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The year is 2122. My Apple™ implant wakes me with unpleasant news. My nightly blood test has detected traces of early Gleason 0.5 prostate cancer. If left unchecked, this will kill me in 200 years. I take decisive action and summon my assistant.

“Hey Siri. Remove my prostate.”

I fall back asleep. Ten minutes later the robotic platform built into my bed completes the surgery perfectly, leaving me more potent and continent than ever. Per ERAS protocol I must wait 30 seconds before getting up. I take a moment to reflect on my long and fulfilling career.

The perfection of computer-controlled robotic surgery at the middle of the 21st century converted urology into a fully medical subspecialty. I saw the writing on the wall and completed the last prestigious fellowship available: chronic orchialgia. My pioneering development of testicular autotransplantation earned me the coveted Gold Cystoscope award, but progress came at a heavy price. Further advances in immunotherapy and organ regeneration have now made the field obsolete. Mine is a lonely existence - I carry the torch as the last remaining member of the AUA.

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Science fiction is full of dystopian timelines - one in which I am the sole surviving urologist is my least favorite possibility. Thankfully, all signs point to a more optimistic outcome. Technological innovation will not lead to the end of urology - it is our future.

One day soon, novel urine and serum markers such as exosomal mRNA¹ will have such high sensitivity and specificity that they relegate PSA testing to a historical footnote. My residents won't believe me when I describe the archaic ultrasound-guided prostate biopsy and which orifice was used.

One day soon, robotic technology with tactile feedback and augmented reality² will expand our surgical capabilities. Vessels and tumors will be clearly marked, and better simulation will lead to more adept surgeons. Endoscopic procedures will also benefit. We will simply set up the scope, sit down at a console, and direct the laser with pinpoint precision.³ My residents won't believe me when I describe how my hands used to cramp from holding the scope upside-down to get into the lower pole.

One day soon, reconstruction will flourish with materials that perfectly replace native tissues. Organ regeneration and 3D bioprinting will make bowel diversions seem barbaric.⁴ My residents won't believe me when I describe maturing the rosebud of an ileal conduit.

¹ Kohaar I, Chen Y, Banerjee S, et al. A Urine Exosome Gene Expression Panel Distinguishes between Indolent and Aggressive Prostate Cancers at Biopsy. *J Urol.* 2021;205(2):420-425. doi:10.1097/JU.0000000000001374

² González, C., Solanes, J.E., Munoz, A., Gracia, L., Girbés-Juan, V. and Tornero, J., 2021. Advanced teleoperation and control system for industrial robots based on augmented virtuality and haptic feedback. *Journal of Manufacturing Systems*, 59, pp.283-298.

³ Zhao, J., Li, J., Cui, L., Shi, C. and Wei, G., 2021. Design and performance investigation of a robot-assisted flexible ureteroscopy system. *Applied Bionics and Biomechanics*, 2021.

⁴ Tibbetts, J.H., 2021. The Future of Bioprinting: Multidisciplinary teams seek to create living human organs. *BioScience*, 71(6), pp.564-570.

One day soon, knowledge of the urinary microbiome will revolutionize even the nonsurgical aspects of urology. Interstitial cystitis will be a relic of the past⁵, and recurrent UTIs will disappear when patients take their sublingual vaccines⁶. My residents won't believe me when I describe how a berry extract used to be my go-to prescription.

The best science fiction is grounded in reality. Every statement I have made is backed by a source published within the last year. They are all speculative, but urology will advance. And one day soon, my residents will believe me when they all come true.

⁵ Ueda, T., Hanno, P. M., Saito, R., Meijlink, J. M., & Yoshimura, N. (2021). Current understanding and future perspectives of interstitial cystitis/bladder pain syndrome. *International Neurourology Journal*, 25(2), 99.

⁶ Nickel JC, Lorenzo-Gómez MF, Foley S, Saz-Leal P. A novel sublingual vaccine will dramatically alter the clinical management of recurrent urinary tract infections in women. Paper presented at: 2021 American Urological Association Annual Meeting; September 10-13, 2021; virtual. Abstract PLLBA-02.