**Attendees pose for the opening ceremonies of the 2019 - 66th Kimbrough Seminar**

The SGSU held its 66th Annual James C. Kimbrough Urology Seminar at the beautiful Kona Sheraton Hotel & Conference Center on January 16-20, 2019. The meeting was a tremendous success with high attendance, exhibits and much support. The scientific program under the direction of Dr. Joseph Sterbis and Dr. John Musser (pictured right) who both produced a stellar educational program with packed meeting rooms! In attendance were 141 physicians and health professionals, 31 spouses/guests and 19 exhibiting companies. The meeting yielded up to 19.50 AMA PRA Category 1 Credits™. The Kimbrough meeting still provides the best value for CME credit.

**NEW SLATE OF OFFICERS AND BOARD OF DIRECTORS 2019-2020**

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<td>Mohammad Ramadan, MD</td>
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<td>Robert C. Dean, MD</td>
<td>Oklahoma City, OK</td>
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<td>Salisbury, NC</td>
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<td>Hal A. Frazier, MD</td>
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<td>Treasurer</td>
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<td>Joseph Y. Clark, MD</td>
<td>Chris DeSantis, MBA</td>
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<td>Hershey, PA</td>
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<td>Tucson, AZ</td>
<td>1950 Old Tustin Ave.</td>
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<td>Member at Large</td>
<td>Santa Ana, CA 92705</td>
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<td>Stacey Koff, MD</td>
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<td>Washington, DC</td>
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**Kimbrough Seminar:**

- Course Director, 2020: Christopher Allam, DO
- George Kalligal, MD
- San Antonio, TX

- Course Directors, 2021:
  - Jeffrey Jones, MD
  - Houston, TX
  - Justin DeGrado, MD
  - San Diego, CA

- Past Course Directors, 2019:
  - Joseph Sterbis, MD
  - John Musser, MD
  - Honolulu, HI

**Army Urology Liaison**

- Timothy Brand, MD
- Tacoma, WA

**Navy Urology Liaison**

- R. Chanc Walters, MD
- Portsmouth, VA

**Navy Member-At-Large, Active Duty**

- Sean Stroup, MD
- San Diego, CA

**Air Force Urology Liaison**

- Christopher Allam, DO
- San Antonio, TX

**Air Force Member-At-Large**

- Necia Pope, MD
- Del Rio, TX

**VA Member-At-Large**

- Mohammad Ramadan, MD
- Oklahoma City, OK

**Reserve Component Representative**

- Brad F. Schwartz, MD
- Springfield, IL

**Military Resident Representatives**

- Amy Reed, MD
- Felicia Balzano, MD
- San Antonio, TX

**Representative, AUA Young Urologists**

- Erik Grossgold, MD
- Portsmouth, VA

**www.sgsu.org**
Dear Members and Colleagues,

I would like to thank the members of the Society for attending our 66th Annual James C. Kimbrough Urological Seminar. Drs. Joe Sterbis and John Musser, Program Directors, coordinated an outstanding and educational meeting. 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 DeSans 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 (19.50 CMEs 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 abreast on the advances made in the specialty of urology. Another extremely valuable portion of the meeting is the Mock Oral Boards. This is offered to chief residents and recent graduates and gives them the chance to participate in mock oral boards to prepare them for the certifying examination of the American Board of Urology. Because of this session, the pass rate is very high among those who took advantage of this at the meeting. This is offered at no cost for members — a great educational benefit.

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 Hilton Charlotte University Place in North Carolina, January 15-19, 2020. If you are attending the AUA Annual Meeting in May, join us for our Member Reception on Saturday, May 4 at 4:30-6:30pm at the Chicago Hilton. Also plan on visiting the SGSU booth #2334, and attend the USAV meeting on Sunday, May 5 at the Hyatt Regency McCormick- Room CDE, -1:00-5:30pm.

We are always looking for individuals who have an interest in serving on the Board of Directors of the Society, please let us know. If you are considering serving on the board, you must attend the annual meetings and board meetings.

-Hal Frazier, MD, Secretary/Past President
COL Robert Dean, MD proudly displays his certificate for being selected for the Clare Scanlon Award. He is pictured with Dr. Joe Sterbis, Dr. John Musser and Dr. Greg Thibault.

(Pictured Left) Joseph Sterbis, MD and Gregory Thibault, MD congratulate COL (Ret) Noah Schenkman, MD for receiving the Honorary Lifetime Achievement Award. Dr. Schenkman wrote in a post-meeting letter: “I cannot thank you enough for considering me for this award, I plan to be active in the Kimbrough for years to come and I look forward to many more great meetings in the future.”

