GLOBAL CONNECTIONS
A publication of the American Urological Association
Volume 3

Philanthropy in Urology
What Does It Take to Give Back?
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As the AUA’s International Education Consultant, I am proud to present the third issue of Global Connections. Our mission is to engage the international urologic community by fostering communications and identifying common themes affecting urology around the world. Urology professionals work in vastly different environments, yet we all face many of the same challenges. By offering various perspectives on topics in urology, we hope to provoke thoughtful discussion among our readers. I hope you find the articles timely, useful and, most importantly, enjoyable. If you have a suggestion for a future topic or theme, please contact me at international@AUAnet.org. I look forward to hearing from you.

Sincerely,

Robert Flanigan, MD
AUA International Education Consultant

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Image courtesy of American Medical Systems, Inc.
WHAT DOES IT TAKE TO GIVE BACK?

By Gopal H. Badlani, MD, AUA Secretary, and Ellen Molino

Most healthcare organizations and their members are involved in philanthropic efforts in some way. After all, philanthropy means “the love of humanity.” So it makes sense that medical professionals who work with people every day have the desire to volunteer and give back to those who are in need.

Urology professionals are no exception. In fact, a recent survey of almost 800 AUA members showed that 61 percent of respondents participated in volunteer philanthropic activities in the past 10 years, and 90 percent of respondents are interested in volunteering in the future. Whether it’s through a non-profit organization, a professional association or even their own foundation, urology professionals are finding ways to give back. While having interested volunteers is important, it is only one aspect of a successful humanitarian program.

A MEETING OF THE MINDS

When three largely publicized studies showed that male circumcision reduces the risk of HIV infection in HIV-negative heterosexual men in sub-Saharan Africa, the AUA realized the pivotal role of urology in male circumcision and established a Male Circumcision Task Force (MCTF). The MCTF was to evaluate ways that the AUA could become involved in the worldwide effort to scale up male circumcision in the region. On March 23, 2009, 24 stakeholders and experts from around the world met at AUA headquarters to discuss a potential AUA male circumcision volunteer program.

“This was a key step in the planning process,” says Dr. Ira Sharlip, MCTF Chair. “It was important for the AUA to hear the perspectives of those that were on the ground in Africa and hear from organizations that had experience with implementing similar volunteer programs. They brought up issues that we may not have thought of until years into our program.”
Philanthropy in Urology
AUA Membership Around the Globe

Reflecting back on a 110-year history of excellence, the American Urological Association (AUA) has appreciated the involvement and collaboration with urologic professionals from around the world to enhance the quality of care that patients receive. As an organization, the AUA continues to grow and support more than 18,000 members worldwide to promote discussion and learning among diverse urologic communities.

Since the first meeting of the AUA in 1902, urologists from other countries have been involved with the organization and the advancement of urologic healthcare. During this meeting, seven individuals from France, Germany and England were designated as AUA Honorary members. In 1935, the AUA established a “Corresponding Member” category, known today as the International category, which opened up membership to urologists practicing in countries outside of the AUA’s domestic region (the United States, Canada, Mexico and Central America). Today, International membership has increased to more than 4,000 members and includes urology healthcare professionals from 107 countries within six continents.

In 2007, the AUA established the International Residents-in-Training (IRIT) membership category, which created an opportunity for urological residents to stay up to date with education and to take advantage of networking opportunities. The IRIT membership has expanded in the past five years to nearly 400 members, and continues to grow as a result of various AUA programs, including the AUA International Residency Grant Program and the AUA International Resident Scholar Program.

The field of urology is constantly evolving and progressing because AUA members are utilizing the knowledge and experiences gained by taking advantage of their member benefits. These benefits include a free yearly subscription to The Journal of Urology, free access to the AUA Urology Core Curriculum, discounted AUA Annual Meeting registration, discounts on educational courses and products, free yearly subscriptions to AUA online publications and global networking opportunities. In May 2012, look for the launch of the AUA International Academy, a “virtual” classroom and global resource for urologic education.

