Community Urologic Education Series (CUES)

The Department of Urology is launching a community education series to disseminate the latest information on treatment and prevention of urologic conditions. Our faculty and staff comprise experts in all aspects of urologic health and lead the field through cutting-edge clinical care, research and education. Urologic issues affect people of all ages, and this series facilitates our mission of improving health in Wisconsin and beyond by expanding knowledge.

The first CUES lecture, focused on kidney and ureteral stones, was held on September 24, 2013, at the Health Sciences Learning Center (HSLC) on the UW Hospital and Clinics (UWHC) campus. Future talks will cover the treatment and prevention of other urologic disorders such as benign prostatic hyperplasia (BPH), incontinence and urologic cancers. All are welcome to attend these informative sessions. Our next CUES lecture will be held on February 19, 2014, on the topic of prostate cancer.
MESSAGE FROM THE CHAIRMAN

Stephen Y. Nakada, MD, FACS

As we conclude another fantastic year in Wisconsin, I hope you find yourself happy, focused and ready for 2014. It has been a wonderful time in the department, with interest in our work and programs at an all time high.

We concluded our 13th Uehling Lecture in November, with Dr. Anthony Schaeffer from Northwestern University highlighting an outstanding meeting focused on infection, inflammation and the future of urology. This was a convivial meeting and a source of great intellectual and programmatic camaraderie. Special thanks to Dan Williams, MD for running this outstanding meeting at the Fluno Center on the University of Wisconsin-Madison campus.

November also saw our second annual Sky’s the Limit urology gala fundraiser. Christy Rost, a world famous chef and celebrity, led a terrific and unique program in support of the Wisconsin Urology Research Institute (WURI).

As most of you know, 2013 marks completion of the first five years of our department status. Our clinical, academic and educational programs, at this point in time, have exceeded our expectations. Special kudos to Drs. Ricke and McKenna for their promotional status, and furthermore, special thanks to Department Administrator Stephen Hall and Program Assistant Supervisor Tricia Maier, who have been critical to developing our sound infrastructure.

Regionally, I would like to acknowledge several accomplishments. Dr. David Paolone completed a successful term as President of the Wisconsin Urologic Society. Congratulations to Dr. Sarah McAchran, who has ably led our new Women’s Pelvic Wellness program, along with Drs. Dobie Giles and Heidi Brown from OB-GYN.

Finally we welcome Dr. Ruthie Su to the Division of Pediatric Urology. Dr. Su completed a prestigious fellowship at Seattle Children’s Hospital and has a particular interest in urinary tract infections in Spina Bifida patients. Under the leadership of Dr. Pat McKenna, the President Elect of the North Central Section, this division is expanding our educational and research arms.

I hope you have a wonderful holiday season and I look forward to engaging you all again in 2014 with our Lescrenier and Schnoes lectureships and at the AUA Alumni reception.

On Wisconsin! WU

Stephen Y. Nakada, MD, FACS
Chairman and The David T. Uehling Professor of Urology
The BADGR Nomogram: Improving the Ability to Identify Men Who Need Prostate Cancer Treatment

by David Jarrard, MD, Professor of Urology

Men who appear to have low-risk prostate cancer could have more confidence in their diagnoses thanks to a model developed by the Jarrard Lab in the Department of Urology affiliated with the University of Wisconsin Carbone Cancer Center.

Anywhere between 30 percent to 50 percent of apparently low-risk patients actually find out that they have higher-risk prostate cancer after radical prostatectomy and biopsy. When prostate cancer is diagnosed, the cancer is graded via the Gleason Score. The score, between 2 (low on the cancer aggression scale) and 10 (highly aggressive cancer), is determined by looking at cancer cells through a microscope. However, up to half of prostate cancers are upgraded after biopsy.

The Jarrard Lab research team set out to develop a predictive calculation that could more accurately pinpoint cancer aggression before biopsy. Using more than 30 parameters, we looked at 413 Gleason 6 cases in which at least 10 cores of the tumor had been evaluated. None of the patients had received therapeutic agents before a main treatment. Clinical variables were collected including age, body mass index (BMI), prostate-specific antigen (PSA), American Urological Association (AUA) symptom score, race, family history of prostate cancer, history of smoking, clinical stage and others.