Resident Competition - Basic Science Research Winners: 1st Place: CPT Alexandria Hertz, MC, USA; 2nd Place: CPT Stephanie Sexton, MC, USA (pictured left) & 3rd Place: CPT Patrick Leidig, MC, USA.

(Pictured right) - Poster Session Winners: 1st Place: CPT Bradley Potts, MC, USA & 3rd Place: CPT Alexandria Hertz, MC, USA. (2nd Place: CPT Jacob McFadden, MC, USA not pictured)

The Resident and Poster Winners were all pictured with Course Directors Joseph Sterbis, MD, John Musser, MD and President Gregory Thibault, MD. The SGSU is proud of all of the 2019 winners!! *(Editor’s note: see complete list of winners on page 4)*
Congratulations Winners of the 2019 Annual James C. Kimbrough Seminar

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

Honorary Lifetime Membership Award for lifetime dedication and service to the SGSU. Presented to: COL (Ret.) Noah Schenkman, MD

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

Clare Scanlon Award for outstanding administrative work on the annual seminar. Presented to: COL Robert C. Dean, MD

Resident Competition Clinical Research Award Winners:
1st Place: CPT Bradley Potts, MC, USA
2nd Place: Caitlyn Shepherd, MD
3rd Place: CPT Karmon Janssen, MC, USA

Resident Competition Basic Science Award Winners:
1st Place: CPT Alexandria Hertz, MC, USA
2nd Place: CPT Stephanie Sexton, MC, USA
3rd Place: CPT Patrick Leidig, MC, USA

Poster Session Winners
1st Place: CPT Bradley Potts, MC, USA
2nd Place: CPT Jacob McFadden, MC, USA
3rd Place: CPT Karmon Janssen, MC, USA

The GU Bowl - Highest Attendance Ever

The GU Bowl - a revered and traditional highlight of the Kimbrough meeting. This year the GU Bowl had the highest attendance ever and was a lot of laughs!
Let's Meet in Chicago at the AUA - May 2019

SGSU Membership Reception!
Saturday, May 4
4:30-6:30pm
Marriott Marquis Hotel
Lake Huron Room, 8th Floor
Please RSVP to info@govurology.org

USAV Annual Meeting
Sunday, May 5
1:00-5:30pm
Hyatt Regency McCormick Room CDE

Visit the SGSU Exhibit!
#2334
Encourage your colleagues to join!
CONTRIBUTED BY JOHN M. BARRY, MD

