

AUA 2025
APRIL 26-29
Las Vegas

SATURDAY | APRIL 26, 2025

DAILY NEWS

SEE THE DAILY
SCHEDULE
FOLLOWING PAGE 8

P2s

Practice-Changing, Paradigm-Shifting Clinical Trials in Urology

Exceptional, groundbreaking studies expected to change the day-to-day practice of urology.

Plenary
10:30-11:30 a.m.
Venetian Ballroom



Learning Lab

These important clinical trials are expected to influence practice.

**Clinical Trials in Progress:
Benign Disease**
1-3 p.m.
The Square



AUA Robotics Theater

Don't miss today's live narration of robotic procedure videos and a panel discussion.

Bladder Procedures
2-4 p.m.
S&T Hall, Booth #355



NEW! Integration of Biomarkers, MRI and PSMA PET Imaging Into the Management of Prostate Cancer

2-4 p.m.
Venetian H



Patient Perspectives

11:30 a.m.-3 p.m.
The Square



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online with #AUA25!

Welcome to Las Vegas

What happens at AUA2025 could change the practice of urology.

The 2025 AUA Annual Meeting promises an unparalleled array of educational sessions, innovative programming, networking opportunities and over 300 exhibits designed to advance the field of urology.

For the first time in its history, the AUA Annual Meeting will feature a keynote speaker. Dr. Vin Gupta, chief medical officer of Amazon Pharmacy, will present the Ramon Guiteras Lecture, "The Future of Healthcare: How Will Urology Be Impacted?" during Sunday morning's Plenary (for more on Dr. Gupta, see page 10). Dr. Gupta's extensive experience in health policy and technology innovation bring valuable insights into the evolving landscape of healthcare and its implications for urology.

The meeting will also

introduce several exciting and interactive educational formats:

- **Case-Based Guidelines Panel Presentations:** These sessions will review new and existing AUA guidelines through real-life clinical case applications, offering practical insights for attendees.
- **Interactive Poster Sessions:** Focused on fostering conversations between moderators, authors and attendees, these sessions aim to enhance collaborative learning.
- **P2s: Practice-Changing, Paradigm-Shifting Clinical Trials in Urology:** Showcasing groundbreaking studies expected to influence daily urologic practice, these presentations will be featured on the Plenary stage.
- **Learning Lab:** Including sessions like Clinical Trials

// We are committed to providing attendees with cutting-edge knowledge and opportunities to shape the future of urology."

—Dr. David Penson, AUA secretary

in Progress and Flip the Script Case Presentations, the Learning Lab offers engaging reviews of interesting urology scenarios with content experts.

Additionally, the AUA is hosting the inaugural National Residency Abstract Olympics, a spirited competition allowing U.S. Residency Programs to vie for recognition based on the number of accepted resident abstracts at AUA2025.

Attendees can also benefit from more than 70 Instructional Courses, which provide an in-depth

exploration of specific techniques, AUA guidelines, and surgical skills across the spectrum of urology. These courses are available with the Platinum and Silver Packages.

"AUA2025 represents a pivotal moment for our association, introducing innovative educational formats and our first-ever keynote speaker," said Dr. David Penson, AUA secretary. "We are committed to providing attendees with cutting-edge knowledge and opportunities to shape the future of urology." ●

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Turning rounds upside down

Flip the Script is back for a second year!



Young urologists, trainees and seasoned surgeons alike are in for something unique at AUA2025. Returning for its second year, “Flip the Script: Case Studies” promises to energize the educational programming. This innovative session invites fresh perspectives and sharp clinical thinking in a lively, interactive grand rounds-style event—with a twist.

For this event, it is the young urologists (those with 10 years or less of experience in practice) who get the opportunity to present their

interesting cases to their more senior colleagues, instead of the usual other way around.

AUA Secretary David Penson, MD, offered the *AUA Daily News* a preview of this novel approach to learning and fresh format that was so popular at last year’s Annual Meeting.

Q Is this session geared more for residents, fellows and young urologists than it is for the more seasoned urologist? Does it usually contain case studies that are common for new urologists, but not for veterans?

