

Innovative Research, Outstanding Care

WISCONSIN UROLOGY

THE NEWSLETTER FOR ALUMNI AND FRIENDS OF THE UW UROLOGY PROGRAM



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The Truth

“There are surgical procedures and medical treatments only a handful of doctors can perform. UW Health’s doctors are the men and women who take them on.”

The above is an excerpt from one of the most recent UW Health commercials, **The Truth**, which we were proud to be a part of.

Here, in the UW Department of Urology, we have assembled a broad range of specialty-trained urologists who perform thousands of complex and unique procedures each year. Our department has a dedicated and experienced team working to ensure the best possible patient care every day while remaining focused on identifying new treatments and cures for current and future generations.

Please take a moment to watch **The Truth**, which can be found on our website and on our Facebook page. You might recognize a few of our faculty faces who had the opportunity to be on set during the filming and receive some spotlight! **WU**

MESSAGE FROM THE CHAIRMAN



Stephen Y. Nakada, MD, FACS

I hope our newsletter finds you doing well. This winter was an active and highly productive time for the Department. I will do my best not to make my message sound too much like a laundry list, or a grocery list of good news!

First, kudos to Dr. David Paolone and Dr. Will Ricke both of whom were promoted to Associate Professor this winter; they will begin in their new titles in July. David Paolone, MD came to us from the Cleveland Clinic in 2001, and he has successfully navigated a complex clinical practice and effectively taken on the Medical Directorship at our One South Park Clinic, following in the footsteps of the able Dr. John Wegenke. Of note, David served as President of the Wisconsin Urological Society this year.

Will Ricke, PhD came to us from the University of Rochester, and he has brought an excellent research program to the Department, specifically interested in hormonal effects on prostate and bladder cells. To his credit, Will, along with Drs. Wade Bushman and Kris Penniston,

have begun a process to organize and expand our research programs. Now more than ever, we have a dovetailing of our clinical and basic research teams.

This year marks a record year for the Department at the American Urological Association. Specifically, 23 abstracts are accepted for presentation at the Annual Meeting in San Diego. This is in addition to a strong showing of our faculty in courses and various sessions. Of particular note, Dr. Jason Abel will present at the Research Forum, a great honor for young physician-scientists. This goes along with Departmental leadership at the JUA, SUO, SPU and Engineering and Urology Society meetings. Of course, please join us at the Alumni gathering on the traditional Sunday evening, 5:30-7:30 pm in the Anaheim Room of the San Diego Marriott Marquis and Marina Hotel.

We undertook our first ever philanthropic gala this winter, The Sky's the Limit. The event was a great success, and gratitude goes to Dr. David and Karen Jarrard, in addition to Mr. Ed Peirick, one of the evening's speakers. All proceeds went to establish the Wisconsin Urologic Research Institute (WURI). Other notable announcements include a spectacular Lescrenier lecturer, Dr. Herb Lepor, this past March. His lecture on focal therapy for prostate cancer attracted many eager listeners.

I am delighted to announce the establishment of the Mark and Karen Koulogeorge Chair in Urology. This marks the fourth endowed chair in the Department, and this new chair will continue to strengthen our academic programs and faculty. Since then, we have hired Deborah Hobbins as our first Development Officer. Deborah comes to us from Planned Parenthood of Wisconsin, Inc., and she will be refining our philanthropic programs in short order. See her column for details.

On the national front, our own Kris Penniston, PhD is serving on the AUA Guidelines Panel for Medical Stone Prevention. This is indeed an honor, and further emphasizes the impact Kris has had on nutrition and quality of life in urolithiasis. Pat McKenna, MD has been named Chair of Health Policy for the American Association of Clinical Urologists, and continues in his role as Chair of the Judicial and Ethics Committee of the AUA. Pat will also be presiding as Secretary of the North Central Section meeting this fall in Naples, Florida. Since his arrival, Pat has quickly developed a strong team in Pediatric Urology, most recently bringing on Dr. Ruthie Su from Seattle Children's Hospital. Dr. Su will be starting with us this summer.

Last but not least, Dr. Dan Williams, our Program Director, received continued full accreditation for our residency program from the Urology Residency Review Committee this spring, as well as an increase in resident complement to 12 residents. This is tremendous news, and is clear evidence of the growing stature of the program. Kudos goes to Dan, Barb Lewis (our Educational Program Coordinator) and everyone involved in the residency.

I look forward to seeing many of you at the AUA in San Diego, and also at our Schnoes Lectureship here in Madison in June. We are all excited about hosting Dr. Stuart Wolf, the David Bloom Professor of Urology at the University of Michigan. Until then, On Wisconsin! **WU**

Stephen Y. Nakada, MD, FACS
Chairman and The Uehling Professor of Urology

UW's Top Bladder Cancer Program Continues to Innovate

by Steve Hall, *Administrator*

Dr. Tracy Downs heads our world class bladder cancer treatment program. Downs and his colleagues are among a small group of nationally prominent experts who are leading the discovery and implementation of medical and surgical advances that are improving outcomes for patients in our region and beyond.

The first sign of bladder cancer is typically gross hematuria or microscopic hematuria (identified through urinalysis). Our urologists look inside the bladder through cystoscopy to identify the cause, which is usually a non-cancerous disorder. In 2011, UW became one of the first centers in the country to offer “blue light” Cysview[®] cystoscopy, which is more effective at identifying bladder tumors.

