GOUTLOOK

E SOCIETY OF GOVERNMENT SERVICE UROLOGISTS



Attendees at the Opening Ceremonies of the 2020 - 67th Kimbrough Seminar

he SGSU held its 67th Annual James C. Kimbrough Urology Seminar at the Hilton Charlotte University Place in North Carolina on January 15-19, 2020. In attendance, there were 151 Physicians plus spouses/guests and 35 exhibiting companies for a total of 247 participants. The scientific sessions offered 21 CME credits, making the Kimbrough meeting an excellent value for CME. There were 80 presentations including resident research papers, poster sessions, state of the art lectures and the young urologist program. Unique to the Kimbrough is the last event - the Mock Oral Boards (a \$400 cost elsewhere) boasting a 90% pass-rate. Many thanks to Dr. Joe Sterbis for his



Kimbrough Leadership: We congratulate and thank Course Director: Lt Col Chris Allam, MC, USAF (L), President: Deborah Moore, MD, and LTC George Kallingal, MC, USA (R) for an outstanding Meeting!

hard work in organizing this revered session. Inside this issue are valuable takehome messages that summarize key parts of the presentations with practice pearls and updates. Many thanks to Dr. John Barry and Dr. Joe Clark. Also see inside for this year's prestigious award winners and scientific session winners - we congratulate them all on their excellence!

NEW SLATE OF OFFICERS AND BOARD OF DIRECTORS 2020-2021

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TBD

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Kimbrough Seminar:

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Erik Grossgold, MD Portsmouth, VA

Report of the Secretary, Harold (Hal) Frazier, MD

Dear Members and Colleagues,

I would like to thank the members of the Society for attending our 67th Annual James C. Kimbrough Urological Seminar. Drs. Christopher Allam and George Kallingal, Program Directors, who coordinated an outstanding and educational meeting in Charlotte, NC. I would like to recognize and commend them and their local administrative support for their efforts in organizing the meeting, along with the assistance of the DeSantis Management Group.

Overall, the annual SGSU meetings provide members with a valuable opportunity to meet friends, update medical knowledge, share ideas and support the military training programs that help educate the future urologists of America. For the quality of the program and number of CMEs offered (21.00 CME hours were offered at this meeting), the annual James C. Kimbrough Urological Seminar remains an extremely valuable and economical way for military and former military urologists to stay current on the advances made in the specialty of urology. Another valuable portion of the meeting is the Mock Oral Boards which offers chief residents and recent graduates a chance to prepare for the certifying examination of the American Board of Urology. The pass rate is very high among those who took advantage of the Mock Oral Boards. This is another fantastic educational benefit offered at no cost for attendees.

I ask each member to encourage past members and solicit potential new members to attend this great annual educational meeting. Please plan to attend next year at the Westin Mission Hills Resort in Rancho Mirage, CA on January 20-24, 2021! If you attend the AUA Annual Meeting, Washington DC, in May, plan to join us for our Member

Reception on Saturday, May 16 at 4:30 PM-6:30 PM, Marriott Marquis Hotel, Maple Room. Also plan on visiting the SGSU booth #1742, and attend the USAV Annual Meeting on Sunday, May 17 at 10:30 AM-2:30 PM, Walter E. Washington Convention Center, Salon I.

We are always looking for dedicated members who have an interest in serving on the Board of Directors. If that could be you, please let me know. Keep in mind you must commit to attendance the annual meetings and board meetings to be of service.





The Poster Session was one of the educational highlights of the meeting with 13 posters, each presenter giving a twominute summary. The meeting room was completely filled and the judges (Drs: Tim Brand, Steve Lynch, Brad Schwartz) worked together to chose the top three winners.

Plan for 2021 - 68th Annual Kimbrough Seminar



MARK YOUR CALENDARS!