Dr. Penson: This session is for everyone—not just trainees and young urologists. The goal here is to review unusual cases and teach all urologists how to recognize and treat these cases. The format is modeled

after the typical urology grand rounds except for one thing—the younger urologists are “pimping” the most senior people in the field. The trainees and young urologists get the opportunity to present their interesting cases while learning from their more senior colleagues regarding what they would look for or do differently. We’re flipping the script!

Q Can you share a few examples of the kind of complex case studies that will be presented?

Dr. Penson: Well, I don’t want to give away any of the cases—part of the fun is not knowing what the diagnosis is—but I will say the cases will be unusual, yet not so rare that a urologist might never encounter them.

Last year’s featured cases had de-identified titles so that the senior urologists had no idea what to expect and had to fully engage with the case details before working through them. A couple of examples include:

- “Are you kidding me with this mass? Lesion in a pediatric donor kidney.”

- “34-year-old with bilateral flank pain and an elevated flank pain. Let’s go zebra hunting.”

I think attendees definitely will walk away with some clinical pearls they’ll use in their practice.

Q What do you think makes this session so popular?

Dr. Penson: The interesting part is that there is no single right answer to any of these cases. We’re looking for a good-natured back-and-forth as senior urologists work through each case and give their thoughts on diagnosing and managing them. One of the best things about this session is that it’s really unscripted and almost anything can happen. Attendees may be in for a few surprises, so I don’t think this is something people will want to miss. ●



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Las Vegas

DAILY NEWS
ONLINE

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coverage from
AUA2025

HAPPENING TODAY!

Don’t miss the
John K. Lattimer
Lecture: Telesurgery



PLAYING THE LONG GAME

Telesurgery gains attention and momentum, but has miles to go.

1-1:20 p.m.
Venetian Ballroom



Flip the Script: Case Studies

Sunday, April 27
2-3:40 p.m.
Hall C, The Square,
Learning Lab

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DAILY NEWS

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S&T

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Make the most of our prime S&T Hall hours each day from 11:30 a.m.-1 p.m.!

SATURDAY - MONDAY

Exhibit Hours: 10 a.m. to 4 p.m.

Prime S&T Hall Hours: 11:30 a.m. to 1 p.m.

APP program focuses on clinical guidelines, new medications and sexual health

The APP conference kicks off today with programming for novice and experienced urological professionals.

AUA2025 will host two full days of educational programming this weekend for advanced practice providers (APPs) and other allied healthcare professionals. Urologic Care for the Advanced Practice Provider will include panel discussions and programs based on the educational needs assessment of advanced practice providers working in urology.

"The annual APP conference within the annual meeting is focused on APP topics relevant to your practice, whether you're new to urology or a seasoned practitioner," said J. Brandon Arruda, program director of West Virginia

University Medicine Urology Advanced Practice Fellowship Program in Morgantown, and co-director of the APP conference with Tricia Zubert, APRN, CNP, Park Nicollet Health Sciences in Minneapolis.

Today's conference starts with a non-CME breakfast symposium, followed by an introduction, pre-test, and then back-to-back sessions throughout the day. Here are a few highlights you won't want to miss.



J. Brandon Arruda, APRN

current guidelines fit into clinical practice and include a review of patient cases with idiopathic OAB.

"This session will guide you through the treatment algorithm using real cases and discuss new features, such as a telehealth consultation tool for overactive bladder and critical new knowledge we need to be more cognizant of, including an explanation of medications," Arruda said. "Many OAB medications, such as antispasmodics, for example, otherwise known as oxybutynin, now carry a risk of causing dementia or cognitive decline."



Medications on the horizon for male infertility

This afternoon's podium presentation, "Isotretinoin Improves De Novo Sperm Production in Non-Obstructive Azoospermic and Cryptozoospermatic Men," will introduce new medications under investigation for men

with azoospermia and are cryptozoospermatic. In studies, isotretinoin, otherwise known as Accutane and used to treat severe acne, has been shown to stimulate sperm reproduction. Although Isotretinoin is still in clinical trials for male infertility, "It is potentially something new in our toolbox for medication management of male infertility you'll want to have on your radar," Arruda said.



