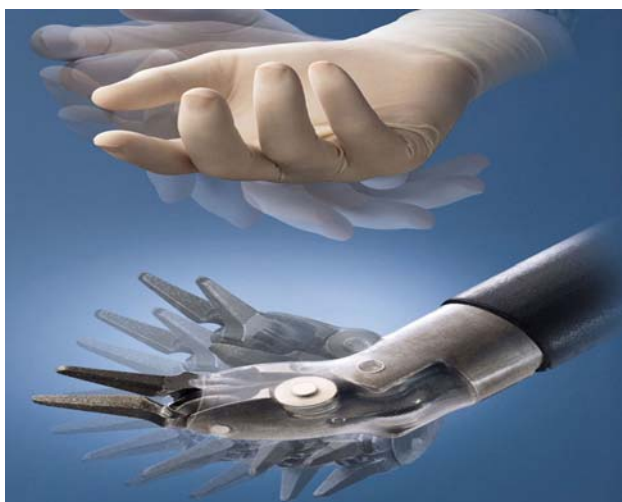


Figure 2.

Early data on robotically-assisted radical prostatectomy (RALP) is promising. As more groups ascend the learning curve, reports in the curve, reports in



Figure 1. *da Vinci*[®] Robotic Surgical System

the literature on RALP are consistent with regard to patient safety, short patient convalescence, and excellent continence and potency rates, especially in bilateral nerve-sparing procedures. The group with the most experience in this procedure (the Vattikuti Urology Institute at Henry Ford Hospital in Detroit) recently reported that they are able to replicate open prostatectomy results with regard to continence, potency, and margin status, and have reduced total OR room times to less than two hours per case. {<http://www.henryfordhealth.org/19085.cfm>} Because of the novelty of this procedure, however, long-term oncological efficacy has yet to be determined. Still, the attraction of a minimally-invasive prostatectomy combined with patient demand for the newest technology has carved a *niche* for RALP, and this procedure is now offered by many academic centers as well as private practice groups throughout the country.

Jefferson Urology will initially use the *da Vinci* for minimally invasive prostate and kidney surgery and are very excited about its potential applications. In anticipation of its arrival, we are renovating one of the rooms in the cystoscopy suite in a complete minimally-invasive platform, where endourology, laparoscopy, and robotic surgery will all be able to be accomplished.

The Urology Robotic Surgery Program will be managed by Drs. Gomella, Trabulsi, Glassman and Lallas. The Department is most fortunate to acknowledge Dr. Lallas as author of this article.

SAM N. CHAWLA, M.D.

CR BARD-BAGLEY ENDOUROLOGY/LAPAROSCOPY FELLOW

Sam Chawla, M.D. joins us as the second “CR Bard-Bagley Endourology/Laparoscopy Fellow 2005-2006. Dr. Chawla obtained his BA degree in Psychology/Neurobiology from the University of Pennsylvania, his Medical degree from Temple University School of Medicine, and his urology residency from Temple University Medical Center. Dr. Chawla is a recipient of the Pfizer Scholars in Urology Award. His work entitled “The Natural History of Small Renal Masses: Outcomes and Growth Dynamics” was awarded 1st Place in The Philadelphia Urological Society Resident Research Competition. This fellowship is selected by a competing match, which is recognized by the Endourological Society.



Sam N. Chawla, M.D.

ALUMNI RESIDENT AND FELLOW KORNER

FRANK KEELEY, M.D. – RESIDENCY 1996

Frank Keeley, M.D. finished his residency at TJUH in 1996. This was followed by a two year endourology fellowship in Edinburgh with David Tolley. Upon completion, it was David Tolley, who kindly sponsored Frank for a Fellowship with the Royal College of Surgeons of Edinburgh. Hence, his official title has reverted to Mister from Doctor. Since 1998, Frank has been a consultant urologist at the Bristol Urological Institute in Bristol, England.

Frank’s practice focuses on upper tract laparoscopy and endourology His research interests include the following:

- stent-related symptoms culminating in the validation of the Bristol Ureteric Stent Symptom Questionnaire
- asymptomatic renal calculi
- renal colic, ureteral physiology and response to pharmacological agents
- objective evaluation of laparoscopic skills
- irrigating fluids for transurethral surgery

Frank Keeley recently has been given overall responsibility for laparoscopic training for the British Association of Urological Surgeons (BAUS) and has been elected to serve on BAUS Council. Frank also runs the laparoscopy course at the BAUS Annual Meeting and oversees the annual national laparoscopic nephrectomy audit.

