

## AUA/EAU International Academic Exchange Programme 2009



**Dr. Riccardo Autorino**  
2nd University of Naples  
Urology Dept.  
Naples (IT)

ricautor@tin.it



**Prof. Axel Haferkamp**  
University Hospital Heidelberg  
Dept. of Urology Heidelberg (DE)

Axel.Haferkamp@med.uni-heidelberg.de



**Dr. Juan I. Martínez-Salamanca**  
Hospital Universitario Puerta de Hierro-Majadahonda  
Universidad Autónoma de Madrid Madrid (ES)

msalam99@terra.es

In 1993, the American Urological Association (AUA) and the European Association of Urology (EAU) started an award programme to promote the interchange of urological skills, expertise and knowledge and to provide promising junior faculty members an opportunity to interact with their colleagues who are based on the other side of the Atlantic.

With the support of Cook Medical the 2009 American Tour provided the chance to four EAU members (three junior and one senior faculty member) to attend the AUA 2009 congress in Chicago and participate in an extended two-week travel programme that include visits to a number of urology centres in the US. Participants in the 2009 American Tour were Dr. Riccardo Autorino, Assistant Professor of Urology at Second University of Naples (Italy), Prof. Axel Haferkamp, Associate Professor and Vice-chairman of the Urology Department at Heidelberg University (Germany), and Dr. Juan Ignacio Martínez-Salamanca, attending urologist at the Hospital Universitario Puerta de Hierro Majadahonda in Madrid (Spain), three young European urologists who have been mentored by former EAU Secretary General Prof. Dr. Frans Debruyne.

### Duke University, Durham, NC (12-15 April)

Durham, North Carolina was the first destination of our exchange tour and we received a warm welcome at the Raleigh/Durham airport from Drs. Antonelli, Stackhouse and McNamara, third-year residents at Duke. The visit started the next day with a campus tour of Duke Medical Center, Duke Campus and Gardens. We toured the Division of Urologic Surgery with its Prostate Cancer Center, the outpatients clinics, the inpatients service and the animal laboratories, and participated in a clinical radiology conference.



In the OR at Duke with Dr. Albala and Dr. Preminger

The next day was mainly scheduled for observation of surgical cases done by Drs. Preminger, Albala and Polascik, which demonstrated to us their high standards in PCNLs, robotic radical prostatectomies and partial nephrectomies. Besides the surgical observations we were also invited to participate in a research conference where residents and students presented their research work on the effect of nutrition and physical exercises on prostate cancer, the main research topic of Drs. Moul and Freedland. Their work included analyses of Duke's large database on prostate cancer patients and the experiments conducted with animal models.

On the third day, we joined the Urological Grand Rounds where residents and staff members held their talks to be presented at the AUA meeting in Chicago. The session was followed by an interesting guided tour led by Mrs. Jodi Preminger, Drs. Antonelli and Stockhouse to historical sites such as the Dukes' Homestead, where the Duke family lived before the start of their tobacco business. The great hospitality we experienced in Durham was topped by the personal invitation to a dinner at Dr. Preminger's home, a very wonderful evening filled with good conversation and a delicious traditional North Carolina-styled barbecue.

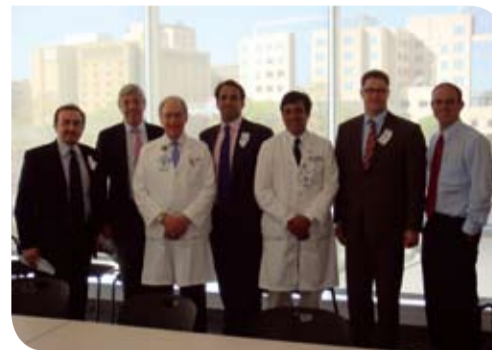
### University of North Carolina, Chapel Hill, NC (15-17 April)

Just few miles from Durham is Chapel Hill, the lovely hometown of the University of North Carolina (UNC, founded in 1793), and known as the oldest public university in the US. Just a few days before our arrival, NC basketball fans celebrated here, on Franklin Street, the "heart" of Chapel Hill, their basketball team - the Tar Heels - victory over Michigan in the NCAA Championship finals. We were warmly welcomed by the Division of Urology Manager Mr. John Hartwick. Two faculty members, Dr. Culley Carson, Professor and Chairman of the Division of Urology, and Dr. Pruthi, Director of Urologic Oncology, and some of the senior and junior residents also joined us for a "southern style" dinner.