Focus on female sexual health

Sexual health has become a hot-button topic in the world of urology. "Unfortunately, the female population has been left behind when it comes to helping them with their issues with sexual health and sexual satisfaction," Arruda said. However, updated guidelines from the International Society

for the Study of Women's Sexual Health (ISSWSH) can help change that.

Another afternoon presentation, "ISSWSH Process of Care for Orgasm Disorders in Women," will explain the ISSWSH's updated 2025 guidelines for treating female orgasmic disorders, including practical takeaways, such as how to begin those sensitive conversations with female patients about their sexuality and sexual satisfaction.

Overall, be prepared to come away from the two-day conference feeling up to date on OAB guidelines, male infertility, treatment for female orgasmic disorders and other timely topics to advance your practice.

"Participants will have a world of great information to take back to their colleagues," Arruda said. ●

Urologic Care for the Advanced Practice Provider

Saturday, April 26
8 a.m.-5 p.m.
Sunday, April 27
8 a.m.-4:30 p.m.
Palazzo D



Clinical guidelines in action

"Case Discussion: AUA/Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction (SUFU) Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder" will outline how the most

PRODUCT SPOTLIGHT



Don't miss THE RAMON GUITERAS LECTURE!



WHO: Dr. Vin Gupta, former Chief Medical Officer, Amazon Pharmacy

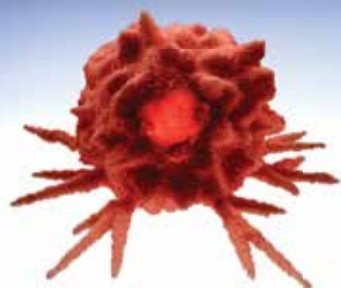
WHAT: The Future of Healthcare: How Will Urology Be Impacted?

WHERE: Plenary, Venetian Ballroom

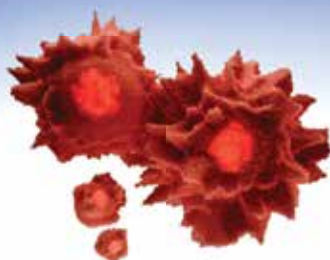
WHEN: Sunday, April 27, 2025 at 8:15 a.m.

How high are the stakes in high-risk NMIBC?

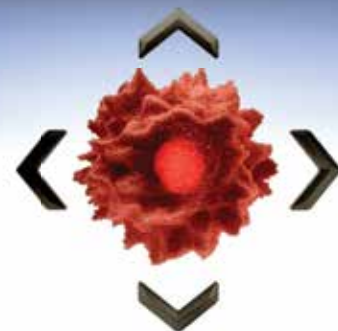
BCG monotherapy is essential to help protect against recurrence and progression, but many patients do not achieve lasting remission¹⁻⁶



UP TO 50%
of patients with
high-risk NMIBC are at
risk of **recurrence** within
1 year of treatment^{1,7*}



~20%
of patients with
high-risk NMIBC may
progress to MIBC within
4 years of diagnosis^{5,8†}



~50%
of patients with MIBC
may progress to
metastatic disease,
which has a 5-year
survival rate of 9%^{6,9,10}

Preventing recurrence and progression is critical in high-risk NMIBC



Scan to visit HighRiskNMIBC.com or visit the
Pfizer booth to learn more about the stakes

*Based on a combined analysis of individual patient data from 7 EORTC clinical trials including 2,596 patients. All of the included studies evaluated patients post-TURBT, at which point they received variable treatments.¹

†Based on a systematic review of 19 clinical trials that included a total of 3,088 patients.⁸

BCG, bacillus Calmette-Guérin; EORTC, European Organisation for Research and Treatment of Cancer; MIBC, muscle-invasive bladder cancer; NMIBC, non-muscle-invasive bladder cancer; TURBT, transurethral resection of bladder tumor.