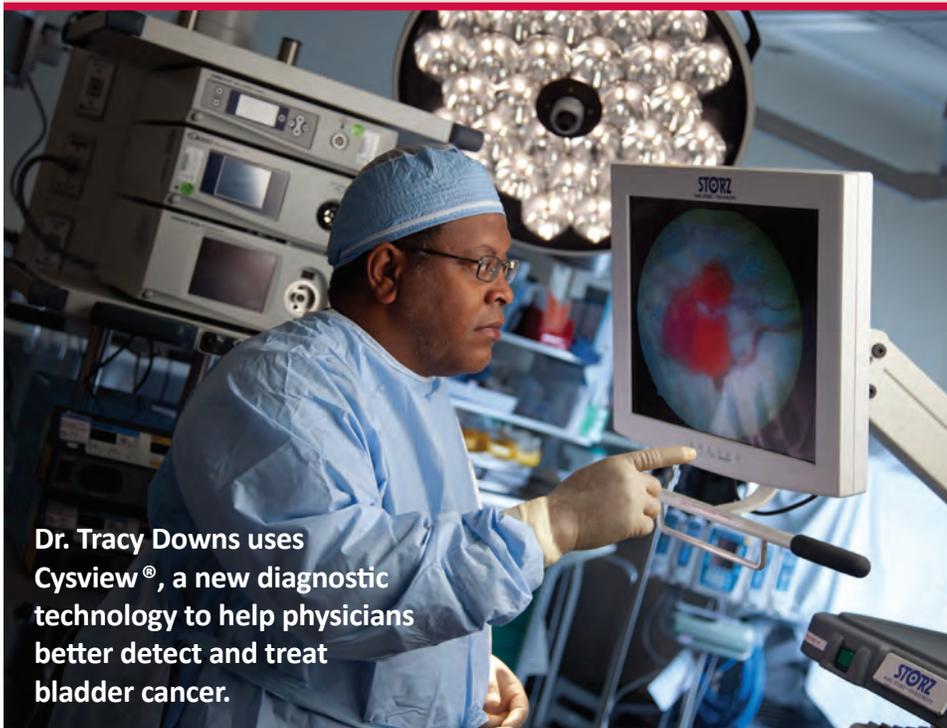
When bladder cancer is found, it is in the highly treatable first stage approximately 70% of the time. Our urologic oncologists have a high success rate removing this non-muscle invasive cancer through transurethral resection of bladder tumor (TURBT). After this procedure, ongoing surveillance is critical because new tumors frequently form in subsequent months. Dr. Downs describes this phenomenon as the “dandelion effect.” He explains, “When you pull a dandelion, you remove the weed from your lawn, but some of the white seeds fall off and can lead to new dandelions growing in the future. Similarly, cells from the removed tumor can re-implant, and normal areas of the bladder wall may manifest disease later.” Dr. Downs and his colleagues employ the latest intravesical therapy, injecting the chemotherapy agent Mitomycin into the bladder perioperatively. This drug provides a slight reduction in tumor recurrence. Bladder cancer is a field defect, meaning the entire bladder wall has been exposed to cigarette or occupational carcinogens, so the agent is applied to the entire bladder wall.

Follow-up cystoscopies are performed every three months for 1-2 years, depending on the characteristics of the cancer removed. Stage 1 bladder cancer recurs within two years in approximately 50% of patients, requiring additional surgery. If no new

tumors are identified during the initial surveillance period, the frequency is reduced to an annual cystoscopy for life. While bladder cancer has a high survival rate, the extensive follow-up makes it the most expensive cancer to treat on a per patient basis.

Dr. Downs and his colleagues are experts at treating stage 2 and 3, muscle-invasive, bladder cancer through cystectomy and robotic cystectomy. In many instances they utilize neoadjuvant therapy, by which patients undergo a four-month round of chemotherapy prior to removal of the bladder. Although this delays the cystectomy, it can improve long-term survival. The therapy has been shown to reduce the chance of metastasis in localized muscle-invasive cancer, and in some cases, reduces the cancer to an operable size, avoiding cystectomy. Around 30% of the time, patients experience a complete response in which the chemotherapy alone eliminates the cancer.

Dr. Downs is part of a national effort to identify novel medications to improve the effectiveness of intravesical therapy and neoadjuvant therapy. A clinical trial performed elsewhere found that the lung and pancreatic cancer drug, Erlotinib (trade name Tarceva[®]), improved survival for stage 2 and 3, muscle-invasive bladder cancer when used as a neoadjuvant treatment prior to cystectomy. UW is the first center to embark on a promising new trial to use this EGFR receptor antagonist as a neoadjuvant treatment for stage 1 bladder cancer. Research has shown that an EGFR abnormality is over expressed in 75% of bladder tumors. The trial begins with orally administering the drug for 3-4 weeks prior to TURBT. Pathology of the removed tumor indicates whether the abnormality was present and whether its EGFR receptor responded to the drug. Then, routine surveillance will determine whether reduced recurrence results. Through this and future studies, Dr. Downs will continue to lead the fight against this menacing disease. **WU**



Dr. Tracy Downs uses Cysview[®], a new diagnostic technology to help physicians better detect and treat bladder cancer.

by *Tricia Maier*

UW UROLOGY AT THE AUA

Annual UW Urology Alumni Reception – May 5, 2013

The 2013 UW Urology Alumni Reception at the AUA is scheduled for Sunday, May 5, 5:30-7:30 pm, in the Anaheim Room (Lobby Level, North Tower) of the San Diego Marriott Marquis and Marina Hotel. We enjoy seeing and catching up with all of our alumni and friends so please be sure to join us Sunday evening!

UW Faculty at the 2013 AUA Meeting

Stephen Nakada, MD will moderate the lecture “Management of Stone Disease in the 21st Century” during The 8th AUA/JUA International Affiliate Society Meeting, Sunday, May 5, 4:00 pm.

