Our New President by: Patrick McKenna, MD

Dr. Howard N. Winfield ascends to the president position after five years on the Executive Committee. Howard is well known to our membership where he has served as past Secretary and Executive Board member. During the last twenty years he has contributed significantly to the North Central Section’s educational programs. Howard graduated with a Bachelor of Arts degree from Colgate University and his Medical Degree from McGill University. He did his initial graduate training in Ontario, Canada, and then returned to McGill where he completed his urology residency. Howard’s post graduate training continued at Washington University in St. Louis, UCLA, Los Angeles, and the University of Minnesota. After his initial return to the faculty at McGill University, Howard was recruited to the University of Iowa by Dick Williams where he became an internationally recognized leader in laparoscopic surgery. He has published over 170 articles and over 70 book chapters; however, his major contribution is to education. Howard was one of the first to use video clips to train other urologists and has an ability to teach complicated maneuvers in a clear and understandable fashion. He is often called on to provide educational talks locally, regionally, nationally and internationally. His greatest educational contribution has been his leadership in training residents at Iowa; many of whom have gone on to become leaders in urology.

I have known Howard professionally for over twenty years. Ten years ago, through the NSC Board, Linda and I became personal friends with Howard and Lori. I am very lucky to have the opportunity to work alongside Howard as we plan next year’s Chicago meeting. Working with such an organized friend has made my job easy and the meeting is shaping up to be one of the best our section has seen. As with most of us, it is our spouse who coordinates both our professional and family lives and Lori clearly is the ultimate organizer. Lori has had a long history of helping underprivileged and needy children and recently developed the “back pack lunch program”. This innovative program provides lunch for young children whose homes and schools were destroyed by the recent tornado that struck the Tuscaloosa area. She, along with our local arrangements couple Liz and Mike Takacs, is busy planning exciting “family friendly” social events for the upcoming meeting. Lori and Howard have four children: two daughters and two sons. Ashley, the oldest, lives in Chicago, the second grader, is developing into an awesome golfer. Benjamin is in the second grade and is really into trucks and cars and already has plans to drive a red Ford F-150. We are looking forward to meeting the entire family in Chicago.

Howard recently moved to Tuscaloosa, Alabama, where he was offered a unique opportunity at DCH Regional Health System to develop a robotic and advanced laparoscopy program. Additionally, he is tasked to recruit well trained urologists to the region. Howard has shared with me that while he enjoys his new role in Tuscaloosa, his heart, educational interests, and most importantly his close friends remain in the Midwest and the North Central Section.

We are in good hands with Howard’s leadership, skill and experience. I know Howard and Lori join Linda and me in extending an invitation to join us at the 86th Annual Meeting at the Swissotel in Chicago, Illinois.

Registration Materials for the NCS 2012 Meeting will be mailed and available online at www.ncsaua.org in summer 2012! We look forward to seeing you in Chicago!
The 85th Annual Meeting of the North Central Section was hosted by Dr. Peter and Barbara Knapp in the beautiful surroundings of Rancho Mirage, California, at the Westin Mission Hills Resort and Spa. The weather was perfect and the facility was well suited for the meeting. With over 300 registered participants, we initiated a new meeting format that received rave reviews for its incorporation of health policy and practice management, along with our normal high-quality academics and robust "family friendly" social events.

The meeting started with the first ever on site, live robotic surgery featuring Dr. Inderbir S. Gill performing a zero-Ischemia Robotic Partial Nephrectomy. Dr. Arieh L. Shalhav served as the local moderator, funneling questions to Indy and adding his own experience to further augment Indy’s informative and educational live presentation. We moved into our new programming, which featured the latest information on practice management and health policy. Highlights included a practical tool kit for reimbursement by Dr. Mark Painter, Management of Systemic Therapies by Neal Shore, and an update on RAC audits by Dr. Jeff Kaufman. Invited speaker Lisa Orin, JD provided a Federal and State regulatory update on health policy over lunch. Dr. Herb Riemenschneider moderated the afternoon panel where Dr. Jeff Kaufman talked on current Urology Health Policy issues, Joe Arite gave a state update, then Dr. Gary Kirsh put it all in perspective for independent practices and Dr. J. Quentin Clements did the same for academic practices. The success of this new portion of the meeting will assure a dedicated Health Policy section at future meetings.