References: 1. Sylvester RJ, van der Meijden APM, Oosterlinck W, et al. Predicting recurrence and progression in individual patients with stage Ta T1 bladder cancer using EORTC risk tables: a combined analysis of 2596 patients from seven EORTC trials. *Eur Urol*. 2006;49(3):466-477. doi:10.1016/j.eururo.2005.12.031 2. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology. Bladder cancer. Version 5.2024. Published October 28, 2024. 3. Lamm DL, Morales A. A BCG success story: from prevention of tuberculosis to optimal bladder cancer treatment. *Vaccine*. 2021;39(50):7308-7318. doi:10.1016/j.vaccine.2021.08.026 4. Lamm DL, Blumenstein BA, Crawford ED, et al. A randomized trial of intravesical doxorubicin and immunotherapy with bacille Calmette-Guérin for transitional-cell carcinoma of the bladder. *N Engl J Med*. 1991;325(17):1205-1209. doi:10.1056/nejm199110243251703 5. Shore ND, Redorta JP, Robert G, et al. Non-muscle-invasive bladder cancer: an overview of potential new treatment options. *Urol Oncol*. 2021;39(10):642-663. doi:10.1016/j.urolonc.2021.05.015 6. National Cancer Institute. Cancer stat facts: bladder cancer. Accessed February 19, 2025. <https://seer.cancer.gov/statfacts/html/urinb.html> 7. Ritch CR, Velasquez MC, Kwon D, et al. Use and validation of the AUA/SUO risk grouping for nonmuscle invasive bladder cancer in a contemporary cohort. *J Urol*. 2020;203(3):505-511. doi:10.1097/JU.0000000000000593 8. van den Bosch S, Alfred Witjes J. Long-term cancer-specific survival in patients with high-risk, non-muscle-invasive bladder cancer and tumour progression: a systematic review. *Eur Urol*. 2011;60(3):493-500. doi:10.1016/j.eururo.2011.05.045 9. Patel VG, Oh WK, Galsky MD. Treatment of muscle-invasive and advanced bladder cancer in 2020. *CA Cancer J Clin*. 2020;70(5):404-423. doi:10.3322/caac.21631 10. Stein JP, Lieskovsky G, Cote R, et al. Radical cystectomy in the treatment of invasive bladder cancer: long-term results in 1,054 patients. *J Clin Oncol*. 2001;19(3):666-675. doi:10.1200/jco.2001.19.3.666



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Clinical Trials in Progress expands to showcase more research

AUA2025 offers greater access to groundbreaking future treatments in urology.

The lineup of Clinical Trials in Progress (CTiP) presentations is expanding this year after a standing-room-only introduction at the 2024 AUA Annual Meeting. AUA2025 attendees can pick and choose updates on as many as 45 CTiPs across multiple subspecialties in urology on Saturday and Monday.

“People come to the AUA’s Annual Meeting to keep their clinical skills up to date and to learn about the latest treatments,” said

“We are looking for studies that, when they’re completed, are going to change the way we practice urology.”

—Dr. David Penson, AUA Secretary

AUA Secretary David F. Penson, MD, MPH, MMHC, professor and chair of urology and Hamilton and Howd Chair in urologic oncology at Vanderbilt University Medical Center in Nashville. “So why not give them a sneak peek of what to expect in the next decade? That’s what the CTiPs are: a crystal ball showing groundbreaking future treatments in urology.”

Principal investigators will present the latest data from the most important clinical trials across urology currently in progress in three two-

hour sessions in the Learning Lab, adjacent to the Science & Technology Hall. Each session includes 15 trials with time for a Q&A after each presentation.

- Benign disease: Saturday, 1-3 p.m.
- Bladder cancer: Monday, 9-11 a.m.
- Prostate and kidney cancer: Monday, 1-3 p.m.

Results to date from all 45 trials will also be published in a supplement to *The Journal of Urology*® on Friday.

CTiP began with the realization that even though urologists are continually developing new agents and devices that are tested and tweaked through the clinical trial process, AUA’s Annual Meeting had no platform to present trials that had not



David F. Penson, MD

yet been completed. Attendees had no real opportunity to learn what novel developments might be coming down the pike over the next few years.