January 20-24, 2021

Where:

Westin Mission Hills Resort Rancho Mirage, CA (near Palm Springs)

Course Directors:

Justin DeGrado, MD, San Diego Naval Med Ctr & Jeffrey Jones, MD M.E. DeBakey VA, Houston

2020 Littrell Awards Banquet Highlights



Meeting Superstars!





Steve Lynch, MD, past SGSU Officer, receives the highest honor of the SGSU - the HG Stevenson Award. He displays his certificate along with Dr. Joe Clark, Dr. Chris Allam and Dr. George Kallingal.

(Right) Long-time dedicated member, Al Squitieri, MD, COL, MC, US Army (Ret.) proudly displays his certificate for being honored as the Honorary Lifetime Membership Award. He is pictured with his wife, Harriet.





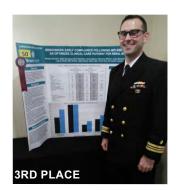
LTC John
Musser, MC,
USA (center)
Voted as the
AUA-SGSU
Young Urologist
of the Year for
outstanding
efforts to
advance the
development of
fellow earlycareer
urologists.



Resident Competition - Clinical Research Winners: 1st Place: LCDR Nathan Oehrlein, MC, USN (L) and 3rd Place: CPT John Q. Schisler, MC, USA (R). Pictured with Course Directors Dr. Chris Allam and Dr. George Kallingal.







Poster Session Winners:
Winners stand next to their
winning poster. 1st Place:
CPT Alexandria M. Hertz,
MC, USA, 2nd Place: MAJ
Carolyn A. Salter, MC, USA,
3rd Place: LCDR Blair
Townsend, MC, MBA, USN.



The SGSU is proud of all of the 2020 winners!! (Editor's note: see complete list of winners on page 4)



(L to R) Robert Flanigan, MD, AUA Immediate Past President during SGSU Annual Meeting with Martin Dresner, MD, Parliamentarian and Dr. Joe Clark, MD, Treasurer during the opening ceremonies.

Award Winners - Sessions

Congratulations Winners of the 2020 Annual James C. Kimbrough Seminar

HG Stevenson Award for outstanding support and dedicated service to the SGSU and urology residency programs. Presented to: **Steve Lynch, MD.**

Honorary Lifetime Membership Award for lifetime dedication and service to the SGSU. Presented to: Al Squitieri, MD, COL, MC, US Army (Ret.)

AUA - SGSU Young Urologist Award for efforts to advance the development of fellow early-career urologists. Presented to **LTC John Musser, MC, USA.**

Prince Beach Award for best paper presented by a society member staff physician as judged by chief residents. Presented to: **Ranjith Ramasamy, MD**

Resident Competition Clinical Research Award Winners:

1st Place: LCDR Nathan Oehrlein, MC, USN 2nd Place: LT Elizabeth I. Roger, MC, USN 3rd Place: CPT John Q. Schisler, MC, USA

Resident Competition Basic Science Award Winners:

1st Place: CPT Bradley A. Potts, MC, USA 2nd Place: CPT Brent D. Nosé, MC, USA

Poster Session Winners

1st Place: CPT Alexandria M. Hertz, MC, USA
2nd Place: MAJ Carolyn A. Salter, MC, USA
3rd Place: LCDR Blair Townsend, MC, MBA, USN
Hon. Mention: LCDR Christine M. Herforth, MC, USN

Clare Scanlon Award for outstanding administrative work on the annual seminar. Presented to: **Pierce Irby, MD.**



Once again the revered and traditional GU Bowl draws high attendance and laughs from the audience. Army, Airforce and Navy compete by answering jeopardy-like questions. A fun time was had by all!