The following day we visited the UNC Hospitals and had an informative tour of the Urology Clinics, where we were briefed on how the division's various facilities have been organised and how UNC doctors use the web-based system to manage all patients' files and medical records. We also spend some hours in the OR with Dr. Carson, a well-known opinion leader in penile prosthetic surgery, where we observed two implants of a three-piece inflatable prostheses and learned some procedural tricks.

A multidisciplinary conference, exceptionally coordinated by oncological urologists Drs. Pruthi and Wallen followed, with several participating specialists (pathologist, medical oncologist, radiologist and radiation therapists). The discussion focused on challenging uro-oncological cases. Active surveillance for prostate cancer, timing of chemotherapy for bladder cancer and the role of lymph node retroperitoneal dissection for testis cancer were discussed. We were also asked about a "European perspective" on some cases. Overall, the multidisciplinary meeting was an informative activity that is yet to be widely adopted by major hospitals in Europe.

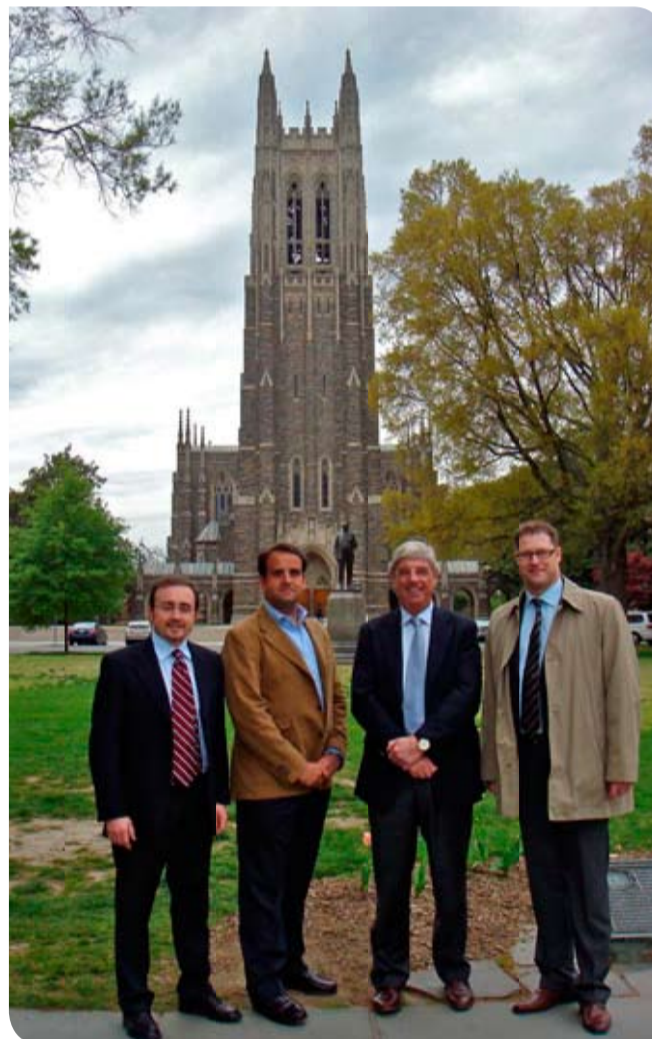
At the hospital's new Physicians Office Building, residents provided a preview



During a scientific meeting with the staff at UNC Drs. Carson, Pruthi and Wallen

of their presentations at the AUA Meeting, and the topics they presented included prostate biopsy in patients undergoing active surveillance for clinically insignificant prostate cancer; graft size for patients undergoing penile surgery for induratio penis plastica and the use of titanium staplers for neo-bladder reconstruction after radical surgery for bladder cancer. Related topics and questions were thoroughly discussed after each presentation.