“We are looking for studies that, when they’re completed, are going to change the way we practice urology,” Dr. Penson said. “My hope is that many of the trials we see in the CTiP sessions this year will be presented in the plenary a few years from now as practice-changing, paradigm-shifting (P2) studies. That is what we’re really looking for: studies that have real potential to materially change the way we treat our patients.”

Trials to be presented were selected in mid-February to represent the latest and most cutting-edge research across all of urology, Dr. Penson said. All of the studies are ongoing, and none have the final data and analysis that would bring them into more conventional Annual Meeting sessions.

“Beyond the obvious goal of increasing awareness of future innovations in urology, hopefully these sessions will underscore the importance of clinical trials in urology,” he said. “These studies, the vast majority of which are randomized studies involving large numbers of patients, are crucial to advancing the field and these sessions help accentuate this.” ●

Bladder cancer information to support you and your patients

Approximately 84,000 new cases of bladder cancer are estimated to be diagnosed in 2025, making it the 6th most common cancer.^{1,2}

For more information about bladder cancer, visit [InsideBladderCancer.com](https://www.insidebladdercancer.com).



References: 1. Bladder cancer. American Cancer Society. Accessed February 25, 2025. <https://www.cancer.org/cancer/types/bladder-cancer.html> 2. Bladder cancer treatment (PDQ®)—health professional version. National Institutes of Health: National Cancer Institute. Updated February 12, 2025. Accessed February 13, 2025. https://www.cancer.gov/types/bladder/hp/bladder-treatment-pdq#_1



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Expanding active surveillance for low-risk prostate cancer

Actively looking for disease progression is key.

Active surveillance is the guideline-recommended approach to low-risk prostate cancer, but about 40% of men who could be on active surveillance are not getting it.

“All the clinical guidelines recommend active surveillance for men with low-risk prostate cancer,” said Daniel Lin, MD, professor and interim chair of urology, Pritt Family Endowed Chair in prostate cancer research and director of the Institute of Prostate Cancer Research at the University of Washington. “When we have looked at how these men have done over time, we’re talking 10, 15, 20 years, men with low-risk prostate cancer did uniformly well on active surveillance. It is not only safe,

but is the preferred option.”

Dr. Lin will explore the latest data on active surveillance during his State-of-the-Art Lecture “Active Surveillance for Low-Risk Prostate Cancer: What Clinical Trials Teach Us” during this morning’s Plenary, 9-9:15 a.m. in the Venetian Ballroom. The key message, Dr. Lin said, is men with low-risk disease should be on active surveillance with the emphasis on “active.”

Active surveillance is not watching with just regular PSA testing and periodic MRIs while waiting for progression, he explained. Men with stable PSAs and negative MRIs



Daniel Lin, MD

need repeat prostate biopsies to track potential disease progression.

Certain findings, especially high PSA density and high volume of disease on initial biopsy, suggest a higher likelihood that more aggressive disease will be found during active surveillance.

Clinical trials have demonstrated that repeat MRI cannot replace repeat biopsy for men who have biopsy-confirmed prostate cancer. There is some indication that men who do not undergo routine repeat biopsy may do worse than those who have routine repeat biopsies.

Trials have found that about half of men on active surveillance progress around the 10-year point and require treatment. It takes an active

element, repeat biopsy, to identify progression early enough to treat it successfully.

“If you’re not actively looking for worse disease, you’re not going to find it and treat it early enough,” Dr. Lin said. “And if you don’t treat prostate cancer early enough, you are likely to have worse outcomes.”

At this time, the current generation of biomarkers have not been proven to be definitively helpful for men with low-risk prostate cancer specifically on active surveillance, he continued. Multiple trials with various biomarkers have shown utility for more advanced disease, but biomarkers do not appear to provide clear benefit in assessing progression or risk



of progression in typical low-risk disease on active surveillance.