In addition to international membership categories, the AUA created the International Membership Committee (IMC), which is comprised of a representative from each country that has at least 75 AUA members. The Committee reports to the AUA Section Secretaries/Membership Council to provide insight on member needs, training and outreach in their countries and on current AUA programming.

If you are not already an AUA member, we hope that you will join the AUA and your colleagues to advance urologic education and the highest standards of patient care around the world. For more information on AUA membership, visit www.AUAnet.org.
IVUmed was represented at the MCTF meeting in 2009 due to their extensive experience with sending urology volunteers all over the world. Founded in 1992 by Dr. Catherine deVries, IVUmed’s mission is to provide medical surgical education to physicians and nurses, and treatment to thousands of suffering children and adults. During the meeting, Dr. Sharlip explained that he felt a responsibility to ensure that volunteers would be safe and treated well in any program that was supported by the AUA. IVUmed agreed with this approach and emphasized the need to perform a thorough site evaluation prior to sending any volunteers to Africa.

Josh Wood, Executive Director of IVUmed, explains what he and his team look for during a site visit:

“We evaluate the facility and what it has available in terms of space, equipment and supplies. We determine the training needs of the local staff and gain a greater understanding of the local political situation and how stable the surrounding environment might be for the coming years. It’s also very important to have the support of the ministry of health, hospital administration and department chiefs. And finally, logistical considerations such as flights, local transport, lodging, safety, and language interpreters are all taken into account.

The AUA has since implemented a site evaluation policy for its Male Circumcision Volunteer Program. Although site visits use resources and require extra planning, Mr. Wood notes that it makes for a more efficient program in the long run.

“We want our volunteers to hit the ground running,” he said. “To help ensure that this happens, we look at every possible aspect of pre-trip planning.”

EXCEPT THE UNEXPECTED

Once potential sites were evaluated and approved, the next step was to reach out to potential volunteers. The AUA decided the best way to engage urology volunteers was to hold a volunteer training course at its largest forum, the AUA Annual Meeting. This annual course educates potential volunteers on the epidemiology of HIV and male circumcision; male circumcision and anesthesia techniques; life and culture in sub-Saharan Africa; and general expectations for serving in a volunteer capac-

ity. The goal of the course is to provide clear expectations about the environment in which volunteers will be living and working so they are able to make an educated decision about whether to participate in the program. The course faculty shares photos of potential host sites, explains the logistics of the program and answers attendee questions at the end of the course.

The course also ensures that attendees understand what is expected of them as a volunteer. One trait that is important is flexibility. As the course director and a volunteer himself, Dr. Sharlip emphasizes that, although the course provides guidelines on what to expect, volunteers must be flexible and “need to be prepared to face some bumps in the road” Mr. Wood agrees:

“Aside from the obvious requirement of professional expertise, adaptability is key to a successful volunteer,” he said. “The more a volunteer can adjust to different and changing realities, the more successful he or she will be.”

CONTINUED ▼
Perhaps the best way to enter into a volunteer experience is to not have any expectations at all. “Probably the biggest pitfall [of volunteers] is embarking upon a mission with preconceived and often unrealistic expectations,” says Dr. Sakti Das, AUA member and founder of Foundation for Freedom. The Foundation’s mission is to promote literacy in the developing world where opportunities for education are often sparse to non-existent. Dr. Das explains his philosophy on how a volunteer can get the most out of his or her experience: “One must go with an open mind to serve – only then do the fruits of service become more gratifying and one will not get disenchanted.”

Although many factors are out of the volunteers’ control, there are steps that can be taken to ensure a smoother trip. Barbara A. Margolies, Founder/Executive Director of the International Organization for Women & Development (IOWD), organizes medical missions to Rwanda with the goal of developing a sustainable program for the repair of fistulas. Barbara provides her volunteers with thorough preparation materials prior to their departure. “I send out reading matter on Rwanda (prepared by the State Department) in a packet that also contains our protocols and a personal letter that tells our volunteers what to carry, how to dress and other recommendations,” she said, emphasizing her belief that organization and communication are the keys to a successful volunteer program. “I probably drive [the volunteers] crazy by sending tons of email reminders before each trip.”