Dr. Pruthi reported on their impressive series of robotic radical cystectomy and a preview of data to be presented at the AUA meeting, and which retrospectively compared almost a hundred of radical cystectomies, half open and half robotic. The study



Visiting the Duke Campus

shows the feasibility and the promising functional results of the robotic procedure. He also discussed their preliminary experience on totally intracorporeal robotic radical cystectomy with urinary diversion. The operative and perioperative outcomes impressed us since it provided proof of the team's expertise in this highly demanding and major surgery.

On April 17 we again visited the Surgical Center of UNC Hospitals where we observed a robotic prostatectomy run by the two chief residents under the supervision of Dr. Wallen. During the procedure we discussed the increasing robotic surgery cases in the US in recent years. We definitely had a wonderful and productive time in North Carolina, where we experienced what the locals call a typical "Carolina sky," which is an intensively blue sky. But we had to be ready for our next stop-- Boston in Massachusetts.

### Week-end in Boston, MA (18-19 April)

One of the US's oldest cities with a rich history, Boston is New England's economic and cultural hub.

Our fun weekend started on Saturday when we met Mrs. Maureen Ciccolo, Coordinator of the Residency Programme at Lahey Clinic. Together with Maureen and some Lahey residents we joined the world famous "Duck Tour." If you ever go to Boston, don't miss this tour! The fun started as soon as we boarded our "Duck," a World War II-styled amphibious landing vehicle. We were off to an amazing journey, cruising by all the places that make Boston the birthplace of freedom and a city of firsts, from the golden-domed State House to Bunker Hill, Boston Common and Copley Square to the Big Dig, Government Center to fashionable Newbury Street, and much more.

For the thrilling "splashdown" our driver splashed our "Duck" right into the Charles River for a breathtaking view of the Boston and Cambridge skylines. Before lunch, we visited the Skywalk Observatory at Prudential Center, Boston's only sky-high vantage point for sweeping 360-degree views of Greater Boston and beyond.

On Sunday we experienced the Boston Red Sox game at Fenway Park, the America's most beloved ballpark. There we got a real flavor of the real American spirit. Dr. Libertino spent the tree hours of the game explaining to us - Europeans and therefore soccer fans - the rules and the tricks of baseball.



At Fenway park for the Red Sox game with Drs. Libertino, Hamaway and Stoffel

### Lahey Clinic, Burlington, MA (20-21 April)

The second week started with a visit to the Department of Urology at Lahey Clinic (Tufts University) in Burlington and the Massachusetts General Hospital (MGH, Harvard University) in Boston. The entire Lahey team warmly welcomed us and we particularly note the kindness of Mrs Ciccolo and Drs Hamway and Libertino.

During our two days at Lahey Clinic, we observed various surgical procedures and noted the commitment shown by all the teaching staff. Amongst the procedures was a case of bulbar urethral stenosis of approximately 2 cm. Dr. Zimman performed a perineal approach using a classic Turner-Warwick retractor. After exposing the urethra, he did a double balloon technique to ensure the exact length of the stenosis. After a careful dissection of the stenotic area, he made a termino-terminal anastomosis without tension with several sutures of monofilament 4/0. Patients also received a suprapubic catheter set from the proximal urethra by introducing a Benique. Dr. Zimman also discussed the most important steps for a perineal approach of rectourethrales fistula since the centre has a remarkable and specialised experience in the field.



In the office of Dr. John Libertino at Lahey

We also observed two open partial nephrectomies with Drs. Libertino and Sorcini, the former being a big fan of this type of approach. He placed great emphasis on trying to avoid vascular clamping and told us that



Before embarking for the Duck Tour in Boston with Mrs Ciccolo

95% of partial nephrectomy at his centre is performed without clamping. For this purpose they use various interesting tricks and manoeuvres: pediatric suction device, dissection spoon retractors, individual coagulation through bipolar forceps of intrarenal vessels, Floseal® and sutures for hemostasis to compress the parenchyma with Hemo-o-lock® and LapraTy®. In most cases they use intraoperative biopsy to avoid positive margins as well as the infusion of indigo carmine to identify possible accidental opening of the collecting system.

The systematic use of Cell-Saver in all open surgery complex cases attracted our attention. The system allows recovering a percentage of blood loss volume which is re-infused to the patient. In the case we observed, they could regain approximately half of the initially lost blood volume, and this surprised us since although we are aware of this, its use in European countries remains limited.