Just fewer than 300 abstracts were submitted for this meeting and the quality was so high we accepted 239. They represented a comprehensive coverage of urology. Discussants did an outstanding job again this year reviewing presented abstracts. There was better adoption of the audience participation and it significantly improved the panel discussions.

The focus of the meeting was innovation and integration. Our morning educational sessions and panel discussions covered the topics of integration of women’s care; utilization of the internet in marketing and what to do about bad internet evaluations; and advances in the use of robotics in pediatric urology, oncofertility, refractory prostate cancer treatment, chemotherapy in bladder cancer, and minimally invasive treatment of renal tumors. We heard from two recently trained urologists about what to expect in the next twenty years in minimally invasive surgery and men’s health. The Young Urologists put on an excellent session on financial planning, investment strategies, and a roundtable discussion of the different practice possibilities. It was standing room only. The resident quiz bowl added audience participation and audience members were surprised with the difficulty of the questions. The AUA has adopted our quiz bowl for the National AUA meeting and our winning team will participate in the national AUA quiz bowl this summer. Our own NCS member and president-elect of the AUA, Dr. Dennis Pessis, gave us an AUA update followed by a panel discussion moderated by Dr. Knapp that included Dr. Pessis, Dr. Nakada, NCS Board Representative, and Dr. Richard Memo, the AUA treasurer. Dr. Robert Bahnson gave a complete update from the American Board of Urology specifically covering maintenance of certification and changes to the recertification exam.

In addition to the outstanding visiting professors that participated in the Health Policy section, we benefitted from stellar visiting professors for our academic program, too. Dr. Craig V. Comiter, from Stanford, gave two outstanding lectures on the management of post-prostatectomy incontinence, and how to manage the failed sling in women. Dr. Kathleen A. Cooney, from Ann Arbor, provided an update in medical urologic oncology. Dr. Peter Carroll, from San Francisco, talked about refined treatment of prostate cancer and whether active surveillance of early stage prostate cancer is rational or risky. Dr. Steve Wilson discussed new frontiers of prosthetic urology. In all areas of urology, we are seeing major advances at a rapidly increasing pace. The invited lecturers pushed the envelope on updating the members on many of the changes that have occurred since our last meeting. Their participation was enhanced by the exceptional contributions made by leaders in our section.

Dr. Knapp chose to honor Dr. John P. Donohue. Dr. Richard Bihrlle and Dr. Richard Foster provided a personal introduction for the Honorary John P. Donohue lecture. Dr. Lawrence H. Einhorn gave the Honorary Lecture. He gave a complete history of the management of testicular cancer and identified the important contributions that Dr. Donahue and Indiana Urologists have made to advance the successful testicular cancer treatments. Dr. Knapp followed with his presidential address titled “Innovation, Integration and the Practice of Urology”. He outlined the tremendous advantages of integrating care of urologic diseases with oversight by urologists.

The solid program was augmented by an equally solid and enjoyable social program. Under the enthusiastic direction of Dr. Jim and Elise Ulchaker, our local arrangements couple, we had fantastic social events. The “State Fair” held right on the grounds of the resort was the highlight of many that attended the meeting. The hot air balloon ride, music, fair food, and games were enjoyed by all. The Annual Banquet provided the opportunity to socialize together and the fine food and band were outstanding. There was dancing until after midnight.

At the annual meeting, the membership approved Dr. Stephen Nakada as the AUA Board Representative, and Dr. Sheila Gemar for another term as historian. Howard Winfield ascends to the President position and Dr. Robert Bahnson was elected as the AUA Board Alternate. Dr. Chandru Sundaram (Indiana) was elected president-elect. Special thanks to Dr. Ajay Nehra from Minnesota and Dr. Langenstroer as their three-year term on the board ends. They contributed significantly to the leadership of the section. We welcome new board members Dr.
William J. Utz, Minnesota; Dr. John V. Kryger, Wisconsin; and Dr. Thomas A. Gardner, Indiana. Changes to the bylaws were also approved, which clarify the process for selecting elected positions if the nominating committee report is not accepted at the business meeting. In addition, the secretary-elect was added to the Education Committee.