“I want to change practice with this lecture and expand the appropriate use of active surveillance,” Dr. Lin said. “Active surveillance is not just PSAs and MRIs, it is actively looking for disease progression. We know better, and we can do better.” ●



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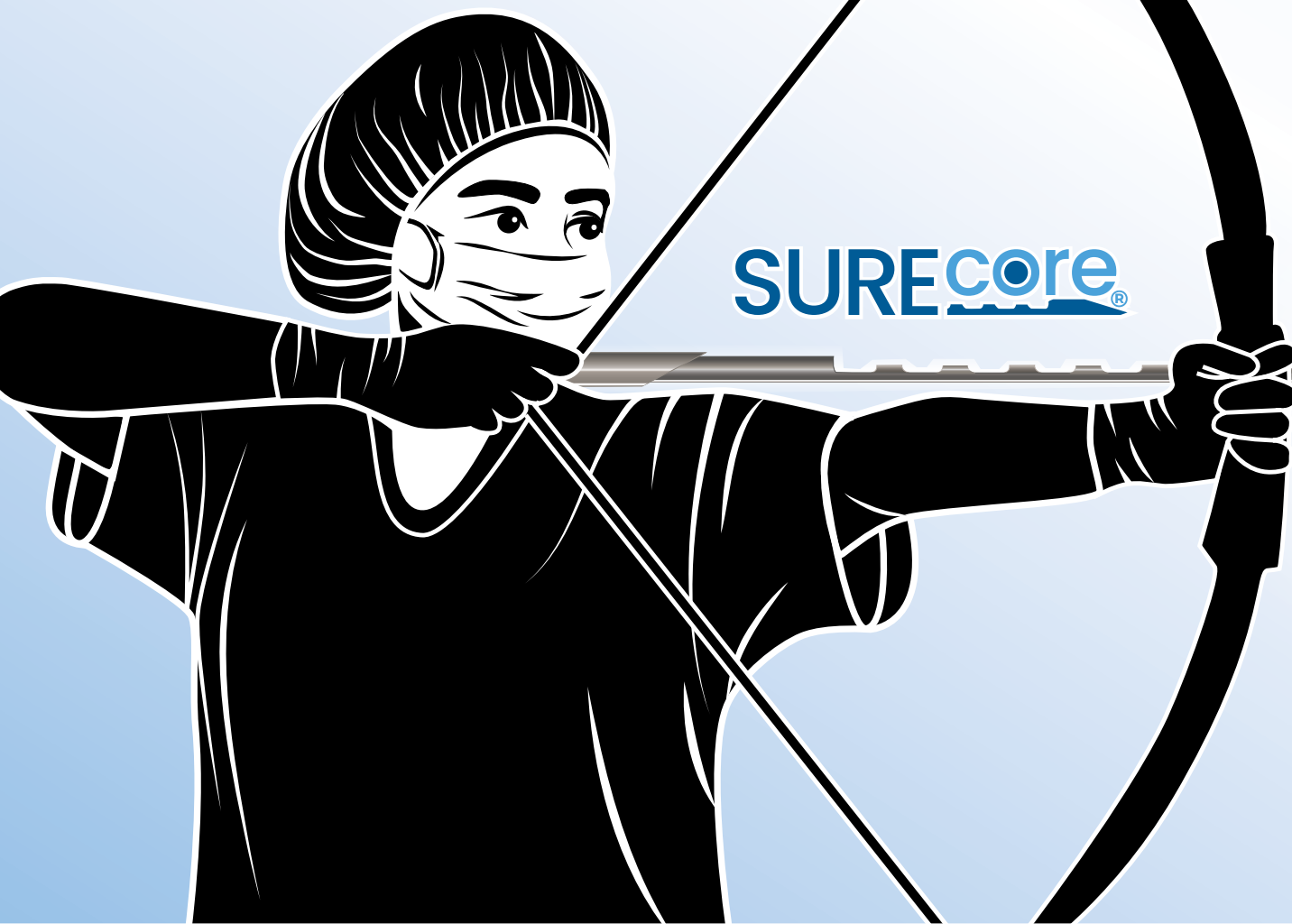
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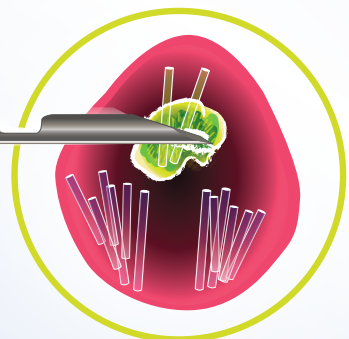
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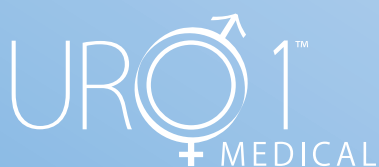
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AUA2025 welcomes inaugural keynote speaker