We also attended to two cases of robotic radical prostatectomy with Drs. Canes and Moizadeh who used a retroperitoneal approach with six ports, dissection of seminal vesicles through bladder neck, neurovascular bundle preservation from posterior to lateral side, a Van Velthoven running type anastomosis. On the other hand, the use of robotic surgery at Lahey is reserved for the surgical treatment of prostate cancer so far. We also discussed the department's projects such as intralesional injection of mitomycin C for treatment of urethral and bladder neck stricture after prostatectomy; experimental model for the use of LeGoo® (Thermal Polymer,

water-soluble, low-viscosity gel) Robotic Partial Nephrectomy that allows the segmental and temporary renal vascular, reversing the effect with the administration of intravascular saline.

Attended by all the department members, we gave individual presentations with Prof. Haferkamp discussing renal cell carcinoma, Dr. Autorino on minimally invasive therapies for BPH and Dr. Martinez-Salamanca's tackling the novel strategies to promote cavernous nerve regeneration.

#### Massachusetts General Hospital, Boston, MA (22 April)

Our last visit on April 22 was the MHG Department of Urology, a busy day filled with interesting insights. Dr. McDougal warmly welcomed us and we had a working breakfast while being briefed about the department's history. We also attended several surgical procedures. Two pure laparoscopic radical prostatectomies were performed by Dr. Dhal and we discussed with him the differences, benefits and disadvantages of this technique in comparison to open and robotic procedures. His modification for neurovascular preservation by direct injection of a preservation solution (saline with various vasoconstrictors) on the lateroprostatic fascia to facilitate its identification and preservation, with less blood loss, in his experience, caught our attention.

***"The systematic use of Cell-Saver in all open surgery complex cases attracted our attention. The system allows recovering a percentage of blood loss volume which is re-infused to the patient."***

Meanwhile, Dr. McGovern performed a very careful open prostatectomy with bilateral neurovascular preservation (high anterior release), preservation of bladder neck, urethrovaginal anastomosis by interrupted sutures. They systematically used front-light, magnifying glasses, and bipolar forceps, titanium clips of different sizes and with different applications. We also observed a PVP procedure performed by Dr. Tabatabay, an expert on this

procedure. A vaso-vasostomy using microsurgical Silber technique was also performed.

In the afternoon we learned about the various studies and research projects of the department including: a prospective study of open vs laparoscopic radical prostatectomy and the outcomes and quality of life; the use of BackStop® system to prevent proximal migration of ureteral calculi during the ureteroscopy procedure; a locoregional staging of penile cancer using modern techniques based on MRI; the development of a tumour bank with more than 3000 specimens collected; the identification of prostate cancer potential markers in urine by mass spectrometry, and a study on the predictive factors for positive surgical margins on pT3.

#### Cook Medical, Bloomington, IN (23 April)

In Indianapolis we were welcomed by Mrs. Ellen Molino, the AUA's International Projects Coordinator, our kind and resourceful contact person in the US and who painstakingly took care of our trip, keeping in contact with the host institutions and organising our wonderful stay. Ellen, our heartfelt thanks!

Located an hour's drive from Indianapolis, Bloomington is a quiet, nice town and home of the Indiana University and the Cook Headquarters. After meeting the CEO, we met Cook Vice President Mr. Mellinger who talked on the company's history and its continuing support of the AUA/EAU Exchange Programme right from the very start.

We learned about Cook's fascinating history including the story of its founder, Bill Cook and his devotion and dedication to work. Global product manager Mr. Hammack guided us through the entire cycle of their



Prof Debruyne and Dr. Scott McDougal at MGH

main products and we were amazed by the quality of the manufacturing process (almost handmade!). The busy day ended with an enjoyable typical American Midwest dinner, which we enjoyed together with the company's European representatives.

Our memorable American tour ended with this stop in Indiana, before proceeding to Chicago for the AUA 2009 annual congress.

#### Acknowledgments

To the AUA and the EAU for giving us such a tremendous opportunity and to COOK MEDICAL® for its contribution to make it possible. To all of them at the different US hosting Institutions for their lovely reception. To Prof. Frans Debruyne, a "father" for us young European fellows, for his expert mentoring during this unforgettable tour.

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