Interactive Meetings & Networking - Cutting-Edge Speakers

Manthos/Young Urologist Program



Dr. Eugene Rhee



Dr. Brad Schwartz



Mock Oral Boards



USAV - Drs. Issa & Jones



In Memoriam



Member's Business Meeting



Meeting Sessions



Reunions



Industry Learning & Networking



Take-Home Messages from the 2020 Meeting

CONTRIBUTED BY JOHN M. BARRY, MD FROM THE MEETING ABSTRACTS

- The principle of regenerative pharmacology is to stimulate the body to self-heal in situ. Local administration of the chemokine CXCL12 is being studied in a nonhuman primate male model of chronic post-prostatectomy erectile dysfunction and postprostatectomy urinary incontinence. We hope it works.
- The distribution of research papers presented at the Kimbrough has been stable for the past decade.
- With machine learning, we are, at last, approaching a more reasonable definition of the level of microscopic hematuria to trigger a urologic evaluation.
- Post-operative intraurethral lidocaine may not reduce dysuria after endourologic procedures in anesthetized patients.
- Opioid-free ureteroscopy for stone disease is associated with less frequent post-procedure requests for opioids when compared with patients routinely prescribed post-procedure opioids. (A clinical science award winner.)
- After uncomplicated ureteroscopy for ureteral and renal stones, ureteral stents are probably unnecessary.
- Vasovasostomies by general urologists who did not complete fertility fellowships were usually successful.
- Respect for clinical standards is necessary for the diagnosis and treatment of male hypogonadism.
- Based on small numbers, erectile function and penis length after radical prostatectomy are not improved with sildenafil or pentoxifylline.
- A multidisciplinary testicular torsion pathway was shown to decrease time from ER to OR.
- Bicycling is the most common cause of pediatric renal hilum injuries.
- Opioid prescriptions for minor pediatric urologic surgeries are not very common.
- Referring pediatricians need to be educated in the preliminary assessment of primary monosymptomatic nocturnal eneuresis. Something as simple as a pre-referral voiding diary and urinalysis would be quite helpful.
- Dual energy computerized tomography DECT) may be of use in the assessment of complex renal cysts because iodine uptake can be quantified, and iodine enhancement suggests malignancy.
- Prolonged CT observation of Bosniak 2F renal cysts resulted in the development of contrast allergies three times as often as a malignancy diagnosis (6% vs 2%). (Check the 2019 update for Bosniak cyst classification and, if need be, modify your surveillance protocols.)
- Stapling across a left renal vein tumor thrombus, removing the left kidney, and then addressing the IVC portion of the tumor thrombus is safe and gives one better exposure of the IVC for removal of the IVC portion of the thrombus.
- Predictors for upstaging clinical T1 renal malignancy are evolving.
- An enhanced recovery after surgery (ERAS) protocol with multimodal pain management resulted in a one-day improvement in the return of gastrointestinal continuity (P not quite significant), and an improvement in pain scores in the partial nephrectomy group (P barely significant).
- Barrington's reflexes were studied in rats. (First Prize, Basic Science.)
- Male urethral slings were quite successful for the treatment of post-radical prostatectomy urinary incontinence.
- Dyspareunia in women is common.
- Annexin A1 enhanced the resolution of bladder inflammation following bladder de-obstruction in rats. It inhibits the NLRP3 inflammasome. (Another basic science award winner.)
- After radical prostatectomy in the setting of equal access to and receipt of health care, there were no significant differences between African-American and Caucasian men with the long-term outcomes of risks of metastasis and overall death. (First Prize, Clinical Science.)
- Not surprisingly, experience reduces surgical times and reduces complication rates for robotic-assisted laparoscopic retroperitoneallymph node dissections.
- Post-robotic-assisted laparoscopic prostatectomy pain management with local anesthetic wound injection and scheduled acetaminophen and ketorolac dosing significantly reduced the need for post-operative opioids.
- Need for 3 incontinence pads per day 6 months after radical prostatectomy is a reasonable indication for surgical treatment of the leakage. The "3-pads/day-at-6-months" rule? (A clinical science winner.)

