

DAILY NEWS

SEE THE DAILY SCHEDULE FOLLOWING PAGE 8



AUA2026 Ramon Guiteras Lecture

What Urologists Have Taught Us About Screening and Incidental Detection in Cancer (or at Least, What They've Taught Me)

H. Gilbert Welch, MD
9:45-10:30 a.m.
Plenary, Hall D



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.
Plenary, Hall D



Learning Lab

Residents Bowl Preliminaries
9-10:30 a.m.
Hall B, The Square

National Resident Olympic Abstract Competition Awards Ceremony
Halftime Break: 9:40-9:50 a.m.

Clinical Trials in Progress: Benign Disease
3-5 p.m.
Hall B, The Square



AUA Robotics Theater

Bladder Procedures
1-3 p.m.
S&T Hall, Booth #117



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AUA2026 opens with a call to challenge the norm.

As the nation's capital welcomes thousands of urology professionals this week, AUA2026



David Penson, MD

arrives with a challenge for them: Question what's comfortable and be ready to rethink it.

"If I were to point to one theme that cuts across the meeting this year, it would be 'challenging the norm,'" said AUA Secretary David Penson, MD, MPH. "Many of our lectures and panels on the plenary will question and explore current standards of care and push attendees to reconsider longstanding practices in urology."

From emerging approaches to transurethral resection of bladder tumor (TURBT) to evolving strategies in

stone disease and catheter design, the meeting's educational core centers on reexamination. And, as always, the highly anticipated P2 sessions

(practice-changing, paradigm-shifting clinical trials) anchor that effort.

"These are practice-changing, paradigm-shifting clinical trials that present data on new treatments," Dr. Penson said. "Attendees will see the same data the FDA sees when the agency decides on approval of these agents." With many therapies under current or recent review, he added, "the information will certainly have an immediate impact on how we practice."

That immediacy is matched by a continued evolution in how content is delivered. This year, all poster sessions

Many of our lectures and panels on the plenary will question and explore current standards of care and push attendees to reconsider longstanding practices in urology."

—Dr. David Penson, AUA secretary

adopt an interactive format, expanding on a pilot that proved popular in recent meetings.

"It allows presenters, moderators and the audience to interact to a much greater degree, facilitating learning and making the session more dynamic," Dr. Penson said.

Also new to the plenary is a joint AUA-European Association of Urology (EAU) guidelines panel designed to surface both alignment and divergence

between the organizations' recommendations.

"This new panel ... will compare and contrast the two organizations' guidelines, helping attendees to understand where the guidelines overlap and where they disagree," he said. "Importantly, attendees will learn why they may disagree, which will help them use the guidelines in their clinical practice."

The expanded programming

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INSIDE

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Double take: Clinical trial looks at doublet treatment for mHSPC

ARASEC evaluates darolutamide plus ADT without chemotherapy.

Level 1 evidence now supports intensified treatment for metastatic hormone-sensitive prostate cancer (mHSPC), including androgen receptor pathway inhibitors combined with androgen deprivation therapy (ADT) and, in some patients, triplet therapy that adds docetaxel. However, a significant number of patients in the United States still receive ADT alone. Closing this gap between guideline-concordant care and everyday practice remains one of the most pressing needs in the field.

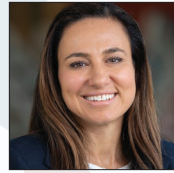
Rana McKay, MD, professor of medicine, urology and radiation medicine at the University of California, San Diego, and associate director of clinical sciences at the Moores Cancer Center, will be

presenting the initial ARASEC data at today's session P2s: Practice-Changing, Paradigm-Shifting Clinical Trials in Urology: Darolutamide Plus Androgen Deprivation Therapy (ADT) in Metastatic Hormone-Sensitive Prostate Cancer (mHSPC): ARASEC—U.S. Prospective, Open-Label Phase 2 Study With an External Control.