Many times volunteers have questions about vaccinations or other health concerns. Dr. Das refers his volunteers to the Centers for Disease Control and Prevention (CDC) for these questions. Dr. Das has extensive experience with both participating in and organizing medical volunteer trips so he understands volunteers’ hesitation regarding security in some areas of the world. However, he says a well-run program should negate most of these risks: “Some of the volunteers remain worried about security, but trips well planned with involvement of local organizers should pose no problem of security.” As an added precaution, the AUA also purchases travel medical and evacuation insurance for its male circumcision volunteers in case an emergency does occur. Although these pre-planning details sometimes seem tedious, they are invaluable toward ensuring volunteers have a good experience and are able to offer the best possible care to those they serve.

**REAPING THE REWARDS**

Once logistical preparations are complete, the volunteer program can finally be executed. Volunteers can now do what they ultimately want to do: help those in need. Dr. Zvi Levran traveled to Swaziland through the AUA Male Circumcision Volunteer Program in August 2010. Swaziland, a small country in sub-Saharan Africa, is in desperate need of surgeons to assist them in their male circumcision scale-up program for HIV prevention. With the help of local nurses, Dr. Levran was able to perform 300 male circumcisions in 10 days. His productivity was due in large part to his ability to establish a good working relationship with the local medical staff. “It was a wonderful experience with wonderful people,” he said. “I never expected to feel at home in such a short period of time.” AUA volunteers have also traveled to Namibia to assist with their male circumcision scale-up, and came back with similar sentiments.

“I got much out of working in Africa. [I enjoyed] interacting with people, learning about the people and the culture,” says AUA volunteer Dr. Jaroslav Richter.
Since 2010, the AUA has sent more than a dozen volunteers to sub-Saharan Africa through its Male Circumcision Volunteer Program. Dr. Sharlip hopes to increase this number in the future and establish long-term goals for the program.

“Our goal is to not only provide surgical care to patients, but also educational services to the local medical staff so that they can begin to build their own capacity,” he said.

IVUmed has been able to do this successfully in many countries. Josh Wood explains that it was difficult to dispel the perception of being a service-oriented organization, but by staying committed to their mission, they were able to overcome the challenge. “We maintain an attitude of educational and professional support to our partner physicians and nurses with training as our major purpose,” he said.

With the proper forethought and planning, volunteer programs can be extremely successful. By creating and supporting sustainable humanitarian programs, healthcare organizations and their volunteers are able to make a lasting impact that will benefit generations to come.

“I have worked with urologists in India for 15 years, and they have evolved to be very accomplished urologists on their own merits,” Dr. Das says. “Teaching the locals to take care of their own community is a very gratifying experience.”

“**I NEVER EXPECTED TO FEEL AT HOME IN SUCH A SHORT PERIOD OF TIME.**

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- U.S. State Department – Country-specific information, including security travel warnings
  
  http://travel.state.gov/

- Centers for Disease Control and Prevention – Disease and vaccination information
  
  http://www.cdc.gov/

- CultureGrams - Provides perspective on daily life and culture in specific countries
  
  http://www.culturegrams.com/

Want to give back?
VISIT THESE WEB SITES FOR VOLUNTEER OPPORTUNITIES:

- AUA
  
  www.AUAnet.org/ giving back

- IVUmed
  
  www.ivumed.org

- IOWD
  
  www.iowd.org

- Foundation for Freedom
  
  www.F4Freedom.org
AUA’s Academic Exchange Programs

AUA’s Academic Exchange Programs* offer promising young urologists the opportunity to spend time at academic institutions in other countries and attend their organizations’ annual meetings. These programs give participants the opportunity to gain a global perspective in urology while broadening their cultural horizons. Participants, selected through a competitive process, include urologists from Brazil, China, Europe, India, Japan, South America and the United States.

In the inaugural issue of Global Connections, we highlighted Dr. Gedson Evaristo de Santi, a Brazilian urologist who traveled to the United States to participate in AUA’s Academic Exchange Program. In this issue, we’d like to share the perspective of a U.S.-based urologist who traveled to China as an exchange program participant. Dr. Marcus Quek, Associate Professor at Loyola University, was happy to share his exchange experience and tell us what he learned during his trip.