CONTRIBUTED BY JOE CLARK, MD FROM THE MEETING

- Research on stem cell therapy for treating post prostatectomy incontinence has focused on both injecting stem cells as well as targeting in-situ regeneration of tissue with small molecules.
- Despite changes to government service urology, there continues to be similar types of research presented at the SGSU meetings.
- It is possible to not place a ureteral stent after uncomplicated ureteroscopy for proximal ureteral and renal stones.
- Using machine learning based on risk factors and real-world results can help predict those who would most benefit from undergoing a microscopic hematuria workup.
- · Intraurethral lidocaine instillation after endourology procedures under anesthesia did not improve postop dysuria.
- It is possible to avoid routine opioid prescriptions after ureteroscopy without increasing patient morbidity.
- Xtandi (enzalutamide) is FDA approved for metastatic castrate sensitive prostate cancer (new indication as of December 2019), metastatic castrate resistant prostate cancer and nonmetastatic castrate resistant prostate cancer (sponsored symposium).
- A retrospective review showed that in appropriately selected patients, a general urologist can obtain patency rate approaching 90% after vasovasostomy
- Incidence data from the Defense Medical Epidemiology Database from 2006-2015 showed that rates of hypogonadism increased significantly among active duty males.
- Interim results of treatment with placebo, sildenafil, and pentoxifylline after RALP showed no difference in IIEF between the treatment arms after one year, and that IIEF scores were worse 1 year after RALP across all interventions.
- We saw how a testicular torsion care pathway was created that may decrease time from presentation to the emergency department to the operating room.
- In the pediatric population, renal vascular injuries are managed differently depending on age group (mostly nonoperatively), but outcomes do not significantly vary with age.
- A single institution retrospective chart review of pediatric patients who underwent minor urological surgeries showed that opioid prescribing rates are low and that older patients were more likely to be prescribed opioids.
- Referral patterns for pediatric monosymptomatic nocturnal enuresis (PMNE) had not changed over a 9-year period, with similar percentages of patients having undergone behavioral modification, alarms, and pharmacotherapy before referral to pediatric urology.
- · A dual energy CT scan may help stratify risk in patient with complex renal cysts.
- · Surveillance of indeterminate renal cysts is costly and progression over time can aid in clinical decision making.
- A multi-center retrospective review showed that in patients with cT1 renal cancer, tumor size, male sex, diabetes, advanced age, and those treated with radical nephrectomy were statistically more likely to be upstaged.
- An enhanced recovery after surgery (ERAS) protocol for nephrectomy showed improvements in time to bowel function and pain control, particularly with open nephrectomy.
- Electrical stimulation of the proximal urethra in rats with and without supraspinal spinal cord injury showed that urethra to bladder reflexes require suprasacral involvement (Basic Science winner).
- Male slings have low rates of complication at 30 days with the most common being urinary retention and wound dehiscence.
- A survey of women presenting to a general urology clinic showed that almost half of the sexually active women had dyspareunia.
- In a rat bladder model of bladder outlet obstruction, annexin A1 can inhibit the effect of NLRP3 dependent caspase-1 activity and improve bladder recovery after deobstruction.
- A query of the Center for Prostate Disease Research database showed that despite younger age at diagnosis of prostate cancer and higher initial PSA, African American men who undergo radical prostatectomy have similar metastasis rate and overall survival when treated in an equal access healthcare system (Clinical Research winner).

(Both articles continued on insert)