Transrectal ultrasound (TRUS) biopsies were performed in all patients. Several variables were collected including estimated prostate size, biopsy-estimated tumor volume, maximum percentage of core involvement, number of positive cores, total number of cores and other factors. Prostate density (per unit volume of prostate tissue) was calculated by dividing PSA by the TRUS-estimated prostate size.

That resulted in development of a model called Biopsy-Integrated Algorithm for Determining Gleason 6 Upgrading Risk (BADGR). The model provides the patient with a percentage assessment for risk of upgrading and is a significant improvement over single variables alone.

The study shows that factors associated with upgrading of prostate cancer include smaller prostate size, percentage of tumor volume, obesity, higher PSA density (PSAD), higher number and percentage of positive cores, and bilateral disease. In contrast, PSA, smoking history, family history and clinical stage were not predictive of upgrading in prostate cancer.

We found that PSAD calculated from TRUS-estimated prostate size was one of the strongest independent predictors of upgrading. While the model improves risk stratification, adding biomarkers into surveillance biopsies will further enhance the ability to identify patients with low-risk prostate cancer.

Ultimately, the algorithm may be used at time of diagnosis to help a patient decide if active surveillance is enough or if more aggressive treatment is necessary.

The study was published in the journal Cancer.
Past Lectureships

2013 Uehling Lectures
November 1, 2013
Anthony J. Schaeffer, MD

Anthony J. Schaeffer, MD was our keynote speaker at this year’s Uehling Lectures, “Inflammation, Infection, and the Future of Urology.” During this one-day event, Dr. Schaeffer gave state-of-the-art lectures on the topics of inflammation and the role it plays in chronic prostatitis, new concepts in the management of urinary tract infection (UTI), and the advantages of flexibility in urology residency training. Other topics such as the management of pediatric UTI, the infectious and inflammatory causes of male infertility, overactive bladder syndrome and pelvic wellness, and the current and future structure of urological education were also reviewed.

Dr. Schaeffer is currently 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 has published extensively on UTI, inflammation and incontinence as well as developed and performed innovative techniques for incontinence in men and women, including the urethral sling procedure for post prostatectomy incontinence.

Information on upcoming Uehling Lectures events can be found on our department website, www.urology.wisc.edu, under Lectures, Courses and Conferences. Click on the Uehling Lectures link on the left menu.

Upcoming Lectureships

2014 Charles and Margaret Lescrenier Lectureship
February 27, 2014 – 5:30-6:30 p.m.
Room 1220 – Medical Foundation Centennial Building (MFCB)
“Is Bladder Cancer Care Stuck in the Mud?”

Badrinath R. Konety, MD, MBA
Professor and Chair
Department of Urology
Dougherty Family Chair in Uro-Oncology
The University of Minnesota

Badrinath R. Konety, MD, MBA is professor and chair of the Department of Urology and holds the Dougherty Family Chair in Uro-Oncology as well as being the director of the Institute for Prostate and Urologic Cancers and associate director for Clinical Affairs of the Masonic Cancer Center at the University of Minnesota.

Dr. Konety completed his residency at the University of Pittsburgh. Following his residency training, Dr. Konety was an AFUD research scholar at the University of Pittsburgh’s Department of Urology and Cancer Institute, concurrently studying business and receiving an MBA from the University of Pittsburgh Katz Graduate School of Business. Dr. Konety completed his medical education at Memorial Sloan-Kettering Cancer Center as chief clinical fellow. He was on faculty at the
University of Iowa and the University of California, San Francisco before accepting his current position as chair, Department of Urology at the University of Minnesota.