Kristina Penniston, PhD, RD is a presenter for the educational course “Nutrition Counseling for the Prevention of Urolithiasis”, Saturday, May 4, 1:00-3:00 pm. This course will review the different stone-forming mechanisms as they pertain to dietary management. Specifically, methods for prevention of different stone types by nutritional counseling will be presented at this course.

Sara Best, MD and **Stephen Nakada, MD** are co-moderating the session “Advances in Imaging and Treatment: Kidney/Kidney Stones” at the Engineering and Urology Society Meeting, a Section of the Endourological Society, Saturday, May 4, 1:00-2:00 pm.

Sara Best, MD is a presenter for the educational course “Urolithiasis: Metabolic Evaluation and Medical Treatment”, Sunday, May 5, 8:30-11:30 am. This course reviews the pathophysiology of stone disease with a focus on the metabolic and environmental risk factors that lead to stone formation.

Patrick McKenna, MD is director of the educational course “Participation in an Expert Witness Registry”, Sunday, May 5, 12:00-1:30 pm. Dr. McKenna’s course is geared to AUA members who currently serve as expert witnesses in malpractice cases. Developing a registry of members willing

to serve as expert witnesses could facilitate education, improve monitoring, and possibly decrease frivolous malpractice suits.

Stephen Nakada, MD is an educational course director for “Urolithiasis: Surgical Management, Percutaneous, Shock Wave Lithotripsy, and Ureterscopy”, Monday, May 6, 6:00-8:00 am. Dr. Nakada’s course will offer the practicing urologist a comprehensive, case-based review of the surgical management of urolithiasis. Leading experts in the field of urology will present the latest techniques and innovations in percutaneous renal surgery, ureteroscopy, and shock wave lithotripsy.

Daniel Williams, IV, MD is a presenter for the educational course “Investigation and Management of Scrotal Pain for the Practicing Urologist”, Monday, May 6, 1:00-3:00 pm. This course is designed to provide practical techniques for urologists to diagnose the cause of scrotal pain.

AUA Abstract Podium and Poster Presentations

UW Urology faculty, staff and residents have 23 accepted abstracts for either podium or poster presentation at the 2013 AUA annual meeting. The abstract titles and authors are listed below:

Bisphenol-A induces urinary voiding dysfunction in adult male mice. Nicholson TM, Wood RW, Levenson GE, Timms BG, vom Saal FS, Ricke WA.

White’s operation: The history of 19th century attempts to treat prostate disease with orchiectomy. Nicholson TM, Best SL, Ricke WA.

Preoperative pulmonary embolism does not predict poor postsurgical outcomes in RCC patients with venous thrombus. Abel EJ, Wood CG, Eickstaedt N, Fang JE, Kenney P, Bagrodia A, Ramirez D, Gayed BA, Downs TM, Youssef RF, Odom C, Sagalowsky A, Margulis V.

Isolation and analysis of circulating tumor cells in renal cell carcinoma. Abel EJ, Casavant B, Tokar S, Lang J, Beebe D.

Radiographic and laboratory data allows medical management in the absence of stone analysis. Best SL, Sivalingam S, Penniston KL, Nakada SY.

Higher hemoglobin A1C is associated with a greater likelihood of uric acid stone formation: Is control of diabetes important for stone prevention? Best SL, Shiau J, Bell R, Penniston KL.

Multiphoton microscopic characterization of renal cell carcinoma. Best SL, Abel EJ, Eliceiri KW.

A novel food frequency questionnaire for stone formers accurately assesses specific nutritional lithogenic risk factors. Bell R, Falk RN, Nakada SY, Penniston KL.

Topiramate results in a rapid and progressive decline in urinary citrate over 60 days: A prospective study. Penniston KL, Jhagroo RA, Nakada SY.

Women stone formers have reduced quality of life compared to men due to lower energy, more sleep disturbances, and anxiety. Penniston KL, Nakada SY.

A randomized, prospective intervention suggests positive role of behavioral health counseling in recurrent stone formers. Neumaier ER, DuBenske LL, Hoyt WT, Nakada SY, Penniston KL.

Spot specific gravity measures predict 24-H urine volumes: A new clinical tool for biofeedback in meeting

volume recommendations. Penniston KL, Jhagroo RA, Nakada SY.

Contemporary practice patterns in the management of acute obstructing ureteral stones: A survey of endourologists. Sivalingam S, Stormont I, Nakada SY.

Current practices in percutaneous nephrolithotomy among endourologists. Sivalingam S, Cannon S, Nakada SY.

Calcium oxalate lithiasis induces renal tubular injury and fibrosis in a porcine model. Sivalingam S, Penniston KL, Sehgal PD, Crenshaw T, Nakada SY.

The history and evolution of percutaneous nephrolithotomy. Patel SR, Nakada SY.

Novel approach to risk stratification in patients considering active surveillance. Shaiu J, Truong M, Slezak JA, Abel EJ, Downs TM, Jarrard DF.

Development and multi-institutional validation of a biopsy-integrated algorithm for determining Gleason 6 upgrading risk. Truong M, Slezak JA, Sado M, Lin CP, Iremashvili V, Razmaria AA, Soloway M, Eggner S, Abel EJ, Downs TM, Jarrard DF.

HP1g is elevated in prostate cancer and is superior to Gleason score as a predictor of biochemical recurrence after radical prostatectomy. Truong M, Slezak JA, Huang W, Jarrard DF.

Employing the epigenetic filed effect to detect prostate cancer in biopsy-negative patients. Truong M, Yang B, Livermore A, Wagner J, Weeratunga P, Huang W, Dhir R, Nelson J, Lin DW, Jarrard DF.

Opening doors and diversifying the urologic workforce: R. Frank Jones MD, a pioneer in the training of African urologic surgeons in North America. Downs TM, Rayford W, and the R. Frank Jones Urologic Society.