Darolutamide is a second-generation androgen receptor pathway inhibitor with a unique structural profile that results in low blood-brain barrier penetration and minimal off-target binding. Consequently, it has demonstrated a favorable tolerability profile in previous phase 3 trials, with incidence rates of fatigue, falls, fractures, cognitive effects and rash comparable to those of placebo plus ADT.

Darolutamide also has fewer clinically significant drug-drug interactions compared with other agents in the class, which is particularly relevant for the mHSPC population, where polypharmacy and comorbidity are common.

"Darolutamide plus ADT is already established as a standard of care in mHSPC, based on the ARASENS triplet regimen with docetaxel. The question ARASEC addresses is whether the doublet of darolutamide plus ADT, without chemotherapy, offers a compelling option for patients in whom docetaxel is not appropriate or



Rana McKay, MD

not desired. That is a very common clinical scenario," Dr. McKay said.

The ARASEC data are practice-changing because

they provide prospective evidence of darolutamide plus ADT activity in a contemporary U.S. mHSPC population, offering clinicians and patients another option in a setting where treatment intensification remains underutilized. The trial design itself is paradigm-shifting. ARASEC is a prospective, open-label phase 2 study with an external control arm, a methodology that is increasingly relevant as randomization against ADT alone is no longer ethically or practically feasible in this disease. How clinicians generate and interpret evidence from external control designs represents a shift for the field.

"I want to preserve the findings for attendees. What I can say is that the results speak to both the activity of the doublet in a contemporary U.S. population and to the feasibility of the external control methodology. Attendees should come prepared for a discussion not only of the efficacy and safety signals, but of how this kind of evidence fits into our decision making for individual patients." Dr. McKay said. ●

Welcome

continued from page 1

reflects a broader effort to meet attendees where they are, whether they are early in training or decades into practice.

"This year, we have gone out of our way to increase the educational content relevant to residents and advanced practice providers," Dr. Penson said. "We wanted to ensure that we addressed the learning needs of these two groups specifically and bring value to all attendees, regardless of their career stage or their professional background."

Beyond the Walter E. Washington Convention Center, Washington, DC, provides a fitting backdrop for a meeting focused on perspective and progress.

"What a great city with world-class restaurants, cultural landmarks and beautiful buildings and monuments," Dr. Penson said. "Washington is one of my favorite cities in the U.S., and I think it will appeal to domestic and international attendees alike."

Pressed to recommend just one stop to visit, he didn't hesitate: the National Air and Space Museum.

"If you've never been to DC and have the time to go to only one attraction, don't miss the National Air and Space Museum," he said. "There are so many cool things to see there!" ●

P2s: Practice-Changing, Paradigm-Shifting Clinical Trials in Urology: Darolutamide Plus Androgen Deprivation Therapy (ADT) in Metastatic Hormone-Sensitive Prostate Cancer (mHSPC): ARASEC—U.S. Prospective, Open-Label Phase 2 Study With an External Control

Friday | May 15

11-11:10 a.m.

Hall D

AUA-2026 | **DAILY NEWS**
Washington, DC | **ONLINE**



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AUA-2026 | **DAILY NEWS**
Washington, DC

The AUA Daily News is the official newspaper of AUA2026 and is published by Ascend Media.

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1000 Corporate Blvd.
Linthicum, MD 21090
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HANDS-ON TRAINING PAVILION

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During S&T Hours: Friday, Saturday and Sunday.



SCAN TO VIEW SESSIONS

Rethinking TURBT in the era of robotics

Novel robotic technology could make en bloc resection precise, practical and scalable in bladder tumor surgery.

Transurethral resection of bladder tumor (TURBT) is poised for a shift. Novel robotic technology makes transurethral en bloc resection of even muscle-invasive bladder cancer not just possible, but practical. Manual en bloc

resection using conventional tools significantly reduces bladder cancer recurrence rates compared to traditional TURBT, but the procedure comes with a steep learning curve and is technically difficult.

“The Stern-McCarthy resectoscope was never designed to perform such advanced endoscopic surgery,” said Jeremy Teoh, MBBS, associate professor of urology at The Chinese University of Hong Kong, clinical director of urology and director of robotic services at CUHK Medical Centre, Hong Kong. “The concept of en bloc resection of bladder tumors (ERBT) has been proposed since 1980, but we definitely need a better tool to perform such precise and high-quality surgery.”