- Single stage sacral neuromodulation may replace the two-stage procedure.
- NLRP3 inflammasome activation triggers bladder dysfunction in diabetic mice. (Prize winner—Basic Science)
- The NLRP3 mediates bladder decompensation during bladder outlet obstruction in rats. Glyburide inhibits it. (Prize winner—Basic Science)
- The combination of low-energy shock wave therapy and phosphodiesterase-5 inhibitors corrects pelvic neurovascular injury in rats; their erections return. (Prize winner—Basic Science)
- There is minimal loss of functioning renal parenchyma with renal thermal therapy in humans.
- The creation of virtual reality renal models for complex renal surgery costs a lot of money.
- Postoperative complications after robotic partial nephrectomy were not predicted by ASA or Charlson Co-morbidity Index. (The Charlson Comorbidity index is meant to predict survival, not complications.)
- Vasectomy reversals are usually successful in young men.
- Urinary diversion for benign conditions is fraught with post-operative complications, especially in fat patients.
- The transurethral in-lay buccal graft works well for distal urethral strictures.
- Ureteral stenting for 7 days was long enough after endoscopic ureteral injuries in pigs.
- Penile calciphylaxis is almost uniformly fatal.
- The rule of “W” for the etiology of postoperative fever isn’t very accurate.
- Bladder outlet procedures are often helpful in patients with detrusor underactivity who don’t have demonstrable bladder outlet obstruction. (Prize winner—Clinical)
- Patient sexual harassment of female physicians is more common than we thought.
- Opioids are over-prescribed following robotic-assisted laparoscopic procedures. (Prize winner—Clinical)
- Opioids are rarely necessary following vasectomies.
- Education of referring physicians and initiation of the “Hard Stop” concept resulted in elimination of pre-referral ultrasound for the evaluation of cryptorchidism.
- There is not a standardized definition of vaginal stenosis following vaginoplasty in children.
- It appears that women are well-represented at pediatric urology meetings, however, invited speaker opportunities lag behind female membership rates.
- There is an increased risk of post-operative urinary tract infections in diabetic and obese men who undergo robotic-assisted radical prostatectomy.
- Delay in radical prostatectomy is associated with higher positive margin rates and increased biochemical recurrence.
- PSA screening is protective for prostate cancer mortality and patient presentation with metastatic disease. Equal access to health care negates outcome differences by race.
- Longer delays to radical prostatectomy by assignment to active surveillance (delaying treatment with curative intent) resulted in higher rates of positive surgical margins and Gleason upgrading.
- In a racially diverse, high risk prostate cancer study, there were no significant differences in treatment choice, biochemical free survival, and metastasis-free survival in an equal access health care system.
- Use of Denonvillers’ space expansion with a degradable hydrogel was a clever way of protecting the rectum during salvage cystectomy for recurrent prostate cancer. (Prize winner—Clinical)
- ED treatment with growth hormone, stem cells, amniotic fluid and platelet-rich plasma are not ready for prime time. Low intensity shock wave therapy for ED is promising.
- The definition of a castrate level of testosterone should be 20, not 50. Increased FSH is associated with cardiovascular disease. The recent Journal of Urology article on anti-androgens is a recommended read.
- There are several clever flap procedures (Martius, Gracillis, peritoneum, inner thigh-based) to repair vesicovaginal and colovaginal fistulas.
- Mesh can be associated with a Lupus-like syndrome; this may be due to biofilm.
- A video of a successful transvesical robotic-assisted laparoscopic repair of a mid-prostatic urethral obliteration was accompanied by good music.
- Be careful with gentamicin dosing for prosthesis implantation surgery because older patients commonly have impaired renal function. Published guidelines are not a substitute for good judgement.
- Urethroplasty usually doesn’t result in further impairment of erectile dysfunction.
- Anesthesia-related complications are more common in patients over 80 years of age.
- B3 adrenoreceptor agonists and antimuscarinics are effective in the study of detrusor over-activity of chronic supra-sacral spinal cord transected rats.
- Iatrogenic hypospadias in spinal cord injured patients is best prevented.
- A recurrent peri-urethral leiomyoma was successfully treated with a combined retropubic-transvaginal approach.
- Tubulocystic renal cell carcinoma is rare.
- Percutaneous microwave ablation, which generates frictional heat 100 times faster than radiofrequency, of T1a renal cell carcinomas was successful.
- A dramatic, durable response to pembrolizumab for poorly differentiated metastatic bladder cancer occurred in a 43 year-old man.
- An old technique, ventriculo-ureteral shunt, for refractory hydrocephalus in a 5 year-old kidney transplant recipient was successful.
- Multidisciplinary oncology clinics resulted in improved adherence to plans of care, especially for patients who select active surveillance for prostate cancer.
- Based on a value and availability analysis, the RobotIX mentor was the winner among three virtual reality robotic surgery simulators.
- A shared medical appointment system was useful in the management of testosterone deficient patients.
- After radical prostatectomy, arousal incontinence and climacturia are common and more troublesome for men than for their female sexual partners.
- When staff urologists, especially oncologists, begin to speak, they tend to lose tract of time.
- Although there is no consensus on the value of lymphadenectomy at the time of radical or partial nephrectomy for renal cell carcinoma, it’s reasonable to remove suspicious nodes.
- After chemotherapy for germ cell testis cancer, 25% of image-negative retroperitoneal nodes will have viable tumor or teratoma on lymph node dissection.
- After a 2-year disease-free interval, there is <10% recurrence rate for germ cell testis cancer.
- Expect >50% complications within 90 days of radical cystectomy. Post-op complications delay adjuvant chemotherapy. Psomas diameter is a good measure of sarcopenia.
- Tranexamic acid seems to reduce bleeding during radical cystectomy. Don't use it in patients who have a vascular stent or have had a prior DVT or PE.
- There was an increased risk of post-radiation urinary symptoms if the prostate was >35 grams; IPSS was >7, PVR was >100 mL, mean flow rate was <11 mL/second or there was urodynamic evidence of bladder outlet obstruction.
- After radiation therapy for prostate cancer, be careful with transurethral resections posteriorly (rectal fistula) and anteriorly (pubic fistula). The risk of incontinence increases with adjuvant radiation after radical prostatectomy. Urinary diversion is usually required to treat a post-radiation pelvic fistula.
- The search goes on for a renal cell cancer prognostic marker.
- Too bad about radical perineal prostatectomy; it is a minimally invasive procedure without the need for a robot...
- It’s reasonable to ignore a large PVR in an asymptomatic patient with no upper tract compromise.
- Single-use flexible ureterorenoscopes and miniaturized laser units are cost-effective tools for the management of calculi in deployed environments.
- In an open access system, diverse patient selection and surgeon fellowship training didn’t seem to affect outcomes of vasectomy reversal.
- The GU Bowl was a meeting highlight, as always. One of the program chairs looked great in his pineapple costume.
The 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.