Expression microarray meta-analysis identifies genes associated with Ras/MAPK and related pathways in progression of muscle-invasive bladder transition cell carcinoma. Ewald JA, Downs TM, Cetnar JP, Ricke WA.

Bladder cancer incidence and survival in organ transplant recipients: The University of Wisconsin experience. Downs TM, Abel EJ, Powell A, Levenson G, Jarrard DF, Mezrich JD.

PAST LECTURESHIPS

2013 Charles and Margaret Lescrenier Lectureship



Herbert Lepor, MD

Professor and Martin Spatz Chairman
Department of Urology
NYU School of Medicine

The Charles and Margaret Lescrenier Lectureship occurred on March 7, 2013. Dr. Herbert Lepor was our keynote speaker that evening. Dr. Lepor gave an excellent lecture, “Is Minimally Invasive Ablative Therapy of



Dr. Herbert Lepor with UW Urology residents.

Prostate Cancer Ready for Prime Time?" at our event. The following day Dr. Lepor spent quality time with our residents.

Dr. Lepor's primary clinical and basic research interests are related to the prostate. His clinical practice is currently limited exclusively to surgical management of prostate cancer.

Dr. Lepor has served on the editorial boards for four major urological journals and has authored over 191 peer-reviewed articles, 50 book chapters, and 12 books related to prostate cancer, benign prostatic hyperplasia, and the pharmacology of the prostate. He is the co-founder and editor of *Reviews in Urology*. Some of Dr. Lepor's landmark scientific contributions have focused on the identification of the autonomic intervention regulating male sexual function, development of the nerve-sparing radical prostatectomy, improving outcomes following radical retropubic prostatectomy, characterization of the prostate alpha1 adrenoceptor, and the medical and surgical management of benign prostatic hyperplasia.

UPCOMING LECTURESHIPS

Robert F. Schooes Lecture Series

**June 6, 2013 - 5:30-6:30 p.m.
Room 1220 - Medical Foundation
Centennial Building (MFCB)**

"Individualizing Management of the Small Renal Mass"



J. Stuart Wolf, Jr., MD, FACS

The David A. Bloom Professor of Urology Associate Department Chair for Clinical Operations Director, Division of Endourology and Stone Disease University of Michigan

Dr. Wolf joined the University of Michigan faculty in July of 1996 as the Director of the Division of Minimally Invasive Urology (now the Division of Endourology and Stone Disease). Dr. Wolf has directed the Endourology/Laparoscopy Fellowship at the University of Michigan since 2002, and is the Associate Department Chair for Clinical Operations. He was named the inaugural David A. Bloom Professor of Urology in 2006.

Involved in professional activities at the regional, national, and international levels, Dr. Wolf serves on the Executive Committee of the Michigan Urologic Society, is the Chair of the AUA Practice Guidelines Committee, and recently completed a term on the Board of Directors of the Endourological Society. In 2011, Dr. Wolf received the John W. Konnak Faculty Service Award from the University of Michigan Department of Urology, and in 2012 received the department's Outstanding

Achievement Award. Dr. Wolf has been a Fellow of the American Colleges of Surgeons since 1999 and in 2010, was elected to the prestigious American Association of Genitourinary Surgeons.

Dr. Wolf's clinical practice focuses on minimally invasive urologic laparoscopy, endourology, kidney stone disease, and renal disease including cysts and cancer. His research centers on the development of new techniques for laparoscopy and other minimally invasive procedures, and the critical assessment of such techniques within the spectrum of health care.

2013 Uehling Lecture

**November 1, 2013
Fluno Center**



Anthony J. Schaeffer, MD

Herman L. Kretschmer Professor and Chairman Department of Urology Feinberg School of Medicine Northwestern University

Anthony J. Schaeffer, MD is Professor and Chairman of Urology at Northwestern University's Feinberg School of Medicine. Dr. Schaeffer has made major contributions to urologic research and has been a strong advocate of physician-scientists and their needs. He's had continuous NIH funding for 30 years and received the distinguished MERIT Award from 1996-2004. He served on the NIDDK Advisory Council from 2006-2010, chaired the AUA's Research Council from 2003-2010, and was Associate Editor for *Journal of Urology* from 2004-2012. Dr. Schaeffer received the AUA's Eugene Fuller Triennial Prostate Award in 2004, the Distinguished Service Award in 2010, and the AUA Foundation Distinguished Scholar Alumni Award in 2011.

Dr. Schaeffer has published extensively on UTI, inflammation and incontinence and developed and performed innovative techniques for incontinence in men and women, including the urethral sling procedure for post prostatectomy incontinence. He is a graduate of Northwestern University Medical School and the Stanford University urological residency program. **WU**

The Nurse Practitioner/Physician Assistant Role in Urology: A New Paradigm?

by *Bunmi Kumapayi, NP-BC*

Is the nurse practitioner/physician assistant role in Urology a new paradigm? No, not really. However, the impact of these roles in optimizing their practice continues to grow and they are involved in the field of Urology more than ever.

Across the health care industry, the roles of nurse practitioners (NPs) and physician assistants (PAs) have evolved over the years and resulted in improved access to care and prompt evaluations. NPs and PAs are at the forefront of patient education, care coordination and enhancement of care, provided on inpatient and outpatient clinical services, as they serve both the adult and pediatric populations.

The Advent of Nurse Practitioners and Physician Assistants

There are over 150,000 practicing NPs and 85,000 practicing PAs in the U.S. today. They contribute significantly to our healthcare system.