Dr. Teoh will deliver the 2026 John K. Lattimer Lecture: Transurethral Robotic en-bloc TURBT—Challenging the Status Quo today at 1 p.m. in Hall D. He will discuss the history of TURBT, the key barriers to oncologic success TURBT presents and a hands-on look at the robotic platform that can transform



Jeremy Teoh, MBBS

ERBT from an elusive goal to reality.

Most cystoscopes are 26 Fr in size, Dr. Teoh said, about 8.7 mm in diameter,

too small to accommodate conventional robotic arms. The Virtuoso Endoscopic System uses nested, curved nitinol arms about 1 mm in diameter. The surgeon controls the arms and attached tools using two surgeon input devices at a workstation. The arms bend and rotate independently, enabling two-handed operations with precise control of cutting and retraction maneuvers to achieve uniform resection along the detrusor muscle layer.

The first-in-human trial was conducted in May 2025. There is a minimal learning curve for surgeons with prior laparoscopic and robotic experience, Dr. Teoh said.

The trial excised 12 bladder tumors en bloc in six patients with 100% technical success, 100% detrusor presence and, uniquely, pathologically evaluable clear surgical margins in the en bloc resection specimens. The mean operative time was 50.8 minutes, which Dr. Teoh noted is reasonable for a first-in-human trial and will likely markedly reduce with experience. There were no bladder perforations, no re-operations or mortality within 30 days and no \geq grade 2 complications.

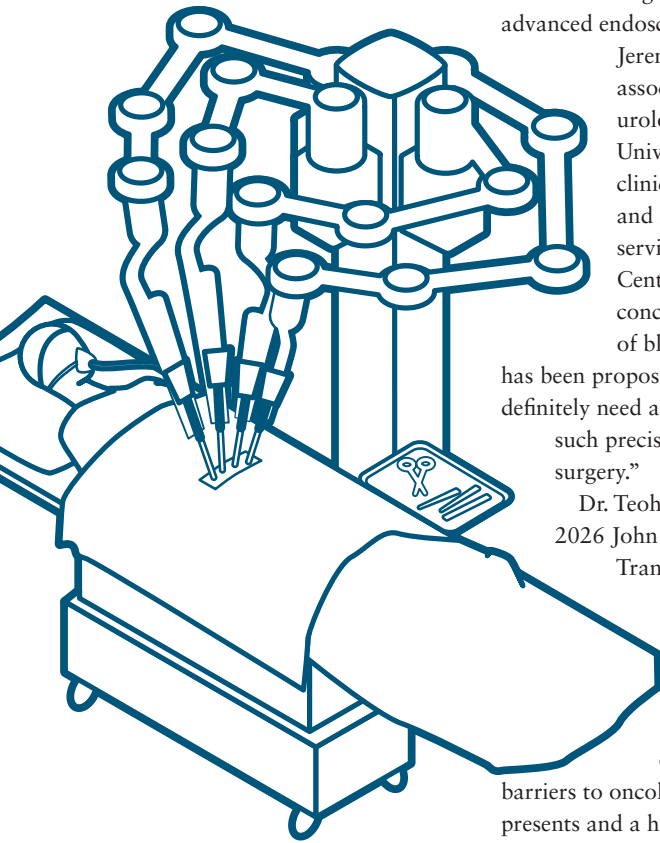
The Food and Drug Administration (FDA) granted breakthrough designation for the removal of bladder lesions. The designation identifies the technology as one that the FDA

considers capable of improving disease management and patient care. Importantly, the designation enables potential improvements in reimbursement structure for breakthrough devices.

“Traditional transurethral surgery or resection is always destructive in nature,” Dr. Teoh said. “But in the future, we are working on inserting a needle holder for suturing, and transurethral reconstruction becomes highly feasible. This revolutionary robotic technology will allow us to perform surgeries that could not be achieved before.”