Name: Marcus Quek, MD
Year of Academic Exchange: 2011
Country Visited: China
Country of Origin: United States
Current Hospital and Professional Position: Loyola University Medical Center, Associate Professor of Urology

AUA: How has your academic exchange experience affected your daily practice?

Dr. Quek: As part of the exchange, I visited several top urology programs in Beijing and Tianjin and was thoroughly impressed by their technical skills in laparoscopy and endourology. Their facility with the laparoscopic retroperitoneal approach to the kidney and adrenal was something that I really did not have a lot of experience with prior to my trip. They really made it look too easy! I have since started to offer select patients this approach. More than anything, though, I realized that there are more similarities than differences in the practice of urology between China and the U.S.

AUA: Did the exchange inspire international research collaborations?

Dr. Quek: I think there are plenty of opportunities to collaborate with researchers. The sheer volume of cases that are done far surpasses many of the major U.S. academic medical centers. All of the programs that I visited had active research departments that were eager to collaborate. I hope to take advantage of these opportunities in the future.

AUA: Has your communication and relationship with the AUA leadership increased since your exchange experience?

Dr. Quek: I definitely have a better appreciation of the AUA and its leadership. Traveling with Dr. Sushil Lacy, Dr. Gopal Badlani, Lori Agbonkhese and Rachel Pittman gave me the chance to learn more about the various AUA programs and opportunities for involvement.
AUA: How has the exchange program changed your perception of the practice of urology?

Dr. Quek: I gained a better appreciation of how culture and government impact the practice of urology. I was able to see some integration of “Eastern Medicine” into very modern “Western” urologic treatments. All inpatients had a thermos of hot water for their Chinese tea at their bedside, and when they were discharged after surgery, they often went back to their herbalist for more “preventative” remedies. Despite these differences, it was interesting to see similarities such as difficulties with integrating an electronic medical record system and dealing with extremely busy clinics.

AUA: How has participating in this program influenced your participation in other international activities?

Dr. Quek: The experience has clearly increased my interest in international urology. As a result, I will be participating as a panelist in the Japanese Urological Association session at the upcoming AUA Annual Meeting in Atlanta, Georgia. I will also be returning to China in March to participate in another CUA-AUA Residency Training Program Course.

AUA: What moment did you find to be the most impactful during your exchange?

Dr. Quek: I think the most rewarding experiences were the many opportunities to interact with our hosts on a more social level. I am so grateful for the hospitality that was shown to me. I was able to learn about the daily life and families of the residents and faculty, which gave me a much better understanding of what life in China is like … all over incredible food and a bottle or two of “Chinese wine.”

Dr. Quek observes Prof. Zhang Xianghua perform a TURBT of a small bladder tumor.

AUA: Has your exchange experience affected your professional career or personal life in other ways not yet discussed?

Dr. Quek: As a Chinese American that has grown up in the U.S., the exchange was an opportunity for me to not only expand my professional career, but also learn more about my own heritage. I thoroughly enjoyed the cuisine and the many cultural sites. I felt like I took a crash course in Chinese dynasties. On a personal level, I also had the chance to see where my late grandfather went to school in Nanjing.

AUA: Is there anything else you’d like to say about your experience?

Dr. Quek: I think the exchange was even more enjoyable because I was able to share and discuss the experience with my fellow AUA Exchange Scholar, Dr. Robert Grubb. I was fortunate to have been paired up with an easy-going travel partner. It made some of those “adventures” involving subways and bargain-hunting a truly memorable experience.

AUA: Would you recommend participation in this program to your colleagues?

Dr. Quek: Absolutely! If you are able to take the time, it is an incredible program.

For more information about AUA’s Academic Exchange Programs, go to www.AUAnet.org/exchange.