He has authored or co-authored over 120 original publications and numerous book chapters and been principal or co-investigator on grants funded through the Department of Defense, National Institutes of Health, American Geriatrics Society and Centers for Disease Control and Prevention (CDC). He received the Jahnigen Career Development Scholar Award and is an active member of numerous professional medical societies including the American Urological Association, the American College of Surgeons, Societe Internationale D’Urologie and the International College of Surgeons. He is currently the adjunct general secretary of the SIU and associate editor of The Journal of Urology.

Robert F. Schnoes Lecture Series

June 5, 2014 – 5:30-6:30 p.m.
Room 1220 – Medical Foundation
Centennial Building (MFCB)

Stephen E. Strup, MD, FACS
Chief, Division of Urology
James F. Glenn Endowed Professor/Chair in Urology
The University of Kentucky

Dr. Stephen Strup is the James F. Glenn Professor and Chief of Urology at the University of Kentucky. Dr. Strup is a native of Northwest Ohio and attended DePauw University, graduating summa cum laude in 1984. Dr. Strup received his medical degree from the University of Indiana in 1988. He completed his residency in urology in 1994 at Thomas Jefferson University in Philadelphia and then completed a urologic oncology fellowship in 1996 at the National Cancer Institute in Bethesda, MD. Dr. Strup returned to Thomas Jefferson University where he was one of the early adopters of the hand-assisted laparoscopic nephrectomy and laparoscopic radical prostatectomy techniques. In 2003, Dr. Strup moved to the University of Kentucky in Lexington, where he was appointed the Director of Minimally Invasive Urologic Surgery and, in 2006, Residency Program Director. Dr. Strup was named the James F. Glenn Chief of Urology in 2007. Dr. Strup’s clinical interests include urologic oncology, minimally invasive and robotic surgery, and living donor nephrectomy.

NOTEABLE & NEWSWORTHY

- Already looking ahead to spring? If so, be sure to join Dr. Tracy Downs and others in May 2014 for Madison’s first annual Walk For Bladder Cancer. For more information, please continue to check the Bladder Cancer Advocacy Network’s website: www.bcan.org.
- Dr. Jason Abel has been awarded a five-year clinical investigator award from the National Institutes of Health and National Cancer Institute. The goal of the project is to investigate the hypothesis that activation of the NF-κB/HIF2α axis promotes renal cell carcinoma progression. Increasing understanding of NF-κB/HIF2α signaling is significant to develop new therapies for this incurable disease and to augment current therapies, all of which target pathways directly induced by HIF.
- The Endourological Society and the Journal of Endourology recently announced the winners of their Annual Essay Contest. Dr. Sri Sivalingam’s paper “Dietary hydroxyproline induced calcium oxalate lithiasis and associated renal injury in the porcine model” placed second in the Basic Science Category of the contest. All articles submitted are considered for possible publication in the Journal of Endourology. Congrats, Dr. Sivalingam!
- Congratulations to Dr. Daniel Williams for being elected to the UW Medical Board as an At-Large Member. Dr. Williams’ two-year term began September 1, 2013.
- Congratulations to authors Kristina Penniston, PhD and Stephen Y Nakada, MD, FACS. Their article “Shared medical appointments for patients with kidney stones new to medical management decrease appointment wait time and increase patient knowledge” in The Journal of Urology was featured on MDLinx.com. It was also ranked by MDLinx.com’s team of physician editors as a Top 10 article.
- Sarah McAchran, MD was recently board certified in Female Pelvic Medicine & Reconstructive Surgery, a new sub-specialty certification that is jointly administered by the American Board of Urology and the American Board of Obstetrics & Gynecology. Dr. McAchran was in the inaugural class of this new certification that focuses on the diagnosis, management, treatment, prevention and promotion of health for benign female pelvic disorders such as incontinence, pelvic organ prolapse and voiding dysfunctions. Congrats, Dr. McAchran!
- Tracy Downs, MD is currently featured on the American Urological Association’s (AUA) mentor video series developed to increase student interest in urology. The series is hosted by Dr. Paul Turek and can be found by visiting the AUA’s “Urology Videos” web page: www. auanet.org/education/gutube-urology-videos.cfm.
Ruthie Su, MD recently joined the Division of Pediatric Urology within the Department of Urology.