Procedures could include transurethral partial cystectomy, transurethral diverticulectomy and distal ureteric stricture excision and reimplantation. There are also potential applications in gynecology, pulmonology, otolaryngology, neurosurgery and other surgical specialties.

“Urologists have always been innovators in surgery and in robotics,” Dr. Teoh said. “As urologists, we have to get ourselves prepared for transurethral robotic surgery. Most importantly, we need to think and explore how we can use this novel robotic system to bring real clinical value to our patients.” ●



**John K. Lattimer Lecture:
Transurethral Robotic
en-bloc TURBT—Challenging
the Status Quo**

Friday | May 15
1-1:20 p.m.
Hall D

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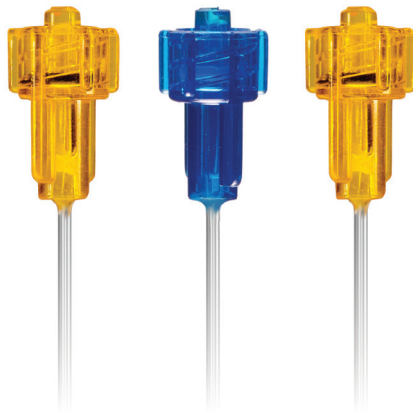
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First study is on us!

Can you feel it?

Clinical trial research programming looms large at AUA2026.

Research is the lifeblood of medicine, powered by a passion—and a need—to advance human health, reduce global disease, innovate safe and effective treatments and improve overall quality of life and longevity. For decades, AUA has been a dedicated contributor to each of those factors in urology.

Nowhere are the efforts more apparent than during the AUA Annual Meeting. The AUA2026 meeting is no different, said Neal Shore, MD, FACS, who will share his personal experience and journey in research. Dr. Shore is medical director of the START Carolinas/Carolina Urologic Research Center in Myrtle Beach, South Carolina. The thrilling story of his professional journey, lessons learned in leadership of over 500 clinical trials and transformation of the landscape of genitourinary cancers will be told in the session “Planning to Plenary: Behind the Scenes of Leading Urology



Neal Shore, MD



Zachary Klaassen, MD

Clinical Trials,” 8-9 a.m. Sunday in the Learning Lab within the Science & Technology Hall. Additional highlights from Dr. Shore’s experience include his perspectives on mentorship and collaboration, the importance of embracing career-turning points and the evolution of urologic oncology. The program, co-directed by Zachary Klaassen, MD, MSc, further features a multidisciplinary panel to discuss lessons learned and suggestions for future research leaders, Dr. Shore said.

“Planning to Plenary: Behind the Scenes of Leading Urology Clinical Trials” will serve as the leading programming for the full day of Clinical Trials in Progress presentations

for bladder cancer (9-11a.m.) and prostate cancer (1-3 p.m.), also taking place in the Learning Lab on Sunday. Back by popular demand after debuting in 2024, AUA Clinical Trials in Progress sessions will once again deliver AUA attendees insights from results of promising Phase 1 to 3 clinical trials currently underway.

The AUA will also provide additional clinical trial education throughout AUA2026.

“AUA creates education and innovation for next-generation urology researchers,” Dr. Shore said. “We take a collaborative approach with numerous stakeholders to ensure that urology continues to evolve and lead scientific and clinical research.”

The AUA Plenary Stage will once again be home to the most impactful, late-breaking clinical trial results and landmark clinical studies in the practice-changing, paradigm-shifting clinical trials in urology (P2s).