- The NP and PA roles were originally developed as solutions to meet the community health care needs of Americans in rural and poor urban areas
- As health care continues to change, the following top three reasons have become even more important to maintain the health of patients across the board: cost containment, improved access and better services to the underserved
- NPs and PAs practice under a collaborative practice agreement with physicians
- NPs and PAs possess extensive knowledge of physical assessment, differential diagnoses, pathophysiology, pharmacology, and management of acute and chronic patient medical problems
- Evolution of the NP/PA role is clearly linked to the political agenda, and its autonomy is linked to educational preparation and, in many cases, prescriptive authority
- NPs and PAs are not unique to the U.S. Other countries such as Australia, Canada, England, France, Netherlands, Scotland, South Africa and Taiwan are in various stages of developing NP/PA roles to meet health care challenges in their own countries

Nurse Practitioners (NPs):

- Registered nurses at the Master's degree level (Advanced Practice Nurses) with training that enables them to provide common and acute health care services
- Requires expert knowledge base, complex decision making skills, and clinical competencies for expanded practice, the characteristics of which are shared by the state or institution in which he/she is credentialed to practice
- Training focuses on medical sciences as they provide diagnostic, therapeutic, and preventive healthcare services
- Clinical rotations give Advanced Practice Nurses (APNs) intensive "hands-on" experience

- Licensed by the individual states in which they practice
- Prescriptive authority by the individual states in which they practice
- Prescriptive licensing/certificate by the Drug Enforcement Agency (DEA)
- National certifying body

Physician Assistants (PAs):

- PA educational programs usually take at least two years to complete for full-time students
- Most applicants to PA educational programs already have a college degree and some health-related work experience. Many PAs have prior experience as registered nurses, emergency medical technicians, and paramedics
- Formally trained to provide diagnostic, therapeutic, and preventive healthcare services
- Take medical histories, examine and treat patients, order and interpret laboratory tests and x-rays, and make diagnoses
- Educate and counsel patients
- Prescribe medications
- Duties of PAs are similar to those of NPs
- All jurisdictions require PAs to pass the Physician Assistant National Certifying Examination, administered by the National Commission on Certification of Physician Assistants (NCCPA) and open only to graduates of accredited PA education programs



The Urological Allied Health Professionals and the American Urological Association

The Urological Allied Health Professionals (AHP) includes NPs and PAs as defined by the American Urological Association (AUA). The AUA has developed a growing relationship with urology NPs and PAs, recognizing the impact of their roles and offering more courses specifically designed for these professionals at their annual meetings. We should applaud the commitment that the AUA continuously shows in educating our NPs and PAs in order to promote their ability to provide the best, up-to-date, state-of-the-art care to our urological patients. We also applaud the UW Department of Urology for their ongoing support of our participation in the annual and sectional AUA conferences that allow us the opportunity for continued medical education in an efficient and concise manner.

- The AUA and the AUA Foundation recognize that, in some areas, the Allied Health Professionals contribute to the care of the patient with genitourinary diseases, and therefore encourage the proper utilization of AHP
- AHP are expected to work in a collaborative alliance with a urologist
- Where the major duties of the AHP are those of diagnosis, treatment, or management of patients with urological diseases or problems, the designated collaborating or supervising physician should be a urologist certified by the American Board of Urology

NPs and PAs in Action at the UW Department of Urology

As rightfully said by Diane K. Newman, NP, Division of Urology, University of Pennsylvania Medical Center, "...Urology with its acute and chronic patient population, and varied and often repetitive problems, is an ideal specialty for advanced practice providers (APPs) such as nurse practitioners and physician assistants..."

Our NPs and PAs here at the UW Department of Urology provide a full range of general urologic care that consists of new patient consults, revisits, urgent and same day visits, pre- and postoperative evaluations, while incorporating health promotion, illness prevention, and management of acute and chronic urologic conditions. We also assume the care of those patients that require non-operative general urology attention, and our individual practices are evolving over time while keeping up with the needs of our urological practice.

What does it take to have a successful NP/PA practice? We have the blessing and privilege of collaborating with urologists who are supportive of our nurse practitioners and physician assistants.

Our NPs and PAs are a perfect solution to providing that extra measure of clinical expertise, time, and attention that patients are sure to appreciate. They encompass multifaceted roles that reflect the complexity of the urology field and the needs of urology patients. As our community continues to see growing urologic needs, our NPs and PAs have readily assumed the care of patients with ongoing chronic and/or non-operative general urologic conditions in the clinic setting while the urologists are freed to perform surgeries and manage more complex cases. Our NPs and PAs have consistently and efficiently contributed to increasing overall practice productivity, and they are readily involved in (but not limited to) the following:

- Increased and timely access to appointments for new, urgent and routine follow up visits, and pre- and postoperative evaluations
- Increased workflow efficiency and coordination of care by providing initial consultations and examinations
- Diagnosing, ordering and interpreting lab data and imaging studies
- Initiating screening and workup of new patients, and treating a wide range of acute and chronic urologic conditions that include hematuria, BPH and associated symptoms, urinary incontinence, urinary tract infections, erectile dysfunction, hypogonadism, elevated PSA and urolithiasis
- Prescribing medications for different urologic conditions and ailments
- Counseling and educating patients and their families about plan of care and providing patient education about treatment of different urologic conditions
- Inpatient and ER consults, and inpatient floor coverage and rounds
- Developing protocols
- Credentialing to perform procedures such as spermatic nerve blocks, stent/drain removals, and complex catheterizations, to name a few
- Research

NP/PA-MD Teams at the UW Department of Urology

Using the MD-NP/PA patient-centered teams fosters care coordination and management.

