

AUA Inside Tract Podcast Transcript  
Episode 108

*Voices of Urology: COVID-19 in Colorado with Dr. Nicholas Cost*

**Host:** In Colorado, stay-at-home orders expired on April 27th, and as a result, certain businesses are beginning to open their doors again. Today, we're talking with AUA member, Dr. Nicholas Cost. He practices Urology in Aurora, Colorado. Dr. Cost, as Colorado started to relax stay-at-home restrictions and phasing in strategies for businesses to reopen, tell us a little bit about the impact of COVID-19 in Aurora, Colorado, and when you anticipate Colorado will resume elective surgeries.

**Dr. Cost:** Yeah. Well, thanks for the opportunity to chat with you about it. We've been really fortunate here in Colorado to have strong leadership from our governor, Governor Polis. He took action quickly in mid-March. And that really limited the numbers of both the infections and the deaths. It's allowed us to, now, be in the position where we are, that we can slowly emerge from the restrictions. And so we're doing that as a very structured process of reopening. And so in the meantime, like, you know, a lot of the other parts of the country, we've limited our work to the past few weeks of emergent, urgent surgeries and really seen a large shift towards telehealth for our clinic visits.

**Host:** What are some of the special considerations you think should be kept in mind as you and other practitioners in Colorado resume elective surgeries?

**Dr. Cost:** Yeah, I think that, you know, first and foremost, we need to remember that we need to keep the patients safe. So I think that implementing routine testing strategies, so, for example, here, all of our patients for surgery have to have COVID testing within 24 to 48 hours before surgery. And then I think, you know, it's still adhering somewhat to the tier system that we have been using where we're prioritizing care so that we're balancing the risk and benefit. Again, you know, we want people to be able to get back to routine elective surgery as soon as we can. We all wanna get back along with our lives, but we wanna do that in a way that, you know, provides as much benefit that limits the most risk. So, you know, as we are re-emerging, we're still using that tiered system to prioritize what needs to happen the soonest.

And sticking to those guidelines, I really think we're probably nationwide all using the similar kind of tiered system. I think continuing to do that makes sense so that we can then monitor what changes we have over the next few weeks, you know, what kind of impact that has on disease rates and things like that. So I think a just complete blind reopening back to things, the way things

were, you know, March 1 of 2020 isn't probably a smart thing. So we're trying to do that in a stepwise fashion.

**Host:** You practice both adult and pediatric urology. Can you tell us about how the pandemic has impacted those different aspects of your practice?

**Dr. Cost:** Yeah. So I have a bit of a strange practice in that I focus on oncology both within adult and pediatric patients. So specifically kidney and testis cancer. And so over the last six weeks or so, I've really triaged those oncology cases and only the most urgent, you know, things have been done. So renal tumors with vein thrombi, you know, new testis cancer patients getting orchiectomies, things like that. And then on the adult side, you know, that's pretty much been the same. Of course, we still do emergency cases on both sides of the street, testicular torsions, you know, urinary obstruction from things like stones, Fournier's gangrene. Those have been the kinda things we've been, you know, doing that are the emergency cases, but the urgent stuff that are oncology cases of high priority, we've still been doing. And again, I think that's similar to what probably most people have been doing around the country. I think in general, the pediatric side of the practice has been affected more just because there are relatively less of those kind of urgent cases than there are on the adult side, but it's been handled similarly, I would say.

**Host:** In your opinion, what lasting impact will this pandemic have on healthcare?

**Dr. Cost:** Well, I think a shift to telemedicine is a natural outgrowth from this. I think it's been great for patients and providers. For us here in Colorado, we're in Denver, but we care for the whole state and for about a 10-state region. And so we have people that come from a long ways away to see us. And so, you know, for example, I saw a patient last week, a testis cancer patient that's from the far west side of our state. And it would be probably 8 to 9 hours of travel for a 30-minute visit. And, you know, he was able to get his imaging there that I could see. And then I could see him over about a 30-minute visit and save him a, you know, whole day's worth of travel to do that. So I think going forward, we'll see more patients adopt that.

I think also, you know, we've really adopted a pretty strict routine, pre-surgical workup, and that includes viral testing right now, but also kinda a routine evaluation of readiness for surgery. And so I think going forward, people will, you know, do more kinda preoperative workup, really making sure that patients are, you know, ready for surgery. And then, you know, lastly, within, you know, the area of my practice, like kidney cancer, and for a long time, people have been advocating watching small renal masses. And I think, you know, that

has obviously been done over the last six weeks. And I think we'll finally see people kind of adapt to that. We'll see more nonsurgical management of small renal masses.

**Host:** What has this pandemic taught you? What advice would you have for your colleagues around the world or in this country, based on what you've learned?

**Dr. Cost:** Yeah, I mean I think science and facts matter. And we need to be paying attention to what's going on around us, not just in our small sphere of, you know, what we maybe do on a day-to-day. I think we could have been maybe a little bit more responsive in taking the news seriously in the weeks leading up to when things got really serious in mid-March. I think we will be more apt to communicate with our colleagues from around the world about what's going on. And that's not just within urology, but within medicine as a whole, and within the scientific community. I think there'll be, you know, a quicker trigger to sound the alarm when things are seeming not right maybe halfway across the world.

**Host:** Do you have anything else to add for us or any other final thoughts?

**Dr. Cost:** Well, yeah. I'd like to thank the AUA as an organization and a variety of other ones, you know, that I interact with like the American College of Surgeons and the American Academy of Pediatrics, the Society for Urologic Oncology. You know, all of these organizations have done an outstanding job during this time of providing guidance and leadership, you know, because everybody has questions about what to do. And when we put our thoughts together, I think we generally get a better answer. And I just feel humbled and honored to be part of the, you know, healthcare community. I've been so impressed with the commitment and dedication of all the, you know, "frontline healthcare workers" nationwide and worldwide. And I feel proud to be part of the profession. And, you know, here locally, I feel very proud to be able to work with and train our residents. They've stepped up. And not just the urology residents, but all the, you know, probably even more first-line residents, people in critical care and ER. Everybody has answered the call. And I think it's been a defining moment in our lives. And I don't wanna say we'll look back on it fondly, but I think, hopefully, we'll look back on our response proudly.

**Host:** Dr. Nicholas Cost is an AUA member practicing Urology in Aurora, Colorado. Thank you for your time today, Dr. Cost.

**Dr. Cost:** Thank you.