The board moved to initiate an educational program for Nurse Practitioners and Physician Assistants at our section meeting. The Education Committee was tasked with making contact with key leaders in these areas and with helping to organize a half-day program in Chicago. It was suggested that the program also be open to primary care physicians. All state societies participated in the North Central Section Visiting Professor Program. This program supports section visiting professors at state society meetings. Most of the suggestions from the Young Urologists were incorporated in the meeting and appeared to be well received. The board approved a donation to the International Volunteers in Urology again this year contributing $8,000.00 to cover two resident fellowships. The Education Committee will work out a plan to manage requests from members to run membership surveys and substantial upgrades were made to the North Central Section website. The board will be setting aside an afternoon to review the strategic plan for our section at the interim meeting in January.

From the Treasurer
Gary M. Kirsh, MD

The NCS fund balance, as of September 30, 2011, totals $2,550,002. The year to date operating surplus totals $103,641. NCS operations have consistently resulted in a positive cash balance year to year for the past several years. This is a credit to the leadership and financial prudence of the board and NCS management (WJ Weiser & Associates, Inc.) over an extended period of time.

NCS investments are housed at Merrill Lynch and are managed by Kelly Group of Baltimore, MD. Although returns have been negative so far this year due to poor performance of the equity markets generally, NCS investments have had solidly positive returns over the last five and ten years due to diversification of NCS funds and successful management by Kelly Group. The NCS, which has a diversified balanced account, has experienced investment returns that have well exceeded those of the blended index for balanced accounts over many years.

The board recommended that we send additional representatives to the Joint Advocacy Meeting in Washington in March. The board approved support for two representatives to attend. The board congratulated Dr. James C. Ulchaker who was selected as the AUA Gallagher Scholar. Our section put up three competitive nominees for the vice chair of the AUA Health Policy and Christopher Gonzalez was selected. Congratulations to Chris for accepting this position.

WJ Weiser & Associates, Inc. continues to do an outstanding job behind the scenes advancing the goals of our section. Donna Kelly had another successful fundraising year with industry support being the highest in our history for an out-of-section meeting. Special thanks to Sue O’Sullivan who is a joy to work with and key to the daily management of our section. We are extremely lucky to have such an organized group of people that work with Wendy and provide the support so the section can continue its successful programming. I am fortunate to be working with Howard Winfield to organize the next meeting. We are already planning several new additions to the annual meeting, which will honor Dr. Richard Williams. Please plan to join us at the Swissotel in Chicago, IL, October 10 – 13, 2012.
Report from the Representative to the AUA Board of Directors

Stephen Y. Nakada, MD

My experience on the board of directors of the American Urological Association as the North Central Section Representative has been most rewarding. I want to thank the North Central Section for giving me this privilege. It has been an honor to serve with Drs. Memo and Pessis on the board of directors, as it is unusual to have three members of the NCS serve simultaneously on the AUA Board of Directors. Dr. Richard Memo is the AUA treasurer, and Dr. Dennis Pessis is president elect. Our Health Policy Committee is now led by Dr. David Penson. I also encourage all of you to join the JAC meeting in Washington, D.C., in March. This is an important meeting to attend on many levels, as this is the one time urologists get together to “storm the hill.” This has been a most educational meeting for me.

Dr. Steven Schlossberg is the new treasurer-elect of the AUA and will take over when Dr. Memo’s term ends. Along with Dr. Memo, I continue to serve on the Audit Committee for the board of directors and participate in over-viewing the fiscal status of the AUA. Just as the NCS board did, the AUA board just completed a lengthy strategic planning process, and significant efforts will be made in education, research, health policy and fiscal planning towards the future. We are in a complex time for urologists right now, but I can assure you the AUA continues to strive to look out for its membership at all levels.

Deanna and I had a wonderful time at the Section meeting in Palm Springs and congratulations to Peter and Barb Knapp and Jim and Elise Ulchaker! We look forward to an outstanding meeting in Chicago in the fall, and I know Drs. Winfield and McKenna, along with the WJ Weiser team, will put on a great meeting. The scientific programs will be strong, and I look forward to another strong “Resident Bowl” competition. Finally, please come to Atlanta in May for the AUA Annual Meeting and the national residents quiz bowl. As you know, this tradition was started in our section by Dr. Dennis Pessis!

Report from the Immediate Past President

Peter M. Knapp Jr., MD

It has been a tremendous honor and privilege to serve as president of the North Central Section the past year. It has been a pleasure to participate in the rich traditions of the NCS while helping to position the NCS for the future. Our board, Executive Committee and membership represents some of the best and brightest in urology and will continue to make the NCS the strongest of the AUA sections.