“As the largest annual gathering of urologists and urologic-disease-focused scientists, it is of paramount importance that AUA assures the most relevant, timely, and in-demand clinical trial research education is available to our attendees,” said AUA Secretary David Penson, MD. “Arming urologists and ancillary specialists with knowledge of clinical trial advances, opportunities for participation, awareness of challenges in real-time and inspiration from the giants such as Dr. Shore who have paved the way for the next generation is essential to optimize quality of care and clinical outcomes both now and into the future.” ●



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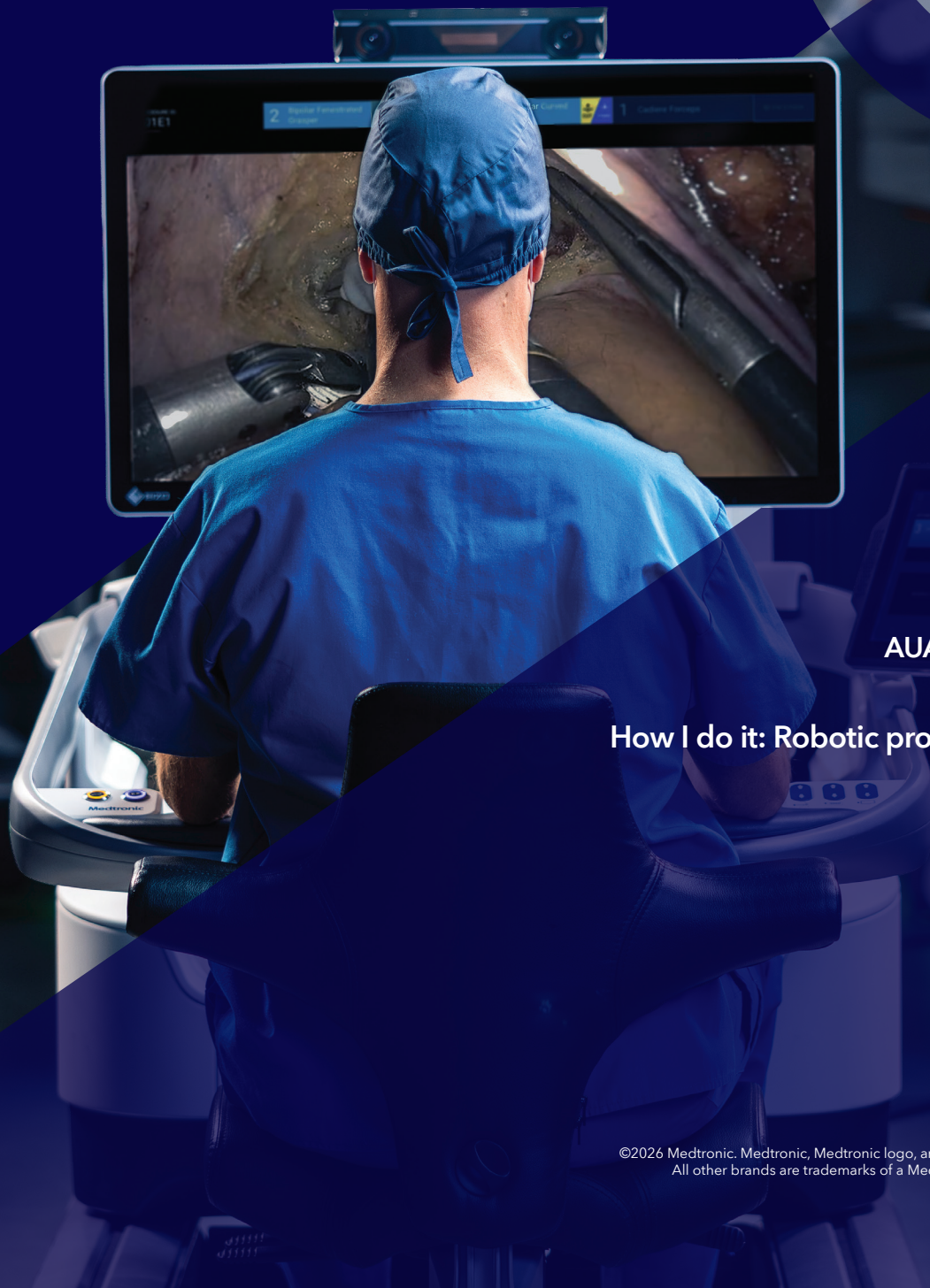
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Presented by Dr. Zack McDowell
Moderated by Dr. James Porter

Friday, May 15
9:30 - 10:15 a.m.