- Continuity of care is one of the greatest benefits of this approach
- Promotes the ease of coordinated care and streamlined schedules

- With NPs and PAs on the teams, surgeons are freed to concentrate on more complex cases and surgeries
- Variety for the NPs and PAs keeps the practice fresh and challenging

Conclusion

The roles of nurse practitioners and physician assistants in Urology have evolved over the years and the best is yet to come as we continue to be heavily involved in diverse areas of general urology services and management of an array of acute and chronic urologic conditions and procedures in inpatient and outpatient settings. We provide high-quality, cost-effective and individualized care for patients and their families.

Consumer and government studies have shown that nurse practitioners and physician assistants are skilled clinicians and educators who are paramount to our healthcare delivery. All stake holders (students, faculty, practitioners, employers of nurse practitioners and physician assistants) can find valuable information, insights and perhaps even inspiration in the long, challenging evolution of these roles.

Here at the UW Department of Urology, we are fortunate to offer the services and support of our nurse practitioners and physician assistants who see patients for a variety of urologic conditions. They continue to enhance urology services while improving patient access and satisfaction. Our nurse practitioners and physician assistants are as follows:

Adult Urology:

Jenna Brinks, PA-C
Daniella Gery, NP-BC
Theresa Hollnagel, PA-C
Bunmi Kumapayi, NP-BC
Susette Thompson, PA-C
Anne Walsh, PA-C

Pediatric Urology:

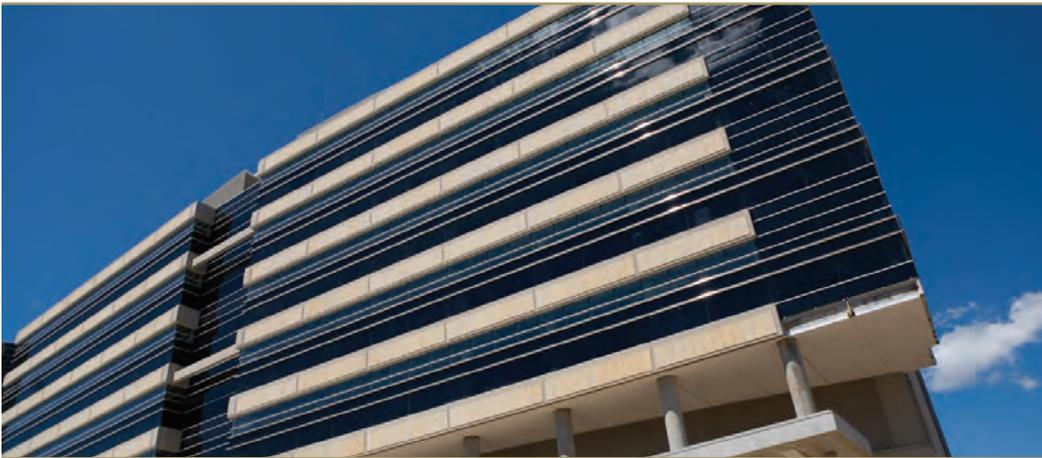
Anne Byrne, NP-BC
Tricia Thaker, NP-BC

With over 150,000 NPs and 85,000 PAs working together in the U.S. alone, they are poised to make an indelible mark on healthcare as it goes through important transition over the next few years, including the evolution of roles, specifically in urology. [WU](http://www.wisc.edu)



Nurse practitioners Ann Byrne and Patricia Thaker collaborate with Drs. Bruce Slaughenhaupt and Patrick McKenna. The four make up the UW pediatric urology team.

DEPARTMENT RESEARCH



Bladder cancer research facts and figures: where do we go from here?

by William A. Ricke, PhD, *Director of Research*

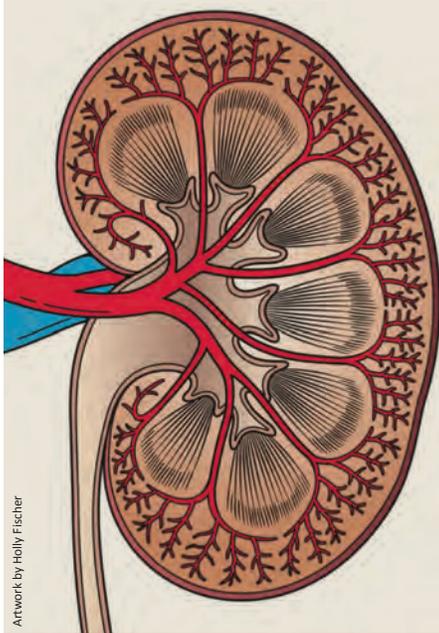
Early stage urothelial carcinoma of the bladder commonly called bladder cancer, is the fourth most common site of new human cancer diagnoses. It is estimated that there are 585,390 urinary bladder cancer survivors living in the United States and an additional 73,510 new cases will be diagnosed in 2012, with an estimated 14,880 deaths occurring in the United States as a result of this disease. The two most well established risk factors for bladder tumors are cigarette smoking and occupational exposure to urothelial carcinogens. Cigarette smoking is the most important risk factor, accounting for 50% of cases in men and 35% in women. Most new bladder cancer cases (approximately 50,000 patients) are diagnosed early with disease limited to the mucosal epithelium (termed: Ta/Tis, Stage 0) and immediate connective tissue layer beneath the mucosa (termed: T1, Stage 1). Collectively these tumor stages (Ta, Tis, T1) are referred to as non-muscle invasive bladder cancer or superficial bladder cancer. The clinical course of early stage bladder cancer is dominated by frequent recurrences and surveillance testing (cystoscopy, bladder biopsy, urine cytology, etc.). The need for long-term invasive monitoring and treatment has significant cost and morbidity consequences for bladder cancer patients. In fact, 53% of patients diagnosed with superficial bladder cancer

will experience a recurrence within 2 years of diagnosis. Compared to other malignancies, bladder cancer ranks highest in lifetime per patient costs, between \$96,000 to \$187,000 with total costs at a population level estimated at \$3.7 billion, hence it is an economic burden to patients and the U.S. Healthcare system. Despite these appalling statistics, little funding is available for bladder cancer research. For example, a recent (2011) estimate from the National Cancer Institute showed that a mere 20 million dollars was spent researching bladder cancer, whereas breast and lung cancer researched reached nearly a billion dollars.