Pat McKenna, orchestrated an exceptional academic program with an outstanding mix of state-of-the-art lectures, panel discussions, and breakout sessions to meet everyone’s educational objectives. The meeting themes of Innovation and Integration of Services were evident in the presentations of guest speakers and NCS academic faculty. Our Local Arrangements Chair couple, Dr. James and Elise Ulchaker coordinated an outstanding array of daytime and evening activities that were enjoyed by everyone. The State Fair theme night will long be remembered by all who attended. Our Treasurer, Dr. Gary Kirsh, and our WJ Weiser & Associates, Inc. executive team of Wendy, Sue, Donna, and Katie worked diligently to fund and execute the meeting for the members’ benefit. Our board supplied year-long support of our objective to provide live surgery and the first NCS Health Policy and Practice Management Symposium in a casual, relaxed, and invigorating environment. My deepest appreciation goes to all of the members of this winning team.

My wife Barbara and I mostly appreciate the many friendships we have made in the North Central Section over the many years. Having served the NCS as Local Arrangements Chair couple, treasurer, and most recently as president, our connection to the section has spanned many years and has given us the opportunity to know many members and leaders of the NCS. Barbara and I truly value the friendships we have made and look forward to continuing to work together in the future.

Lastly, I would like to congratulate our new president, Dr. Howard Winfield, and wish him and his wife, Lori, a great experience leading the North Central Section in 2012. I know their commitment and the support of our outstanding board will bring another exceptional year for the NCS.
Illinois:
As of this writing, the Illinois legislature adjourned its extended veto session without approving a top priority of the Administration - Establishing a state-run health insurance exchange. After considering a long-term extension of the Medical Practice Act that included increased fees and a shortened licensure cycle, policymakers approved yet another single year fix. This issue (and possible fee increases) will come up again in 2012. Targeted medical liability reforms will also receive attention from lawmakers. Rep. Dwight Kay reintroduced his joint and several liability measure Dec. 7 (HB 3905). Below-the-radar reports indicate Illinois pathologists will secure introduction of a bill to restrict pass-through billing. The General Assembly will also consider legislation to either eliminate the new prohibition on out-of-network balance billing for certain non-contracted specialists in a hospital or expand the prohibition to all physicians not affiliated with a hospital’s primary private payor.

Iowa:
Before they adjourned for the summer and before republican legislators started touring the state with visiting presidential candidates, the General Assembly had a productive session. House File 490, which passed the House but not the Senate, requires a “certificate of merit” in order to file a medical malpractice suit. Because the bill passed one chamber in the first year of a two-year General Assembly, it only has to pass the Senate in 2012. An Iowa judge recently overturned a state rule that allowed nurse practitioners to supervise fluoroscopy, ruling in favor of doctors who opposed the regulation. Sources expect nurses groups to say a bill to invoke the rule is possible in 2012. Also in 2012, Gov. Branstad is expected to push a large education reform package as well as commercial property tax cuts that didn’t get adopted in 2011. The General Assembly will convene January 9, 2012 and adjourn April 17, 2012.

Michigan:
Like a number of other states this year, Michigan legislators established a prescription drug monitoring system to combat abuse. House Bill 4192 became effective on July 20, 2011. House Bill 4350, which extended medical liability protections to physicians providing free care, also passed through the legislature and became effective on July 15. House Bill 4441 adjusts laws governing certificate of need for health facilities and was approved and became effective December 6, 2011. Senate Bill 384 passed both chambers and became law on November 8. SB 384 clarified physician’s assistants ability to prescribe controlled substances and perform other delegatory activities. December 31, 2011 was the deadline for a deal between Michigan Blue Cross and Beaumont Health System. The situation has drawn interest from the state’s Insurance Commissioner as well as legislators. Blue Cross is also defending itself against price fixing allegations from the Federal Government and rival insurer Aetna. The Michigan Legislative remains in session and will meet throughout 2012, adjourning sine die December 31, 2012.