AUA Product Theater | Booth #2701

DON'T MISS

How I do it: Robotic prostatectomy video case review

Presented by Dr. Ronney Abaza

Sunday, May 17
11:30 a.m. - 12:30 p.m.
Medtronic Booth #1604

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THE SCIENCE & TECHNOLOGY HALL



AUA History Booth

Visit Explorations: Urology in Extreme Environments at History Booth #2741 in the Science & Technology Hall to investigate the role of urology and medicine in the human exploration of space and other extreme environments: deserts, ocean depths, mountains, jungles, polar regions, and more!



Hands-on Training Pavilion

Includes Hands-on Skills Workshops and Mobile Labs that offer hands-on demonstrations of the latest surgical technologies.



Device Tech Talks

Learn about the latest and greatest technology during these short, intimate demos, presented at the Device Tech Talk stage.



The Emerging Corner

Meet up-and-coming urology companies as they showcase products and services.



Product Theater

Visit the Product Theater for presentations from industry regarding the latest products, services, data and research findings.



Residents Pavilion

In addition to the Meeting's robust scientific and course program, AUA2026 features an array of programming designed just for urology residents and fellows.



Robotics Theater

Visit and see a collection of pre-recorded robotics procedures performed by the top robotics surgeons in the world!



Friday Coffee Break

Visit the Science & Technology Hall on Friday, May 15 to relax and recharge during our Friday Coffee Break!



Skills Challenge

Compete and test your scientific skills by visiting sponsored booths and completing tasks. The highest ranked participant will receive an Apple Watch.

Hall Hours:

FRIDAY, MAY 15

9 a.m.-4 p.m.

Friday Coffee Break:

11:30 a.m.-1 p.m.

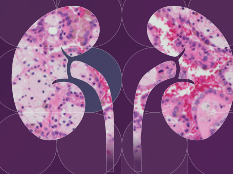
SATURDAY, MAY 16

9 a.m.-4 p.m.

SUNDAY, MAY 17

9 a.m.-3:30 p.m.

CHECK THE DAILY NEWS OR MOBILE APP FOR DETAILED SCHEDULES.



WHICH OF YOUR PATIENTS WITH RCC ARE AT HIGHER RISK OF RECURRENCE AFTER SURGERY?

According to a retrospective, observational analysis of EMR data from 439 patients with RCC at higher risk for recurrence post nephrectomy from 2012 to 2021

More than half of patients in this analysis experienced recurrence¹

51%

experienced recurrence

34%

experienced death

- Among patients with a recurrence, 85% had distant metastasis.¹

Analysis Population¹:

- Eligible patients were adults (aged ≥ 18 years) diagnosed with nonmetastatic RCC between January 1, 2012 and December 31, 2017 to allow for the potential of a 3-year follow-up period.
- Patients at higher risk for recurrence included: T2, N0, M0 with grade 4 cells or sarcomatoid histology; T3, N0, M0; T4, N0, M0, or any T stage with N ≥ 1 , M0.
- **Median follow-up duration was 39 months.**

Analysis Limitations¹:

- Data were sourced from principally community oncology practices, representing diverse practice locations in both rural and urban centers, within the US.
- Data from these practices were provided to the ConcertAI Oncology Dataset. Therefore, imaging assessments, procedures, or visits outside this network may not have been captured.

EMR = electronic medical record; M0 = no distant metastasis; N0 = no regional lymph node metastasis; RCC = renal cell carcinoma; T2 = tumor >7 cm in greatest dimension, limited to the kidney; T3 = tumor extends into major veins or perinephric tissues, but not into the ipsilateral adrenal gland and not beyond Gerota's fascia; T4 = tumor invades beyond Gerota's fascia (including contiguous extension into the ipsilateral adrenal gland).