To address bladder cancer research needs, the Department of Urology has recently formed a bladder cancer research group consisting of scientists both within the department as well as leading medical oncologists from the University of Wisconsin. A focal point for the group has been the role of estrogens and epidermal growth factor receptor (EGFR) in the treatment and prevention of bladder cancer. Recently, several new biomarkers for detection of advanced bladder cancer were discovered by the group (see Ewald et al., 2013 in the journal PLoS One). These biomarkers may aid in the treatment of this disease by identifying people with a particularly aggressive form of the disease. To address funding woes of bladder cancer research, recently the group directed by Dr. Tracy Downs, Director of Bladder Cancer and Intravesical Therapy Programs, received a significant grant from NIH to investigate bladder cancer prevention using therapies directed against EGFR. Future basic and translational experiments, as well as additional funding streams are ongoing. Despite little bladder cancer research funding from the National Institutes of Health, the future of bladder cancer research and ultimately treatment/prevention has hope. [WU](#)

Shared Medical Appointments for Patients with Kidney Stones

Nephrolithiasis, the formation of kidney stones, is a growing problem in the U.S. and affects people of all ages, gender, and background. Urologists have multiple surgical options to treat patients' kidney stones but surgery is not a cure and does not reduce recurrence. The pain and other problems associated with kidney stones – such as lost work time, sleep disturbances, frustration, and anxiety – are well documented. Patients who form kidney stones have lower quality of life than non-stone forming individuals, and Department of Urology clinicians and researchers were among the first to study and report this. As most patients are interested in and motivated to reduce future stones, urologists are increasingly involved in prevention.



Artwork by Holly Fischer

The vast majority of patients benefit from medical management to reduce stone recurrence, which involves prescription medications, dietary and lifestyle changes, or a combination of these. Unfortunately, many of these changes are difficult to implement and to maintain over time, and patient education and follow-up is paramount.

In ongoing efforts to provide the best and most timely patient education, we recently developed and piloted a new kind of appointment in the Metabolic Stone Clinic at UW Hospital and Clinics. This initiative was supported by a UW Health Ambulatory Care Innovation grant provided to Kristina Penniston, PhD, RD (Associate Scientist and Registered Dietitian), Stephen Nakada, MD (urologist), and Allan Jhagroo, MD (nephrologist, Department of Urology affiliate faculty member). In January 2012, we began offering patients new to our clinic the option of a “shared medical appointment,” a group of up to 8 patients seen at one time by our multidisciplinary medical management team. While others have implemented shared medical appointments for diabetes and other chronic diseases, ours is the first such reported effort in patients with kidney stones and recently received national attention after presentation at the annual meeting of the National Kidney Foundation (April 2013, Orlando, FL).

Results from nearly 120 patients seen in more than 20 shared medical appointments are overwhelmingly positive. The wait time for an initial appointment in the Metabolic Stone Clinic was reduced from 180 to less than 90 days. This may be important and will be studied prospectively as



patients who receive education closer to their first or most recent stone event may have better prevention. Provider time spent with patients in the 60-90 minute shared medical appointments allows for comprehensive education about kidney stone formation, common risk factors, and nutritional and pharmacologic prevention strategies. Patient knowledge of key medical and nutrition concepts is as high or higher than patients seen in individual appointments. Patients overwhelmingly approve of the group visits with 88% reporting they are “highly” or “very” satisfied and 90% saying they would recommend a shared medical appointment to other patients. Even though patients were told their follow-up appointments would be individual, as has been the standard for all patients, 85% said they would choose a shared medical appointment for a future visit.

As we continue the shared medical appointment format for new patients, we will study and monitor the results of this clinical innovation. We are particularly interested in whether adherence to and understanding of prevention regimens are improved and whether stone recurrence rates are reduced. **WU**

Program News by Barb Lewis, RN, MS



2013 Residency Match Results

Matthew D. Grimes

University of Washington, Seattle

Amy H. Lim

University of Utah, Salt Lake City

2013-2015 Endourology Fellow



The Department of Urology is pleased to announce **Necole M. Streeper, MD** will join the Department in July as our 2013-2015 Endourology Fellow. Dr. Streeper graduated from the University of Iowa with a BS with Honors in Biology and Psychology. She completed her medical degree at the University of Iowa Carver

College of Medicine and her urology residency training at the University of Texas Health Science Center.

Dr. Streeper distinguished herself as an undergraduate psychology researcher where she had abstracts accepted at the national meetings of the International Society for Developmental Psychobiology and the American Thoracic Society as well as a publication in the *Journal of Comparative Psychology*. In medical school her research interests turned to urology and she had two abstracts accepted at the North Central Section of the AUA. As a resident she was involved in research on the significance of minimal microscopic hematuria on the diagnosis of urologic cancers. She also co-authored an article for *AUANews®* on the current state of level I evidence for surgical stone management.