We recruited Dr. Su after she completed her pediatric urology fellowship at the Children’s Hospital and Regional Medical Center in Seattle, Washington. Dr. Su is a graduate of the University of California, Berkeley where she graduated with honors from the Department of Molecular and Cellular Biology. She obtained her medical doctorate from Mount Sinai School of Medicine and completed her urology residency at the University of Pittsburgh Medical Center.

Dr. Su’s clinical interests include caring for children born with disorders of sexual development as well as patients requiring reconstruction and robotic-assisted urologic surgeries such as pyeloplasty and ureteral re-implantation. “This is a discipline that requires careful consideration of function, cosmesis and how what you do or do not do will impact a child in adulthood. The answers are rarely in the textbook so you have to really listen to the child and try to see things their way. They are constant sources of mystery and discovery,” she states.

While robotic-assisted laparoscopic surgery has become a mainstay of treatment for adult urology at UW, Dr. Su is the first pediatric urologist to bring robotic surgery to pediatrics at American Family Children’s Hospital. These operations allow for smaller incisions than those in open surgery and often allow children to return to home sooner than open techniques would. “Robotic surgery is a team sport in pediatric urology—the actual operation is only a portion of the amount of work and coordination that go into the case. I look forward to working with all the people who will help make this happen. The result of that busyness is something akin to a magic trick—the patient goes home, usually the next day, with just three Band-Aids that belie the amount of work that happened outside and inside.”

Dr. Su is also a researcher with a focus on translational science. To help her achieve her academic goals, Dr. Su will be obtaining her Masters in Epidemiology from the Department of Population Health Sciences at the University of Wisconsin School of Medicine and Public Health, while also starting her clinical practice at the American Family Children’s Hospital. “Medicine is a dynamic field. What one learns during training does not necessarily stay relevant, so we are eternal students. Graduate study will equip me with the analytical tools to systematically approach questions we encounter in our clinical practice. Genetics and bioinformatics are emerging key fields and I hope to develop a literacy in these areas as well.”

Dr. Su is pleased to join UWHC and American Family Children’s Hospital. “I have trained in different healthcare systems over the past decade and what is striking about UWHC and AFCH is the shared commitment from everyone to deliver excellent patient care and to do great science. I look forward to working with and learning from my colleagues in the Department of Urology and on the University of Wisconsin campus.”
Androgens play key roles in the development of urologic tissues, masculinization and disease progression. Androgens largely consist of testosterone, primarily produced by the testes in men, and dihydrotestosterone, produced by the conversion of testosterone into DHT by the enzyme 5-alpha-reductase. Dihydrotestosterone is the more potent androgen and accounts for much of the androgenic activity in men. When androgens activate their receptors they induce the production of various proteins and other factors that influence growth and maturation of cells. Historically, androgens have been thought to act via one type of androgen receptor, for which the vast majority of research has been performed. Understanding how androgens and androgen receptor activation occurs during normal and pathologic conditions will likely lead to better treatment of urologic diseases that are dependent upon these pathways, including prostate cancer, benign prostatic hyperplasia/lower urinary tract symptoms and possibly bladder cancer.

Dr. Charles Huggins was the first to discover the positive effects of hormonal treatment in prostate cancer. In 1966, Dr. Huggins received the Nobel Prize in Physiology and Medicine for his seminal findings. Since Dr. Huggins’ formative studies, the field of andrology has come a long way. In fact, nowadays the standard treatment for patients with urologic diseases such as prostate cancer typically involves some sort of hormonal or androgen deprivation therapy. Unfortunately, in many patients androgen deprivation therapy effects are short-lived. After an initial response of decreased tumor volume and decreased prostate specific antigen (PSA), many cancers relapse and are termed castrate resistant prostate cancer (CRPC). That is to say, after medical or surgical therapy the cancer finds a way to continue growing without testicular androgens. The question remains, how/why does the cancer become resistant? Numerous studies have shown the cancer overrides androgen deprivation therapy by: 1) increasing the amount of androgen receptor DNA found in each cell, 2) allowing other growth factors to activate the androgen receptor without using androgens, 3) increasing the cancer’s ability to produce androgens so the cancer does not need testicular androgens, 4) undergoing androgen receptor mutation so other hormones, similar to the structure of androgens, can now activate the mutant androgen receptor, 5) cancer cells losing the androgen receptor altogether and growing independent of the presence of androgens or androgen receptors and, more recently, 6) androgen receptors that do not need ligands to activate molecular pathways involved in cancer progression.