Dr. Vin Gupta will share his bold vision for the future of healthcare.

This year, the AUA is flipping the script in more ways than one. For the first time in its storied history, the AUA Annual Meeting will feature a keynote speaker—and the organization is pulling no punches. Attendees at the AUA2025 Plenary on Sunday morning will hear from Dr. Vin Gupta, one of the most dynamic and forward-thinking voices in healthcare and technology today.

Dr. Gupta's keynote, "The Future of Healthcare: How Will Urology Be Impacted?" promises to set the tone for a meeting focused on the future of urology. Known for his work as the chief medical officer of Amazon Pharmacy, Dr. Gupta stands at the intersection of clinical practice, public health, military medicine and disruptive innovation.

A practicing pulmonologist, an affiliate assistant professor at the University of Washington's Institute for Health Metrics and Evaluation and a

commissioned officer in the U.S. Air Force Medical Reserve Corps, Dr. Gupta brings a rare breadth of perspective. He's also a familiar face to many as a trusted medical analyst for *NBC News* and a contributor to *The New York Times*.

From leading Amazon's COVID-19 response to helping shape the tech giant's healthcare delivery model, Dr. Gupta has been deeply involved in rethinking how care is accessed and delivered. He has advised major global organizations—including Apple, the NFL and MLB—and held research positions with the Centers for Disease Control and Prevention (CDC), World Bank and Harvard Global Health Institute. His broad-reaching insights have earned him recognition from the U.S. Congressional Black Caucus and the American Medical Association (AMA) as one of the 40 Under 40 National Leaders in Minority Health.

So what does this mean for urologists?

According to AUA Secretary Dr. David Penson, "Dr. Gupta's keynote is not just a talk—it's a challenge. He will encourage us to think creatively, act boldly and consider how trends in tech, policy and patient engagement will shape the next era of urological care."

Expect a fast-paced, thought-provoking presentation filled with compelling stories from the front lines of medicine and technology and big ideas for embracing innovation without losing the human touch.

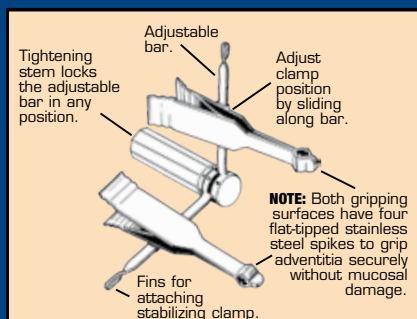
Whether you're a private practice physician, academic leader or resident just starting out, this can't-miss session will inspire you to see what's next—and how you can help shape the future of urology. ●

Ramon Guiteras
Lecture: The Future of Healthcare: How Will Urology Be Impacted?
Sunday, April 27
8:15-9:15 a.m.
Venetian Ballroom

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Marc Goldstein, MD, DSc (hon), FACS, Matthew P. Hardy Distinguished Professor of Reproductive Medicine and Urology Senior Scientist, Population Council Surgeon-in-Chief, Male Reproductive Medicine and Surgery Cornell Institute for Reproductive Medicine Weill Cornell Medical College of Cornell University New York-Presbyterian Hospital/Weill Cornell Medical Center

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Patients with more invasive tumors are at a higher risk of their cancer returning.²

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How will you manage your next patient with an invasive T3 tumor?

^aT3 tumors do not extend beyond Gerota's fascia or into the ipsilateral adrenal gland.¹
RCC = renal cell carcinoma.