Take-Home Messages from the 2020 Meeting Continued

CONTINUED - BY JOHN M. BARRY, MD

- After minimally invasive radical prostatectomy, a single 14-hour postoperative hemoglobin evaluation seemed to be all that was necessary to recognize a bleeding event.
- The diagnosis of hypogonadism in active duty men increased from 2006 to 2015. Were generally accepted diagnostic criteria for male hypogonadism met?
- Al Squitieri's "Name the Disease" prize at the 1970 Kimbrough meeting was a classic. It was for a goldfish swimming in a urine collection bag - AKA "Ictyuriosis" (fish in the urine)...
- 3-D reconstructive images may aid in surgical planning for minimally invasive surgery.
- IgG-4-related inflammatory renal pseudotumor is rare.
- Granulomatous prostatitis after BCG immunotherapy for nonmuscle invasive bladder cancer may be associated with a lower grade of prostate cancer than that seen with other causes of prostatic inflammation.
- Postmortem sperm retrieval is a controversial topic. Guidelines have been developed for deceased organ donors in the civilian community and the issue is being studied in the military.
- Non-classical congenital adrenal hyperplasia (NCCAH) due to testicular adrenal rest tumors is rare.
- Corporal thrombosis usually responds to anticoagulation.
- The LRINEC Score (elevated C-reactive protein, elevated WBC, decreased hemoglobin, increased serum sodium, elevated plasma creatinine, elevated blood glucose) is a useful screening app to diagnose necrotizing fasciitis. It can be found in MDCalc as a cellphone app.
- Late metastasis from a T1b renal cell carcinoma is rare.
- A radical cystectomy ERAS algorithm was applied to renal surgery patients. It worked.
- Plasma cell balanitis is rare; circumcision can be curative.
- Automated flow cytometry will provide a new reference range for significant microscopic hematuria.
- Extravesical common sheath ureteroneocystostomy for duplicated systems is successful.
- Testosterone replacement therapy for organ-confined Gleason 6 and 7 prostate cancer with undetectable PSA after radical prostatectomy was safe.
- There is a wide variance in opioid prescribing patterns after nonendoscopic urologic office procedures.
- A standardized ERAS algorithm for renal surgery didn't make a difference in hospital length-of-stay, 30-day readmission rate or complication rate. (See disagreeing results from ERAS study above.)
- Teardrop meatoplasty modification of the urethral mobilization and advancement repair (UMAR) for hypospadias works.
- Opioid prescribing patterns for robotic surgeries are variable among prescribers. This agrees with an earlier abstract about opioid prescribing practices.
- In pre-clinical studies, the Thulium fiber laser seems to be a competitive alternative to the standard Holmium:YAG laser for lithotripsy. The fibers of the former are smaller, quite flexible, and operate from a standard 110-volt outlet.
- A Renal Hereditary Syndrome Clinic (RHSC) was established to facilitate genetic counseling, provide accurate genetic testing, and improve imaging compliance rates. It was successful.
- Late relapse following complete response to radiation or chemotherapy for clinical stage II germ cell testis tumors is rare. It is accompanied by high recurrence and mortality rates after retroperitoneallymph node dissection.
- Proper preoperative education is critical to ensure proper choice
 of urinary diversion after radical cystectomy. To find out if your
 team is doing a proper job with this task, periodically administer
 the Functional Assessment of Cancer Therapy Bladder
 Cystectomy (FACT-BI-Cys) validated patient health survey to
 longitudinally assess the quality of life for these patients.
- Compliance with dosing intervals for luteinizing hormonereleasing (LHRH) agonists injections isn't very good. As expected, this resulted in ineffective testosterone suppression.
- Men with high risk prostate cancer (HRPC) and low serum testosterone levels treated with testosterone had no higher rates or time to biochemical recurrence than men with HRPC and normal testosterone levels or low, untreated testosterone levels.
- Different PSA reference ranges for Caucasian, African-American and Hispanic men may not be necessary.
- Testosterone therapy doesn't seem to result in significant PSA changes in men on active surveillance for prostate cancer.