In regard to androgen receptors that do not need ligands to activate cellular growth pathways, it was discovered that they lack the ability to bind androgens and are smaller versions of the classical or “full length” androgen receptor. These receptors are called androgen receptor variants. Androgen receptor variants are derived from the same gene as the prototypical androgen receptor but do not facilitate the production of full-length androgen receptor. Currently there are an estimated 15 androgen receptor variants. Some of these variants increase during androgen deprivation therapy, leading some to assume they are important players in castration resistant prostate cancer progression. This seems plausible since these androgen receptor variants, compared to the classical androgen receptor, have overlapping and distinct subsets of genes that they activate. Since current androgen deprivation therapies promote and do not inhibit androgen receptor variant function, a new strategy for treatment of CRPC may include targeting androgen receptor variants. Future research is needed to determine if these variants are critical to cancer progression and if they are indeed drug-able. Although other androgen receptor regulated diseases such as benign prostatic hyperplasia have not been assessed for the role of androgen receptor variants, future research should elucidate the presence or absence of these variants. Plans are currently being made at the UW Department of Urology to assess the role and the targetability of androgen receptor variants in urologic diseases.
Kidney Stones
by Kristina Penniston, PhD, RD

The University of Wisconsin Hospital and Clinics is known for its comprehensive care of patients with kidney stones. UW urologists offer not only a variety of surgical procedures to remove stones but also medical management to prevent them. UW has long led the movement among urologists to offer preventive care. Dr. Stephen Nakada, department chair, initiated a multidisciplinary stone clinic in 1995—the Metabolic Stone Clinic—to do just that. It was one of the first of its kind in the country, and from its beginning included nephrologists as well as a registered dietitian (RD). Urologists in other places have modeled their prevention clinics similarly.

Research is needed. Evidence to support nutritional and pharmacologic prevention of kidney stones is constantly evolving. While some practices have strong data to support them, unanswered questions or controversies exist about others. UW-Madison researchers and clinicians have a solid track record of research in stones and have contributed to the body of evidence that drives current prevention recommendations and seeks to resolve remaining questions.

UW stone research is strong. Led by Drs. Nakada, Sean Hedican, and now Sara Best, a major component of the endourology fellowship program in the department includes kidney stone research. Endourology fellows leave the UW with both clinical and research experience related to kidney stones. Studies have examined:

- the effectiveness of prevention efforts in cystine and calcium stone formers
- effects of kidney stones on the health-related quality of life of stone formers
- radiation exposure from diagnostic imaging to recurrent stone formers and urologists
- trends related to the emergency management of patients with kidney stones
- stone incidence and prevalence in Wisconsin over time
- risk factors for stones following bariatric surgery for obesity
- effect of vitamin D repletion on risk factors for calcium stones
- the effectiveness of lemon juice and other nutritional strategies to prevent calcium stones
- whether certain pain medications are better than others at reducing the pain and discomfort of post-surgical urinary tract stents (placed to promote stone fragment passage)

Current research initiatives involving our newest endourology fellow, Dr. Necole Streeper, include assessing the impact of patient decision aids on patients’ surgical choices and satisfaction with care, and examining the influence of family history on the course of stone disease.