Frank tells us his relocation to England revolved around several reasons: “firstly, to be close to my wife’s family; secondly, I couldn’t refuse the attractive salary offered by the British National Health Service; thirdly, English weather; and finally, the opportunity to bring traditional American values to Europe.”

Frank and his wife, Indrani now have three girls, ages 9, 7, and 3. Each of them was born in a different country and they all have dual nationality. Frank notes



The Keeley Family

Frank, Indrani, Maya, Iona and Sorcha

“I think they talk a little funny and I can’t seem to get them to say ‘Philadelphia’ just right yet.”

Frank states, “In the future, I hope to be able to persuade all of my former trainers and fellow residents at Jefferson to visit sunny England. Dave McGinnis and Demetrius Bagley have already come over to demonstrate their operating skills and sample warm British beer. Cheers!”

Contact details for Frank Keeley, M.D:
Home: 5 Falcondale Road, Westbury-on-Trym, Bristol BS9 3JS. Phone: 011-44-117-962-8969
Work: Bristol Urological Institute, Southmead Hospital, Westbury-on-Trym, Bristol BS10 5NB.
Phone: 011-44-117-959-5144.

We are most grateful to Frank Keeley for sharing his life happenings since his residency at Jeff and are delighted with his warm invitation

UROLOGY UPDATES FROM ALFRED I. DU PONT HOSPITAL FOR CHILDREN

Urology Visiting Professor- Wednesday, September 28, 2005

The Urology Department at DuPont will host Stephen A. Koff, M.D. as Visiting Professor. Dr Koff is Chief of Pediatric Urology at Children's Hospital and Professor of Surgery at Ohio State University. He is widely recognized in the areas of hydronephrosis and voiding disorders in children.

The objectives to be reached from this symposium include: 1) the relationship between toilet training misadventures and the development of bladder and bowel dysfunctions; 2) the nature of dysfunctional elimination syndromes and their relationship to UTI, vesicoureteral reflux and pyelonephritis; 3) Determination of appropriate therapeutic strategies for preventing UTI by treating syndromes of dysfunctional elimination in children; 4) Relationship between hydronephrosis and renal injury; 5) factors responsible for the development of hydronephrosis in the infant and how to properly evaluate and determine the significance of hydronephrosis in infancy.

Nemours designates this educational activity for a maximum of 6.25 Category I credits toward the American Medical Association Physicians' Recognition Award. To register online: www.PedsEducation.org. or contact: Karen Bidus, Office of CME – Phone: (302) 651-6752.



Paul H. Noh, M.D. has joined the Urology Staff at Alfred I. du Pont Hospital for Children, Wilmington, DE. Dr. Noh received his BS degree in General Science at Pennsylvania State University and his Medical degree from Jefferson Medical College (1998). He completed his urology residency at Tufts New England Medical Center, Boston, MA and a fellowship in pediatric Urology at The Children's Hospital of Pittsburgh.

Dr. Noh's clinical interest include: laparoscopic and minimally invasive surgery, hypospadias, urogenital reconstruction, hydroceles and hernias, undescended testis, vesicoureteral reflux, hydronephrosis, kidney stones, fetal Urology (prenatal hydronephrosis) and urologic oncology (kidney, bladder, and testicular tumors). Dr. Noh can be reached at Alfred I. du Pont Hospital for Children, 1600 Rockland Road, Wilmington, DE 19803; Office Phone: (302) 651-5986.

MONDAY
GENERAL PROSTATE CANCER AWARENESS

TUESDAY
ADVANCED PROSTATE CANCER AWARENESS AND TREATMENT

WEDNESDAY
BENIGN PROSTATIC HYPERPLASIA (BPH)

THURSDAY
MEMBER, FAMILY AND CAREGIVERS

FRIDAY
KNOW YOUR NUMBERS

SATURDAY
ON THE HORIZON

IT COULD SAVE YOUR LIFE!
1 IN 6 MEN WILL GET PROSTATE CANCER IN THEIR LIFETIME

PCEC PROSTATE CANCER EDUCATION COUNCIL

FREE SCREENINGS DURING PROSTATE CANCER AWARENESS WEEK (PCAW) SEPTEMBER 18 - 24, 2005
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PROSTATE CANCER AWARENESS DAY

Wednesday, September 14, 2005
9 a.m. to 3 p.m.