CONTINUED - BY JOE CLARK, MD

- Surgeon experience contributes to decreased operative time and overall complication rate for robotic assisted RPLND, and therefore can be safely performed by experienced robotic surgeons.
- Surgeon administered TAP block and scheduled acetaminophen and ketorolac can decrease opioid use in patients undergoing robotic assisted radical prostatectomy.
- Patients requiring greater than 3 pads per day and extremely bothered one month after radical prostatectomy are less likely to recover continence and should be appropriately counseled.
- · Routine postoperative hemoglobin checks poorly predicts need for blood transfusion after minimally invasive radical prostatectomy.
- · Removing the reservoir in revision penile prosthesis surgery can be challenging; however, always remove the reservoir if there is an infection.
- ExoDx is a urine-based genomic test that can be used to assess risk of high-grade prostate cancer in men with PSA of 2-10 who are considering prostate biopsy (sponsored symposium).
- PD-1 pathway inhibitors, antibody-drug conjugates (enfortumab vedotin), and molecularly targeted agents such as FGFR3 inhibitors (erdafitinib) have revolutionized advanced bladder cancer management and how we think about the disease (sponsored symposium).
- · Low-intensity shockwave, stem cell therapy, and platelet rich plasma should be considered experimental therapies for treating ED until appropriate RCTs have demonstrated proven efficacy and safety.
- Dr. Al Squitieri reflected on memorable events over the past 50 years of Kimbrough Urological Seminars—some things have definitely changed.
- There has been a lot of progress in the management of castrate resistant prostate cancer with newer agents, although the optimal sequencing has yet to be defined.
- The VA healthcare system offers many opportunities for urologists in terms of leadership, career and helping to train urology residents; there are pros, cons, and many benefits in working as a urologist in the VA system.
- $\cdot \ \mathsf{Many} \ \mathsf{urologists} \ \mathsf{fantasize} \ \mathsf{about} \ \mathsf{being} \ \mathsf{NASCAR} \ \mathsf{drivers}.$
- There are big changes ahead for military medicine as the Defense Health Agency (DHA) takes over health care delivery functions, although the readiness functions will remain with the military departments. Individual Critical Task Lists (ICTLs) will define what a urologist must maintain proficiency on for readiness. Knowledge, Skills and Abilities (KSAs) are specialty-specific skills utilized by the expeditionary clinician and will "help Commanders make decisions regarding deployment by optimizing the readiness of their clinicians, MTF, and address gaps prior to deployment."
- · There is wide variance between urologist prescribing patterns of opioids for pain control following similar clinic procedures.
- In a retrospective study, there was no significant improvement in length of stay, complications rates or 30-day readmission rates after implementation of an enhanced recovery clinical care pathway for nephrectomy.
- Teardrop Urethral Mobilization Advancement Repair (T-UMAR) improved cosmesis, reduced meatal stenosis and adhesion formation compared to UMAR.
- Pelvic fracture associated urethral injury is challenging to treat and the optimal management is not certain; there is significant morbidity if not reconstructed properly and one should consider referring these patients to high volume centers.
- · There is no clear evidence on optimal sequencing of drug treatment
- · A retrospective review of robotic assisted laparoscopic surgery showed that prescribing patterns for opioids are variable despite similar surgery and similar patient populations and provide evidence for establishment of local standardized prescribing guidelines.
- Thulium Fiber Laser (TFL) is a viable alternative to conventional holmium laser for lithotripsy and clinical studies are in progress.
- As percent seminoma in the orchiectomy specimen increased, the incidence of necrosis, surgical complexity, and the need for concurrent ancillary procedures at the time of post-chemotherapy RPLND increased.
- Evaluating patients with suspected hereditary renal cancer in a multidisciplinary clinic may increase imaging and follow-up

SGSU Members Business Meeting

he SGSU Members Business meeting always serves a major purpose to the members to learn about the state of the three branches of service. The liaison representatives are Dr. Timothy Brand, Army, Dr. R. Chanc Walters, Navy and Dr. Christopher Allam, Air Force. They all report on man-power, deployments, graduates, open slots, relevance and service, any issues and the importance to further your military accolades and education.



REPORT OF THE ARMY – COL Timothy Brand, MC, USA

The state of Army Urology remains about readiness. Readiness in the Army is how to be ready to fight in conflicts.