- There was a change in the way medical professional bonuses are paid, which is nearly fully implemented by now (monthly release of most bonuses instead of annual).
- No Army urologist deployments at this time.
- Professional military education will progress your career.
- NDAA implementation continues with increased command/control by DHA.
- MHS Genesis rollout has begun in the Northwest US, and will continue in an Eastward direction. (more details on Sunday)
- Joint Readiness Deployment Criteria Metrics are being formulated for implementation - methodology to ensure deployment readiness criteria for each medical MOS.
- ETS’s and retirements for 2018 include MAJ McLaughlin, MAJ Stanley, MAJ Villareal, MAJ Morilla, and LTC Mancini.
- MAJ Medendorp finishing FPMRS fellowship, and MAJ Kaspranski finishing pediatrics uro fellowship, both headed to TMC.
- At Tripler, COL McMann is CMO, LTC Sterbis is DME, and COL Stockhouse C, DOS.
- Impending residency graduates include: CPT Fantony, CPT Olcese, CPT Martinez-Morales, CPT Hopson, and CPT Tieva, RFO’s to be issued soon.
- COL Soderdahl promoted to CSBPO.
- We are in the process of determining the optimal end strength for 60K to support the Army/MEDCOM missions.
- 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.

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

Navy Urology jobs have been reduced from the current 29 to 15.
- This will affect residency training, but the changes are not known at this time.
- Currently we have 37 Navy Urologist. 5 are in non-Urology billets.
- Summer 2018 Urology had 6 GME graduates.
- Summer 2019 Urology has 5 GME graduates and 1 separation.
- Summer 2019 3 incoming interns at Naval Medical Center San Diego (1 is Air Force). Three incoming residents at NMCSD and 1 resident at NMCP. One fellowship selection for laparoscopy in 2012.
- I have had the privilege of taking over as Urology Consultant for the AF Surgeon General starting in May 2018 with the retirement of Col. Timothy Phillips.
- Air Force Urology workforce: authorizations have remained at 16 with 4 fellowship shred AFSC for a total Urology force strength of 20. The fellowship opportunities continue to be in pediatric urology, urologic oncology, female urology/reconstruction, and endourology/robotics. There is currently a deficiency of 3 Urologist with vacancies at Ft. Sam Houston, TX (BAMC), Keesler AFB, MS and Langley AFB, VA.
- There were two new resident graduates last summer.
- We anticipate only 2 resident graduates this coming summer:
  - At the 2018 GMESB, we were authorized 4 training positions: 1 at SAUSHEC; 2 civilian sponsored; 1 civilian deferred. We had some very qualified applicants rotate through SAUSHEC Urology with 4 medical students, 1 intern and 1 flight surgeon.
  - This summer AF Urology is anticipated to lose 3 folks to separation.
- Air Force Urology filled authorizations has been below total force authorizations for the past several years and unfortunately that gap will worsen this upcoming summer. AF urology authorizations will be at 80% (16/20) for the next academic year.
- General urology authorizations have remained at 18, however 2 of those authorizations will be converted to “Shred” AFSCs this coming spring to align with current fellowship opportunities and to streamline reimbursement according to the new Consolidated Special Pay plan.
- General urology authorizations have remained at 18, however 2 of those authorizations will be converted to “Shred” AFSCs this coming spring to align with current fellowship opportunities and to streamline reimbursement according to the new Consolidated Special Pay plan.
- DHA: it appears the AF medical corps will lose about 4500 positions (include physicians, nurses, techs, etc.) but likely over the next 5 years. This is about a 20% reduction in the size of the medical corps.

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

- The POM20 divestiture removed 1,845 medical billets including 711 officer and 1,134 enlisted.
Thank you 2019 Meeting Supporters

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Kimbrough Offers Opportunities, Colleagues, Friends

VALUES OF MEMBERSHIP IN THE SGSU

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
  - 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 2020 Charlotte, NC Meeting.

Become a Benefactor!

Go online to govurology.org

Attendees and their families who came to the 66th Annual Kimbrough Seminar in Kona, Hawaii took the opportunity that the warm and sunny weather provided during the third week of January for outdoor activities, which included the Aloha Reception, the Littrell Hawaiian Banquet and Sunset Banquet.

Sunset Cruise

Wed. Aloha Reception  Sat. Littrell Banquet
Training - Preparation - Collaboration for Military Urologists at the

2020 Kimbrough Annual Seminar
Hilton University Place
Charlotte, North Carolina - January 15-19, 2020

Call For Papers Deadline: September 30, 2019

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

Program Chairmen Dr. Christopher Allam & Dr. George Kallingal
welcome you to Charlotte, North Carolina
for an outstanding educational program, CME, networking, career building and more!