References: 1. Edge SB, Greene FL, Byrd DR, et al, eds. Kidney. In: *AJCC Cancer Staging Manual*. 8th ed. Springer International Publishing; 2017:739–748. 2. Sundaram M, Song Y, Rogerio JW, et al. Clinical and economic burdens of recurrence following nephrectomy for intermediate high- or high-risk renal cell carcinoma: a retrospective analysis of Surveillance, Epidemiology, and End Results-Medicare data. *J Manag Care Spec Pharm*. 2022;28(10):1149–1160. doi:10.18553/jmcp.2022.22133



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QUESTION OF THE DAY

Which session topic or speaker are you most excited to hear about/from at AUA2025?

The plenary sessions are always a great way to stay up to date with world-renowned speakers discussing new concepts or controversies in the field. On Monday, I'm looking forward to hearing the European Association of Urology (EAU) Lecture entitled "Andrological Health as a Proxy of Overall Man's Health." In addition, the following session providing an update on the AUA vasectomy guidelines should also be informative.



Michael L. Eisenberg, MD
Stanford University School of Medicine
Stanford, California

At AUA2025, I am most looking forward to "Optimizing Geriatric Urologic Care: A High-Yield Primer on Risk Stratification, Shared-Decision Making and Perioperative Care of Older Adults." As a fellowship-trained APP who is new to first assisting and the inpatient setting, I am eager to review a "geriatric care toolbox" on how to best optimize patients to improve surgical outcomes. A desire to work with adults aged 65+ is what initially drew me to urology as a specialty, and I am amazed at what we can accomplish surgically as the robotics arms race continues to push the boundaries of what is technically feasible.



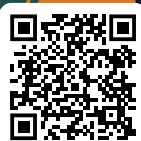
Devin Shaheen, NP
Greenwich Hospital at Yale
New Haven Health/Yale Medicine
Greenwich, Connecticut

I'm excited about so much of the content at the meeting this year—every year—that it's almost impossible to narrow it down! I am looking forward to learning from my colleagues on Saturday as they present "Educating the Educator." I think all urologists serve in a teaching role regardless of their practice model and can learn from this session. I am also excited to learn more about all of the developments in the BCG unresponsive NMIBC space via "P2s" Plenary sessions on Saturday and the SUO programming on Sunday.



Jennifer Yates, MD
UMass Memorial Health Care
Worcester, Massachusetts

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1. ANKTIVA Package insert. ImmunityBio, Inc.; 2024.

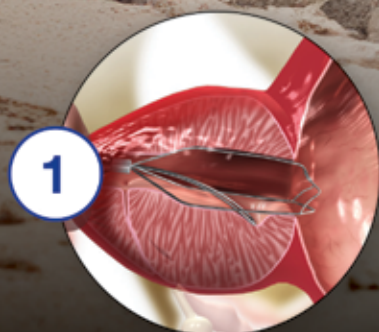
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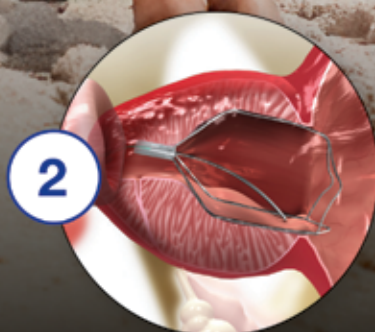
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1. Amparore D, De Cillis S, Schulman C, Kadner G, Fiori C, Porpiglia F. Temporary implantable nitinol device for benign prostatic hyperplasia-related lower urinary tract symptoms: over 48-month results. *Minerva Urol Nephrol*. 2023 Jun 23. doi: 10.23736/S2724-6051.23.05322-3. Epub ahead of print. PMID: 37350585.

2. Chughtai B, Elterman D, Shore N, et al. The iTind Temporarily Implanted Nitinol Device for the Treatment of Lower Urinary Tract Symptoms Secondary to Benign Prostatic Hyperplasia: A Multicenter, Randomized, Controlled Trial. *Urology*. 2020