- No Army urologist deployments at this time.
- Professional military education will progress your career.
- DHA implementation continues.
- There is a new PT test (ACFT)

currently being implemented.

- MHS Genesis rollout has completed in the Northwest US, and will continue in an Eastward direction.
- The MAP program has replaced PROFIS can affect MEDCEN staffing.
- Joint Readiness Deployment Criteria Metrics are being formulated for implementation/methodology to ensure deployment readiness criteria for each medical MOS. ICTL's -> KSA's
- Two fellowship starts for 2020 CPT Felicia Balzano for Female Urology and MAJ Matt Banti for Urologic Oncology. Will be advertising fellowship starts for 2021 soon.
- ETS's and retirements for 2020 include COL Mark Anderson, COL Jack Walter, COL Bennett Stackhouse, COL Tom Novack, COL Inger Rosner, COL Timothy Brand, LTC Kevin Rice, LTC George Kallingal, MAJ James Farrell, MAJ Steve Overholser, MAJ Abhay Singh.
- MAJ Salter finishing male infertility fellowship, MAJ Speir finishing urologic oncology fellowship, MAJ Wingate finishing trauma/recon fellowship - all headed to MAMC.
- Impending residency graduates include: CPT McCausey, CPT Sexton, CPT Hertz, CPT Mygatt, CPT Barney, RFO's to be issued soon.
- JGMESB with urologic oncology start for MAJ Gerald Thomas and male recon for CPT David Barham for 2021. 6 students selected for residency starts for 2020.
- Less 60K's than authorizations for 2021.
- We are in the process of determining the optimal end strength for 60K to support the Army/MEDCOM missions IAW NDAA.
- Preparations to deal with multiple global hot spots have the attention of the military, and medical support thereof are a top priority.

It is an honor and a pleasure to serve as the Army Consultant - new Army OTSG consultant to be named soon.

REPORT OF THE NAVY-CDR R. Chanc Walters, MC, USN



- The POM20 The state of Navy Urology would be "surprisingly optimistic".
- We are still overmanned as a specialty. Currently we have
 41 Navy Urologist in 29 billets. 4 are currently in non-Urology billets:
- CAPT Chris Sears is the 7th

Fleet surgeon, CAPT Chris Tepera is the XO at NHC Lemoore, CAPT Hernan Altamar is at USUHS, CAPT Joe Miller OIC for Fleet surgical team in San Diego.

- In the summer of 2020 we will have 2 residency graduates and 1 fellowship graduate. This includes
- LCDR Greg Chesnut is completing his Oncology fellowship at Memorial Sloan Kettering and going to DC, LCDR Chad Pusateri will be going to Portsmouth And LT Alexander Doudt will go to Okinawa.
- In 2020, we will say farewell to several colleagues. The following individuals will retire from the Navy in 2020: CAPT Lisa Cartwright, CAPT Hernan Altamar, CDR Jamey Sarvis
- For GME we selected 3 medical students for PGY1 Urology training: ENS Brian Kaps, ENS Hannah Ferguson, and ENS Paulo Rigo. We were able to accept 3 PGY2 applicants. LT Matthew Christian, LT Ben Baker, and LT TJ Algiers.

REPORT OF THE AIR FORCE - LTC Christopher Allam, MC, USAF

• The Air Force Urology workforce has stayed the same with 20 authorizations (16 general and 4 fellowship shred AFSCs. There is

currently a deficiency of 4 Urologist with vacancies at Ft. Sam Houston, TX (BAMC), Keesler AFB, MS and Langley AFB, VA and Landstuhl, Germany.