Minnesota:
Given the tumult associated with the 2011 legislative session that included a government shutdown, Minnesota urologists are indeed lucky that a significant piece of legislation that included the gradual repeal of the provider tax is now law. The 2% levy is scheduled to draw down over four years beginning in 2014. Physician advocates will engage in watchful waiting in 2012 as legislators may, at any time, reverse that action. Having failed to approve competing bills to extend or eliminate the radiation therapy center construction moratorium in 2011, sources foresee another round of in-fighting. Indeed, forces opposed to integrated urologic care are "shopping" around a patient referral restriction bill in the style of Maryland’s ultimate example. Other measures that failed in 2011 that are expected to receive renewed consideration include a “shared” decision-making bill that specifically references prostate cancers and legislation to expand the scope of practice and title for chiropractors. The 2012 Minnesota legislative session will convene Jan. 24, 2012 for approximately 10 weeks. Deadlines for bill introductions and chamber "cross-over" will be published when legislators kick-off the session.

Indiana:
The 2011 legislative session featured a number of issues affecting urologists and their patients. Senate Bill 65, which would require insurers to make direct payments for services to non-contracted providers, was ultimately never called for a vote. House Bill 1080, which would allow physicians to close their practices to new patients who have health insurance plans that the physicians don’t want to accept, was also introduced yet not adopted. It was announced recently that Chief Justice Randall Shepard will be stepping down from his post on the Indiana Supreme Court in March of 2012. Shepard retires as the longest serving chief justice in the country. In 2012, the state Supreme Court may consider a lawsuit challenging the $1.25 million limit for total damages in medical liability cases. Appellate judges recently cleared the way, declaring that the high court’s 1980 decision left room for legal challenges. The 2012 session is expected to be action packed and perhaps very diverse. Among proposals that Gov. Mitch Daniels may push include making Indiana a right-to-work state. The General Assembly will convene on January 4, 2012, and is set to adjourn March 14, 2012.
North Dakota:

*Primum non nocere.* First, do no harm. Many believe North Dakota "got it right" in this regard by holding legislative sessions only in odd-numbered years. Therefore, in 2012, organized medicine will keep an eye on interim activities of the legislature. Prioritized studies include a comprehensive review of health insurance regulations, the implementation of federal health system reform and rural healthcare delivery. Please note that a law passed in 2011 eliminated the collaborative prescriptive agreement required of advanced practice registered nurses.

South Dakota:

After drastic 10% mostly across-the-board cuts imposed in 2011, 2012 is shaping up to be less traumatic. Gov. Daugaard's proposed budget calls for a net 0.5% increase for Medicaid payments. Lay midwives are expected once again to seek greater independent authority after being pushed back in 2011. Whereas in Wisc. and La., legislators are demanding an end to special fund raids to make up for general account shortfalls, South Dakota lawmakers are expected to reach into the health care and education enhancement funds to address future budget deficits.

Ohio:

Ohio’s 129th General Assembly is ongoing and nearing the end of its first year. Bills affecting urology include the following: House Bill 284, which adds to physician’s assistants scope of practice and prescriptive authority, has seen little movement and still sits in the House Health & Aging Committee. Senate Bill 83 allows certain advanced practice nurses to prescribe schedule II drugs. SB 83 passed the Senate but awaits action in the House. Two other bills that remain in committee in their respective chambers are SB 129, which calls for greater physician immunity in an emergency, and SB 136, which prohibits a prescriptive agreement required of advanced practice registered nurses.

Wisconsin:

Just as the Green Bay Packers' success carries over year-to-year, so does the session of the Wisconsin legislature. Many of the same issues that dominated the attention of lawmakers in 2011 will be on their minds in 2012. Simply replace rowdy Capitol demonstrations with pesky elections and the possible recall of Gov. Scott Walker. AB 147, the Assembly-approved physician apology bill, is expected to be watered down in the Senate. The legislature will also consider eliminating the ambulatory surgical center assessment (AB 408/SB 297) and a constitutional amendment to prohibit the kind of raid former Gov. Doyle undertook against the injured patients fund.
process has begun. There are very definite programs and efforts to bring about bundling of payment and to force a move away from fee for service. This reform process ultimately will bring an additional 33 million people into the insured ranks.

There is significant concern regarding medical licensure being tied to participation in the Medicaid program. It seems clear that urology will have lower reimbursements. There will be a decrease in reimbursement for Part B drugs, such as Lupron. Lithotripsy payments will again be challenged. PQRS will become mandatory after 2014. However, due to negotiation from organized medicine, including the AUA, there has been an 80% to 50% reduction in the percentage of eligible PQRS patients to be in compliance. There are current efforts, through alliances, to repeal the IPAB. However, it appears clear that dealing with the SGR will further reduce reimbursement. $300 billion is necessary for Congress to resolve the SGR problem. This money is not likely to be available in the current or upcoming budgets.