Jefferson's Bodine Center for Cancer Treatment
Philadelphia, Pennsylvania

Tuesday, September 20, 2005
9 a.m. to 3 p.m.

Department of Radiation Oncology
Methodist Hospital
Division Thomas Jefferson University Hospital
South Philadelphia, Pennsylvania

**Remember to submit your abstracts for the
SUO/NCI Sixth Annual Urologic Oncology Meeting!**

SUO/NCI ABSTRACT SUBMISSION
DEADLINE EXTENDED!

Saturday, October 1, 2005 (midnight CST)
Submit abstracts at: suonet.org

AUA Abstracts for the 2006 Annual Meeting can be submitted online: www.aua2006.org/am06/content/abstracts/

- **Video Submissions:** October 11, 2005 11:59 p.m. EST
- **Electronic Submissions:** October 17, 2005 11:59 p.m. EST

Max Koppel, M.D.

Dr. Max Koppel will devote his time attending to both general and follow up patients on Wednesdays, Thursdays and Fridays at our 833 Chestnut Office. Dr. Koppel will also be involved in our academic program including teaching, research projects and serving on the TJU IRB.

Dr. Koppel graduated from Jefferson Medical College (1958) and completed his urology residency from Thomas Jefferson University Hospital. Dr. Max Koppel has been a volunteer faculty member since 1965 with his present appointment as Clinical Associate Professor, Department of Urology, Jefferson Medical College. He has been in private practice in Urology (Northeast Philadelphia) for 36 years. Throughout his career as a urologist, Dr Koppel has been a commissioned officer in the Reserve Component of the U.S. Public Health Service with both active and inactive status. In the last four years, Dr. Koppel has dedicated his career in medicine as a commissioned officer doctor serving in the Office of the Surgeon General of the U.S., as well as patient care in the urology outpatient clinic at Walter Reed Army Medical Center.



Max Koppel, M.D.



TRAVELIN DOCS

July 5-6	R. Baffa	Visiting Professor, "Molecular Biology: Diagnostic Tools in Prostate Cancer" University of Padua, Italy
July 14-15	E. Trabulsi	Participant, "Clinical Applications Workshop: Prostate and Renal Cryosurgery", University of Colorado, Aurora, CO
July 16-17	L.G. Gomella	Faculty - Speaker, "Challenge of PSA Recurrence", Urological Association of Pennsylvania, 2005 Annual Meeting, Baltimore, Maryland
July 22	L.G. Gomella	Course Director, Recent Advances in the Management of Prostate Cancer: "Early Intervention: Watchful waiting versus active treatment"; "Clinically localized Prostate cancer in a healthy potent man: Nerve-sparing radical prostatectomy versus robotic surgery versus external beam", and "Multidisciplinary approaches in the management of high-risk prostate cancer" Park Hyatt Philadelphia
July 29	L.G. Gomella	Co-Course Director, Recent Advances in the Management of Prostate Cancer: "Early Intervention: Watchful waiting versus active treatment" and "Multidisciplinary approaches in the management of high-risk prostate cancer" Grand Hyatt New York, NY
August 23-26	D.H. Bagley	Faculty, Debate Moderator, Lecturer, 23 rd World Congress on Endourology and SWL, 21 st Basic Research Symposium, Amsterdam, The Netherlands
August 12	L.G. Gomella	Co-Course Director, Recent Advances in the Management of Prostate Cancer: "Early Intervention: Watchful waiting versus active treatment" and "Multidisciplinary approaches in the management of high-risk prostate cancer" Grand Hyatt New York, NY
September 5-7	P. Shenot	Participant, American Spinal Injury Association Annual Meeting



Congratulations to Rob and Katie Ramey on the birth of their son, Joseph who was born on July 12th. Joseph weighs 10 lbs. 3oz and is 22¼ inches long.

IMPORTANT NOTICE

Future editions will be available via e-mail. If you are interested please send e-mail address to denise.tropea@jefferson.edu

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