 There were two new resident graduates last summer: Major Pansy Uberoi (SAUSHEC) –



- Reconstructive Urology fellowship at Virginia Mason University in Seattle, Washington and Capt Miriam Locke (Greenstein) (Cornell University) Travis AFB, CA. We anticipate only 2 resident graduates this coming summer: Amy Reed (SAUSHEC) and Ryan Zipper (South Carolina). Tentatively, Dr Reed will fill an upcoming vacancy at Wright Patterson AFB, OH and Dr Zipper at Langley AFB, VA. This will likely leave at least 3 unfilled vacancies at Air Force MTFs for 2020.
- Air Force Gains: Lt. Col Necia Pope completed Chief of Flight Surgery tour. Lt. Col Eric Umbreit will complete his Urologic Oncology fellowship at MD Anderson and both join the BAMC Urology staff.
- This summer AF Urology is anticipated to lose 3 folks to separation with Lt. Col Toby Lees (WPAFB), Major Mary Ellen Pace (Langley AFB) and Major Megan Bing (Nellis AFB) all to private practice.
- At the 2019 JSGMESB, we matched one trainee at SAUSHEC and two
 to the civilian community. There were no fellowships offered this
 year. In the spring of 2020, we will determine next year's training
 authorizations. The three services are in serious talks about a
 combined Urology match instead of each service. Urology residency
 program at SAUSHEC selected me as their new residency Program
 Director last summer. COL Tom Novak (Army) has retired after 8
 years of residency leadership. Ms. Lilia Neaves continues to be the
 driving force of our program as the program coordinator.

Thank you 2020 Meeting Supporters



K Thank you Supporters 🖈



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Boston Scientific Sexual Medicine Society of No. America Society of Genitourinary Reconstructive Surgeons (GURS) **American Urological Association**







THANK YOU TO THE EXHIBITORS/INDUSTRY IN ATTENDANCE

Advanced Urology Inst., LLC Allergan Astellas Pharma US/Pfizer Oncology Baver HealthCare Beckman Coulter Blue Earth Diagnostics Boston Scientific Corp. Coloplast Cook Medical Dornier Medtech America, Inc.

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Kimbrough Offers Life Long Friendships, Camaraderie, Fun

NASCAR Race Night - competition with spirit!



Winner's Circle





Ted Saitz takes home first place as the fastest driver - award presented by Pierce Irby.







NASCAR Night - Was great fun for everyone! 75 attendees viewed real Nascars, perused the museum, enjoyed great local food and drinks including a little "Moonshine." The best part was driving the intense simulators. Ted Saitz took home first place as the fastest driver! Other top qualifiers pictured to the left. Congrats!



SESSION I		
Pos	Driver Name	The same of the sa
1	GEORGE K	Interv
2	JEREMY K.	7
3	JEANNIE D.	-1:08.
4	JEFF J.	-1:09.
5	BRAD S.	-1:14.
6	JOHN F.	-1:35
7	VANESSA K.	-1:40
8	SEAN K.	-1
9	RICHARD K.	-1
10	JIM M.	-1
	JIM M.	-1

VALUES OF MEMBERSHIP IN THE SGSU

Member Benefits

Benefits of Membership:

- •Discounted registration fee to the Annual Meeting
- •SGSU Members Only Business Meeting
- •Updates as to current military status
- •Resume and leadership building
- •Growth, committee and award opportunities
- •Mock Oral Boards Prep for boards
- •Special invitations to reception at AUA meeting
- •Belong to the community network, stay informed

Refer a Colleague to join!

Refer a colleague who joins by August 30 and you both receive free registration to the 2021 Rancho Mirage, CA Meeting.

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Training - Preparation - Collaboration for Military Urologists

2021 Annual Kimbrough Seminar

Westin Mission Hills Rancho Mirage, California - January 20-24, 2021



Call For Papers Deadline: September 30, 2020







Submit abstracts, reserve hotel & register online at www.sgsu.org

Program Chairmen Dr. Justin DeGrado & Dr. Jeffrey Jones welcome you to Rancho Mirage, California for an outstanding educational program, CME, networking, career building, Mock Oral Boards and more!