* AUA’s 2012 and 2013 Academic Exchange Programs are made possible through an educational grant by

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Male Incontinence – Birth of the Artificial Urinary Sphincter

By Drogo K. Montague, MD, and Lori Agbonkhese

Urinary incontinence is a significant health problem in the United States and around the globe with a considerable economic and social impact. Defined as any involuntary leakage of urine, more than 200 million people suffer from urinary incontinence worldwide, according to the World Health Organization (WHO). Many of these people suffer in silence unnecessarily, and are prevented from doing activities and living the life they desire. In the United States alone, based upon expert opinion, more than 25 million adults experience some form of incontinence. According to "Urologic Diseases in America," published estimates of national annual expenditures for urinary incontinence vary widely. One study found that the costs of urinary incontinence-related conditions for persons ages 15 and older exceeded $16.3 billion in 1995. Another study considered only adults ages 65 and over and reported costs of $26.3 billion. Both studies included estimates of costs for urinary incontinence-related medical complications, nursing home stays and supplies such as pads and laundry, in addition to the indirect costs of urinary incontinence.

According to Dr. Yukio Homma, President of the Japanese Urological Association, there are more than 100,000 men in Japan suffering from urinary incontinence. Although not all will require surgery, Dr. Homma reported that Japan spends the equivalent of $1 billion for pads and adult diapers each year to treat this benign condition. "If human resources are included, the costs may rise to $10 billion dollars per year," Dr. Homma said.

The diagnosis and management of male urinary incontinence is complex. Although there are various causes, urologic experts interviewed from around the globe agreed that most commonly, men present with incontinence following radical prostatectomy, though the condition can be caused by other conditions, including bladder or sphincter dysfunction, pelvic trauma strictures, and neurogenic or overactive bladder. According to Dr. Fernando Vaz of Brazil, "Prostate surgery is the most common cause, and in North Brazil, trauma is also a common cause." Dr. Sherif Mourad, President and Founder of the Pan-Arab Continence Society (PACS), says that "a few congenital anomalies and neurogenic bladder are also common causes in Egypt." Men will often present with the dual condition of sexual dysfunction and incontinence, and urologists often treat both conditions at the same time. In addition to surgical treatments, men also have several non-surgical options available to them, such as restricting fluid intake, bladder training or pelvic floor exercises. For men seeking surgical treatment options, the use of urethral bulking agents, male slings and the artificial urinary sphincter (AUS) have proven to be effective.

HISTORY OF THE AUS

In 2012, the AUS celebrates its 40th anniversary. In 1947, Frederic Foley first described an AUS as an externally worn urethral cuff attached to a pump kept in the patient’s pocket. However, the first artificial sphincter that resembles the model used today was developed by Dr. Brantley Scott 40 years ago in 1972. The AUS mimics a biological urinary sphincter by providing an unobstructed outlet to allow voluntary voiding. The first AUS, the AS 721, consisted of a fluid reservoir, an inflation pump, a deflation pump and an inflatable cuff with four unidirectional valves. In 1974, a newer model (AS 761) was released that offered a pressure-regulating balloon that per...
mitted automatic cuff closure. This pressure-regulating balloon provided constant, predetermined pressure within the hydraulic system so that the pressure-volume relationship became very predictable. The AUS device has continued to evolve since its introduction, and it has seen several improvements, which have resulted in it becoming a widely accepted therapy, particularly for male incontinence. Although the AUS' basic design and method of operation continue to be unchanged, the improvements made to the components make the AUS work better and last longer; the AMS 800, for instance, is now in its fifth generation. The cuff of the AUS has also undergone numerous changes and is available in several different sizes, which allow urologists to match the device to the patient. The AUS device has been proven reliable and was designed in such a way that the patient is always able to void; however, the most common reason for an AUS device to be replaced is due to urethral atrophy.

GLOBAL PERSPECTIVES

Due to the increased adoption of PSA screening around the world, the diagnosis of prostate cancer and the number of radical prostatectomies being performed is on the rise. As such, it is not surprising that the global urologic community is also seeing an increase in the number of men presenting with some form of urinary incontinence. It is also clear that increased education and training is needed around the world in this area. Dr. Vaz says, “Formal training in urology with a high-volume surgical practice is needed for sphincter procedures,” while Dr. Mourad suggests, “surgical workshops and [training] on how to evaluate the patient and the proper selection of cases for each modality are needed.”