“From the barn to the bedside.” Recently, under the direction of associate scientist and nutritionist Kristina Penniston, PhD, RD, an animal model for studying kidney stones has been developed. Within five years of work, Dr. Penniston, assisted by prior endourology fellows and collaborators from the Department of Animal Sciences, successfully and reproducibly induced adult female pigs to form calcium oxalate kidney stones. Dr. Penniston recently received $50,000 from the UW Institute for Clinical and Translational Research to continue this work. In addition to further characterization of the model, including studying renal damage caused from calcium oxalate stones, the grant will allow investigators to take the model in a new direction. Specifically, they will examine the effect of different diets on digestive tract bacteria, looking particularly at the ability of some bacteria to degrade oxalate and thereby reduce its absorption and urinary concentration. Findings from this study could lead to greater knowledge about ways to reduce oxalate absorption in patients with high oxalate.
2013-2014
PGY-1 Residents

Matthew Grimes, MD
Dr. Grimes received his medical degree from the University of Washington School of Medicine in Seattle, Washington, in May 2013. He graduated summa cum laude with Bachelor of Science degrees in Neuroscience and Music Performance from Washington State University. His senior honors thesis as an undergraduate was published in Infection and Immunity.

During medical school, Dr. Grimes continued to pursue research and was awarded a fellowship to investigate the emergence of macrolide resistant strains of T. pallidum in Seattle. In addition to his academic pursuits, Dr. Grimes volunteered in his community with the medically underserved, as a peer advisor and as a volunteer mechanic for an organization providing inexpensive bicycles to those in need. In the summer between his first and second years, he travelled to Gambia as part of the World Health Organization’s Safe Surgery Saves Lives initiative, an effort focused on encouraging the widespread adoption of surgical safety checklists. During his clinical years, Dr. Grimes was elected to the Gold Humanism Honor Society and Alpha Omega Alpha.

Dr. Grimes’ interests include running, cycling, swimming, backpacking, playing and listening to music, traveling, and spending time with family and friends.

Dara Holder, MD
Dr. Holder graduated with a medical degree from Columbia University College of Physicians and Surgeons in New York in May 2013 and is currently doing her PGY-1 year in Surgery at Columbia. She graduated cum laude from the University of Pennsylvania in 2008 with a Bachelor of Arts in Biochemistry and Health and Societies. During her undergraduate degree she conducted research in the Department of Pathology and Laboratory Medicine. The summer before her senior year, she conducted health services outcomes research at the Wharton Business School.

Between her first and second years of medical school, Dr. Holder was selected as a Memorial Sloan-Kettering Medical Student Summer Fellow and continued her work after the summer. During her clinical years of medical school, she was selected for the Doris Duke Clinical Research Fellowship and worked in Urology with Dr. James McKiernan.

Dr. Holder’s extracurricular activities includes gospel singing, tutoring grade school students, organizing Students for Caribbean Hurricane Relief, teaching science topics to underserved high school students, and working with gifted and talented students.

Amy Lim, MD, PhD
Dr. Lim graduated from the University of Utah School of Medicine in Salt Lake City, Utah, in May 2013 with MD and PhD degrees. She received her Bachelor of Science degree in Chemistry and Biology from the University of Illinois Champaign-Urbana in 2004 and completed the PhD portion of her MD/PhD degree in 2011 in neurobiology and anatomy.

During her PhD work, Dr. Lim published and presented her work through poster presentations and invited speaking engagements at local, national and international meetings. Dr. Lim continued to seek out research opportunities during her clinical years of medical school on the role of renal mass biopsy in small renal masses.

Dr. Lim spent time as a volunteer to provide medical services to community members with barriers to medical care, chaired the student advisory committee evaluating faculty for tenure, and was head coach at a nonprofit organization assisting girls ages 8 to 13 by teaching life skills, appreciation of health and fitness, and gaining confidence through accomplishment.

Her interests include ultra-running, ironman triathlons, backcountry ski touring, rock/ice climbing, mountain biking, bee keeping, raising chickens, gardening and playing the viola.
Support from Individuals Is as Important as It Has Ever Been

When people find out I work for the UW Foundation on behalf of the Department of Urology (DOU), they are often very curious about what I do. For many people the notion of raising financial support for a department within the UW School of Medicine and Public Health is a new idea. But it is not new to medical schools, and certainly not to medical research.