Health Policy Committee Report: An overview of the 2011 North Central Section Health Policy Committee Meeting

The meeting was called to order by Dr. Riemenschneider on October 17, 2011, at 4:00 pm. All committee members were requested to present information regarding policy matters and medical business problems within their regions.

The meeting was sparsely attended by committee members. In addition to the committee members, North Central Section Health Policy Committee attendees, NSC members who attended earlier presentations and physician presenters attended this meeting.

The issue that rapidly emerged during these discussions was a concern about the AUA splintering its efforts regarding service to the membership. It was the opinion of many that, although dues are mandatory and all members are solicited for political action funds, the services provided to the membership did not equitably serve the general membership. The exceptions are the practice guidelines and medical education.

Discussions included the significant expenditures by the AUA to support ancillary services. The thought is that this addresses only a minority portion of the membership. There were discussions regarding actions of the AUA, which have led to sub specialization of AUA sanctioned organizations, such as the Society of Urologic Oncology, Pediatrics, Society of Urodynamics and Female Urology. There were discussions that these actions limit the opportunities for a significant component of the association. Concerns were voiced relative to the Large Urology Group Practice Association (LUGPA) and how AUA support will impact small group practices and independent urology practitioners. There is also considerable concern about the activities of the political action committee (UROPAC), and whether members of the society who contribute receive appropriate value. It seems to be a widely shared perspective that a minority of voices, at the national and regional level, influence the application of these funds and the subsequent political process. This results in benefits accruing to only a portion of the membership. A particular case-in-point was the support that the AUA provided for challenges to ancillary service within urologic practice in the state of Maryland. This is considered an example of action of the AUA being influenced to focus its resources and political clout to a small portion of the membership. However, the funds are derived from dues and political contributions and are solicited from the general membership.

In summary, the North Central Section Health Policy Committee meeting became a discussion on how the total membership of urology, as a specialty, is represented by the AUA. Secondly, we discussed the perception of inequitable receipt of services by the actions of the AUA and its closely related organizations.

The Health Policy Committee meeting was scheduled for one hour. However, as the discussion of the splintering of representation by the AUA began, the meeting significantly exceeded its scheduled one hour. The normally controlled, modulated, objective commentary from physician members, both the Health Policy Committee and the section members, became animated, focused and strident.

The members in attendance asked that I not quote their individual perspectives. I’ve done so by omitting the attendance record, except to state that those present are either members of the NCS Health Policy Committee and/or members of the North Central Section of the AUA.

A small contingent of young, new section members did request that a less condensed and less complex program be presented to those who are early in practice and uninitiated in health policy.

The overall perspective of the October 17, 2011, NSC meeting focused on socioeconomic activities, including practice management, discussions of the Health Policy Panel and the meeting of the NCS Health Policy Committee and was very well received.

IN MEMORIAM 2011

The North Central Section honors those members who have passed away this year. We will always be thankful for their commitment to the section and miss them dearly.

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NCSAUA Would Again Like to Recognize Our 2011 Promotional Partners

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Dendreon
Ferring Pharmaceuticals, Inc.
Janssen Biotech, Inc.
Pfizer

**Gold Exhibit Level**
Astellas Pharma US, Inc.

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Thank You Again to Our 2011 Exhibiting Companies

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USMD
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**NCS INDUSTRY OPPORTUNITIES**

Industry Partnerships are a vital part of our success. The NCS is currently seeking industry partners who share our commitment to growth and excellence in the field of urology.

The partnership packages we offer include additional marketing opportunities and enhanced exposure throughout the meeting. Through this program, we hope to work in tandem with our industry colleagues to identify ways to enhance our current member programs and implement new projects that will lead to improved patient care through better physician education and mentoring. Please invite your industry contacts to become NCS industry partners. Partnerships packages are promotional opportunities and, unlike educational grants, are appropriate to discuss with your sales representatives. Please ask them to contact Donna Kelly at Donna@wjweiser.com for more information.