The median age of men presenting with urinary incontinence varies around the world. In the United States, the median age is approximately 50 years; however, some men are diagnosed in their 30s and 40s. In South America and Egypt, men typically present in middle age, between the ages of 40-65. As healthcare continues to expand in Asia and Africa with more radical prostatectomy and cystectomy procedures being performed, it is anticipated that these regions of the world will also see higher rates of incontinence in the future. In some regions in China, epidemiological surveys on urinary incontinence show an incidence rate of 18 percent to 53 percent. As the number of men suffering from incontinence rises, a major factor in use of the AUS in their treatment appears to be the availability or lack of insurance coverage for the procedure and device, which varies around the world. According to Dr. Homma, “The AUS procedure was first used in Japan 20 years ago; however, it is rare in clinical practice since it has not been covered by government insurance.” Dr. Homma also reported that the Japanese government recently approved coverage for the AUS, which went into effect in April. He says, “It [AUS] will change the practice in Japan gradually, but substantially in the long run.” In Brazil, Dr. Vaz says, “The AUS is always mentioned to the patient, but it is only used in private practice when the patient has insurance that covers the expense or in government hospitals in major [Brazilian] cities.” Dr. Mauricio Plata, Vice Presidente of the Sociedad Colombiana de Urologìa, also says that patients in Colombia “seek [AUS] treatment depending upon the availability and insurance.”

CONTINUED
CHANGING LIVES

The diagnosis of urinary incontinence significantly impacts a patient’s quality of life and often brings with it anxiety, embarrassment and frustration. It impacts all facets of a patient’s life, from professional to personal, as well as their finances. Some feel a loss of dignity and turn to isolation for fear of leakage from their condition. “Incontinence is devastating for patients, and there is some kind of reluctance to seek treatment because of that,” says Dr. Plata.

Multiple treatment options for male incontinence are available. For those with severe urinary incontinence where an AUS device may be used, continent rates and patient satisfaction are good. In the United States, continent rates after implantation of the AUS are high – typically around 90 percent. Globally, continent rates vary. Dr. Mourad indicates that the continent rate in Egypt “is around 40 percent, although a successful AUS can go up to 90 percent, but I see a high failure rate mainly due to infection and removal of the AUS. Repeated bulking agents made some improvements up to 65 percent in a group of patients followed up for two years.” In South America and Japan, rates range from 80-90 percent. Professor Carlos D’Ancona of Brazil uses an ICIQ-SF questionnaire before and after surgery to evaluate patients. “We observed a great improvement in quality of life,” he said.

According to a 2008 article in the Canadian Urological Association Journal by International Continence Society President Dr. Sender Herschorn, the AUS has the largest body of literature reporting long-term success. This long-term success rate and high level of patient satisfaction outweigh the need for periodic revisions in some patients. Overall, the AUS remains the reference standard to which all other treatments must be compared.

One thing is clear – with continued education and awareness efforts by various urologic organizations and foundations around the world, the public’s knowledge about urinary incontinence is growing. The AUA Foundation Web site, www.UrologyHealth.org, provides a wealth of information on numerous urological diseases, including urinary incontinence. Dr. Mourad also reports that “since the development of the PACS, the awareness and education of urinary incontinence in general became evident through workshops and meetings.” Efforts are also well underway by the International Continence Society to hold World Continence Week during the period of June 18-24, 2012.

REFERENCES

By the Numbers

The AUA has a long history of involvement in the international urologic community and values the strong bonds of friendship and partnership that have been established with national and multi-national urological societies around the world. In this issue of Global Connections, we explore some of the key statistics of AUA’s international education and outreach efforts around the world. Since the first meeting of the AUA in 1902, urologists from other countries have been involved with the organization and the advancement of urologic healthcare. During this meeting, seven individuals from France, Germany and England were designated as AUA Honorary members. In 1935, the AUA established a “Corresponding Member” category, known today as the International category, which opened up membership to urologists practicing in countries outside of the AUA’s domestic region (the United States, Canada, Mexico and Central America). Today, International membership has increased to more than 4,000 members and includes urology healthcare professionals from 107 countries within six continents.

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