We welcome Dr. Streeper to the Department of Urology. [WU](#)

NOTEABLE & NEWSWORTHY

- After 29 years of successful extramurally funded research, Distinguished Scientist **Walter Hopkins, PhD** is retiring from the Department of Urology on June 30, 2013. Best of luck to Walt—he will be missed!
- We congratulate **Jason Abel, MD** for recently receiving the UW Health Rising Star Physician Excellence Award. The Rising Star Physician Excellence Award honors an outstanding clinician and educator, with limited tenure at UW Health, who demonstrates exceptional and measurable contributions to clinical practice that suggest an exemplary career trajectory. This is a significant award particularly when you consider the many fine faculty members who currently practice at UW Health.
- **Dr. Daniel Williams** has taken on the role of Director of the Traveling Fellowship for the Society for the Study of Male Reproduction (SSMR) Board of Directors. Congratulations to Dr. Williams on his new seat!
- We are happy to report that the Residency Review Committee for Urology of the ACGME recently awarded **5-year accreditation** to our residency training program and approved a 50% increase in resident complement.
- **David Paolone, MD** is being promoted to the rank of Associate Professor on July 1, 2013, after a unanimous endorsement by the School of Medicine and Public Health's CHS Track Appointments and Promotions Committee.
- **William Ricke, PhD** is being promoted to the rank of Associate Professor, effective July 1, 2013, after a unanimous recommendation by the UW-Madison Biological Sciences Divisional Tenure Committee.
- The UW Department of Urology was well represented at this year's Wisconsin Urological Society (WUS) Annual Meeting, which took place March 8-10 in Wisconsin Dells, Wisconsin. Kudos to this past year's President, **Dr. David Paolone**, who served in a most gracious and effective capacity. Special congratulations to **Drs. Kelvin Wong** and **Jonathan Shiau**, who took first and second place, respectively, for best presentations. Last, but not least, compliments to all faculty and APPs who attended and presented. Job well done!
- **Dr. Jason Abel** has been selected to present at the 2013 AUA Research Forum: *Showcasing Early Career Investigators*, at the AUA Annual Meeting in San Diego. He will present "Isolation and Analysis of Circulating Tumor Cells in Renal Cell Carcinoma Using a Novel Flexible Isolation Platform," on May 5. Good luck Dr. Abel!
- Congratulations to **Daniel Williams, IV, MD**. He was selected as one of the American Urological Association's (AUA) Young Urologists of the Year recipients. Dr. Williams will be recognized at the Young Urologist Forum held during the AUA Annual Meeting on Monday, May 6, 2013 in San Diego. **WU**

GIFTING OPPORTUNITIES

by Deborah Hobbins

Your Contributions Invest in Cutting Edge Research and Education to Advance Outstanding Patient Care

In January I accepted a position with the University of Wisconsin Foundation to work on behalf of the Department of Urology. I could not be more delighted or impressed. The commitment to excellence I have observed in the department, whether in patient care, education or research, is stunning and we are indeed fortunate to have this department in our own backyard. Having worked in development for nearly two decades, I have had the privilege to experience firsthand the difference the dedication and generosity of individuals—people like you—makes in advancing important programs and new ideas. In particular, the cutting-edge research that happens in the department will continue to rely more on private support. I have come to understand public funding is most often used to validate research findings. Advancing new theories and potential life-changing strategies to tackle urologic cancers and other diseases as well as healthy life-style options for treatment and prevention, often depend on private support.

Please know that contributions of all sizes make an important difference. I look forward to hearing from you, and thank you for your continued support of the UW Department of Urology.

Funding Opportunities

There are several funding opportunities, which cover the full spectrum of our work. The financial investments you make in the Department of Urology through one of these funds advances the mission of the department: To provide innovative care focused on improving the quality of life of

our patients, while shaping the future of urology through education and research. We consider our supporters our partners in this work, helping to ensure the highest quality urologic health care is available in Wisconsin and beyond.

Urology Research and Education Fund (#12587023): This fund was established with generous contributions from grateful patients and friends of the Department of Urology. The fund is used to advance all the work of the department: most importantly providing exceptional and compassionate patient care, cutting-edge and innovative research in cancers and benign urologic disease, and outstanding training and education for the next generation of urologists.

Wisconsin Urologic Research Institute Endowment (WURI) Fund (#12587556): This fund was established in 2012. The goal of the fund is to advance the full range of urologic research, which includes urologic cancers, stone disease, infertility, incontinence, as well as healthy life-style options for prevention and treatment. The financial goal to fully establish this institute's endowment is \$10 million, the income from which will support large scale clinical, basic science and translational (from lab bench to bedside) research for generations to come.

Robert F. Schnoes Memorial Urologic Cancer Research Fund (#12587556): Dolores "Jinx" Schnoes and her late husband, Robert, are long-time friends of the Department of Urology. Mrs. Schnoes established this fund in memory of Robert. The simple and yet profound purpose of this fund is to further advance the cutting-edge urologic cancer research of the Department of Urology. This endowment fund is a legacy, whose lasting effects will be felt in perpetuity.

Urology Residency Education Fund (#12587646): This fund was established by the Department of Urology to help enhance and expand the experience of the talented residents who are trained by the Department of Urology. This fund supports conference and meeting expenses, equipment and facilities. [WU](#)

We would like to thank the following donors:

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GIFTING OPPORTUNITIES

Generosity Greatly Enhances Department's Outstanding Reputation

Through the generosity of grateful patients and friends the Department of Urology is extremely fortunate to already have four endowed chairs and three endowed lectureships established:

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in Urology

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Robert F. & Dolores K. Schnoes
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Go to www.uwhealth.org/urology/strengthening-our-academic-mission/38865 to learn more about these important investments.

How to Make a Contribution

You may log onto www.uwhealth.org/urologytoday and click on the red **Donate** button. Or, you may simply make a check payable to the **UW Foundation – Urology** and mail it to:

Urology Development Director
1685 Highland Avenue
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Financial Stewardship

All funds are held and managed at the University of Wisconsin Foundation a 501(c)(3) organization.

If you have any questions about making a financial contribution, a planned gift or establishing a named fund for the Department of Urology please contact Deborah Hobbins at (608) 263.0043 or development@urology.wisc.edu.