I started working within the DOU in January of this year and continue to be so impressed with the depth and breadth of the care provided to patients, the wonderful educational opportunities for medical students and urology residents and fellows, and the outstanding, cutting-edge research. I am equally impressed with the dedication of grateful patients and their families to the department.

Private support from individuals has always played an important role in advancing the work of the DOU as well as the entire university. A recent article in the journal Science (Footnote: 21 June 2013 Vol 340 page 1394) speaks to the fact that most world-class institutions in the United States were started with endowments from private individuals—Harvard, Stanford, Johns Hopkins, the list goes on. What makes the University of Wisconsin-Madison so unique is the founders had a vision for a great university in 1848 in a state without the usual resources generally required to sustain such a vision. But the people of Wisconsin, and more recently, friends of the department, are a generous lot indeed; they have helped build a remarkable, world-class public institution. The DOU and the university will continue to rely on the financial generosity of people who understand the value of having these extraordinary health care and educational resources in our state and region.

There are many opportunities to invest in the DOU, and one very exciting way was to join us on November 14, 2013, for the 2nd annual Sky’s the Limit culinary concert. If you were unable to attend, Christy Rost and Gale Gand, two gifted and entertaining celebrity chefs, entertained us with their culinary talents, while department chair Dr. Stephen Nakada assisted as sous chef. Musician John Vitale and his friends accompanied the cooking extravaganza.

Christy Rost is the perfect example of a grateful daughter of a grateful patient, the late Robert (Bob) Schnoes. Christy wanted to give back and say thank you for the care her father received through the DOU. In addition to Christy’s generously volunteering to be our special guest, along with many volunteer hours helping to create a very special evening, her parents Bob and Dolores (Jinx) have been longtime supporters. In 2006, they established the Robert and Dolores Schnoes Chair in Urology to support the cancer research of one of our faculty members. Then in 2008, they created the Robert F. Schnoes Lecture Series Fund which allows us to host a nationally prominent urologic oncologist annually. When Bob passed away in 2012, Jinx and other family and friends started the Robert F. Schnoes Memorial Urologic Cancer Research Fund, a lasting legacy which continues to grow. The DOU is most appreciative of these lasting investments by the Schnoes family and everyone who contributes to our research and educational missions.

One of the best aspects of my job is meeting with the wonderful people who support the DOU. I hope you will give me a call if you are interested in touring the department and labs or would just like to learn more about the department.

Deborah Hobbins
Deborah.hobbins@supportuw.org
(608) 262-0043 WU

At the November 14 Sky’s the Limit gala, PBS Celebrity Chef Christy Rost (pictured), Food Network star Gale Gand and Sous Chef Dr. Stephen Nakada sliced, diced and sautéed the night away.
Funding Opportunities

The financial investments you make in the Department of Urology are essential to advance 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.

Wisconsin Urologic Research Institute Endowment (WURI) (Fund #12587556): The Wisconsin Urologic Research Institute is a newly established endowed fund committed to advancing the full range of urologic research. Our team of committed physicians and PhD researchers who work within WURI are focused on research to prevent, treat and improve the quality of life of our patients. Our research includes:

- prostate, kidney, bladder and other urologic cancers
- stone disease
- incontinence
- pediatric urologic disorders
- benign prostate conditions (BPH)
- male sexual health disorders
- male factor infertility
- new strategies for prevention and wellness within urologic health

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.

Urologic Academic Fund (Fund #12587023): This fund was established with generous contributions from grateful patients and friends of the Department of Urology and will help advance the educational mission of the Department of Urology including: residency training, fellowships and medical student activities to train the next generation of outstanding urologists.

Robert F. Schnoes Memorial Urologic Cancer Research Fund (Fund #12587556): This fund will further advance the department’s cutting-edge renal cancer research. This endowment fund is a wonderful legacy—its lasting effects will be felt in perpetuity.

This list is by no means complete. Again, we would be delighted to tailor any investment opportunity to suit your interest. Contributions of any size are gratefully appreciated and extremely important.

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.