If you have vendors you do regular business with, please ask them to become more involved with NCS. Thank you for your help!
Report From the Historian
Sheila K. Gemar, MD
Historian, NCSAU

Our 2012 annual meeting at the Swissotel in Chicago is just around the corner. A display featuring the history of all 22 of our NCS urology training programs is in progress. We currently have 17 programs that have committed to participate. We are asking each program to encourage residents, staff or alumni to archive their history in a poster-type presentation. Individual programs who have contacted us will receive details of the format for these displays in upcoming communication. Attendees at our 2012 meeting will be able to reminisce about their training and remind themselves of the enormous contributions the NCS has provided to the advancement of Urology.

NCS Awards 2011 – Rancho Mirage, California

Poster Winners
Wednesday, October 19, 2011

Bladder/Stone
Presented By: Jason Hedges, MD, PhD; Northwestern University
Basic Science Winner: Poster #17 – Costus Spiralis Roscoe Inhibits Calcium Oxalate Crystal Growth and Adhesion to Renal Epithelial Cells
Presented By: Mitra de Cógáin, MD; Mayo Clinic

Adrenal/Kidney
Clinical Winner: Poster #9 – The Impact of Squamous Cell Histology on Clinicopathologic Characteristics and Outcomes in Patients With Bladder Cancer Following Radical Cystectomy
Presented By: Simon Kim, MD, MPH; Mayo Clinic
Basic Science Winner: Poster #7 – Anti-IL10-R1 Monoclonal Antibody Enhances Bacillus Calmette-Guerin (BCG) Induced TH1! And Anti-Bladder Cancer Immune Responses In Vitro and In Vivo
Presented By: Nathan A. Bockholt, MD; University of Iowa, Pfizer, Inc.

Laparoscopy
Clinical Winner: Poster #26 – Discharge Patterns after Laparoscopic or Robotic Partial Nephrectomy: Factors Predictive for Decreased Length of Stay
Presented By: Amit Patel, MD; University of Chicago Medical Center

Basic Science Winner: Poster #27 – Frequency of Lower Urinary Tract Injury Following Gastrointestinal Surgery in the Nationwide Inpatient Sample Database
Presented By: Dae Kim, MD, PhD; Northwestern University

Outcomes/Socioeconomic
Clinical Winner: Poster #39 – Utilization of Electronic Health Record Clinical Decision Support Systems on Prostate-Specific Antigen Testing in the United States
Presented By: Sandip Prasad, MD, MPhil; University of Chicago Medical Center

Incontinence/Transplant/Testis/Scrotum
Clinical Winner: Poster #60 – Prevalence of Staphylococcus Aureus Infection, Antibiotic Resistance and Risk Profiles Among Men With Scrotal Abscesses in the Outpatient Setting
Presented By: Frank J. Penna, MD; Henry Ford Hospital, Vattikuti Urology Institute

Prostate
Clinical Winner: Poster #47 – The Changing “Landscape” of Clinical T3 Prostate Cancer
Presented By: Christopher Mitchell, MD; Mayo Clinic Rochester
Basic Science Winner: Poster #44 – Prostate Histotripsy: Canine Urethral Dose Optimization
Presented By: George R. Schade, MD; University of Michigan

Video Session Winners
Friday, October 21, 2011

Video #6: Robot Assisted Laparoscopic Ureteroureterostomy for Ectopic, Duplicated Ureter: Cases and Description of Technique
Presented By: Ken Haberman, MD; University of Minnesota

Resident Bowl – Winning Teams
1st Place Team:
Robert Kohut – Case Western Reserve University
M. Adam Childs – Mayo
Aria Razmaria – University of Chicago
Ken Haberman – University of Minnesota
Kiranpreet Khurana – Cleveland Clinic

2nd Place Team:
Tom Frye – SIU
Ray Tan – Michigan
Don Bui – Beaumont
Ariella Friedman – Henry Ford Health System
George Schade – University of Michigan

John D. Silbar Award
Crystal Dover, MD
University of Wisconsin
Podium #117: Microsurgical Denervation of the Spermatic Cord for the Treatment of Chronic Testicular Pain: A Single-Center, Single-Surgeon Experience

Thirlby Award
Christopher Knoedler & Robert Gaertner
Metro Urology
Podium #150: 1570 Robot Assisted Laparoscopic Prostatectomies Performed Without the use of a Pelvic Drain

Traveling Fellowship Award
Sandip Prasad, MD, MPhil
University of Chicago Medical Center
Post #39: Utilization of Electronic Health Record Clinical Decision Support Systems on Prostate-Specific Antigen Testing in the United States
North Central Section 2011 – 2012

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Post-Convention News 2011

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