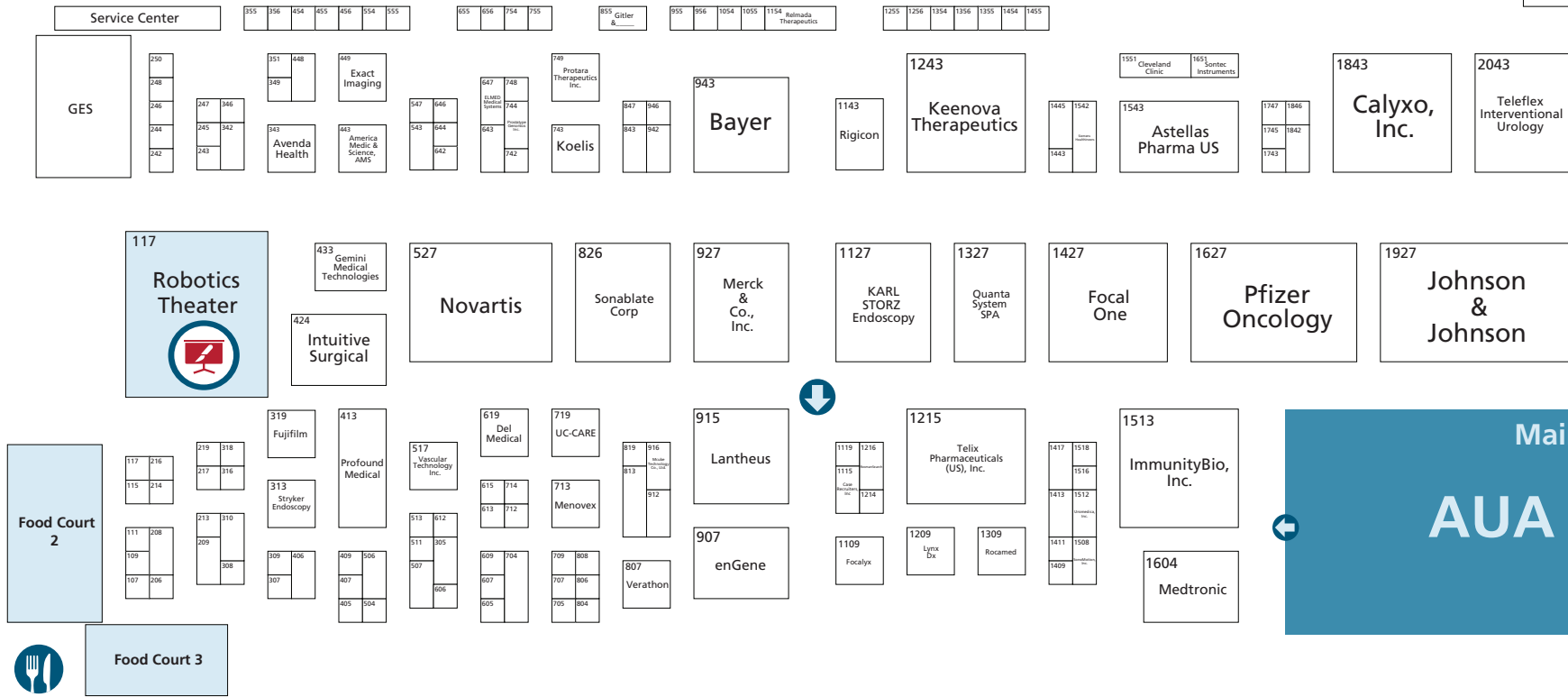
References: 1. Karam JA, Bhattacharya R, Ogbomo A, et al. Real-world study on the characteristics, post-nephrectomy journey, and outcomes of patients with early-stage renal cell carcinoma based on risk groups. *Cancer Med.* 2024;13(11):e7247. doi:10.1002/cam4.7247 2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for Kidney Cancer V.1.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed July 28, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. 3. 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. doi:10.18553/jmcp.2022.22133 4. Sundaram M, Song Y, Rogerio JW, et al. Supplementary Materials for: 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. doi:10.18553/jmcp.2022.22133



Learn more about how patients who have T3 and T4 tumors may be at greater risk of their cancer returning after surgery.²⁻⁴



SCIENCE & TECHNOLOGY HALL MAP AND EXHIBITOR LIST



A-D

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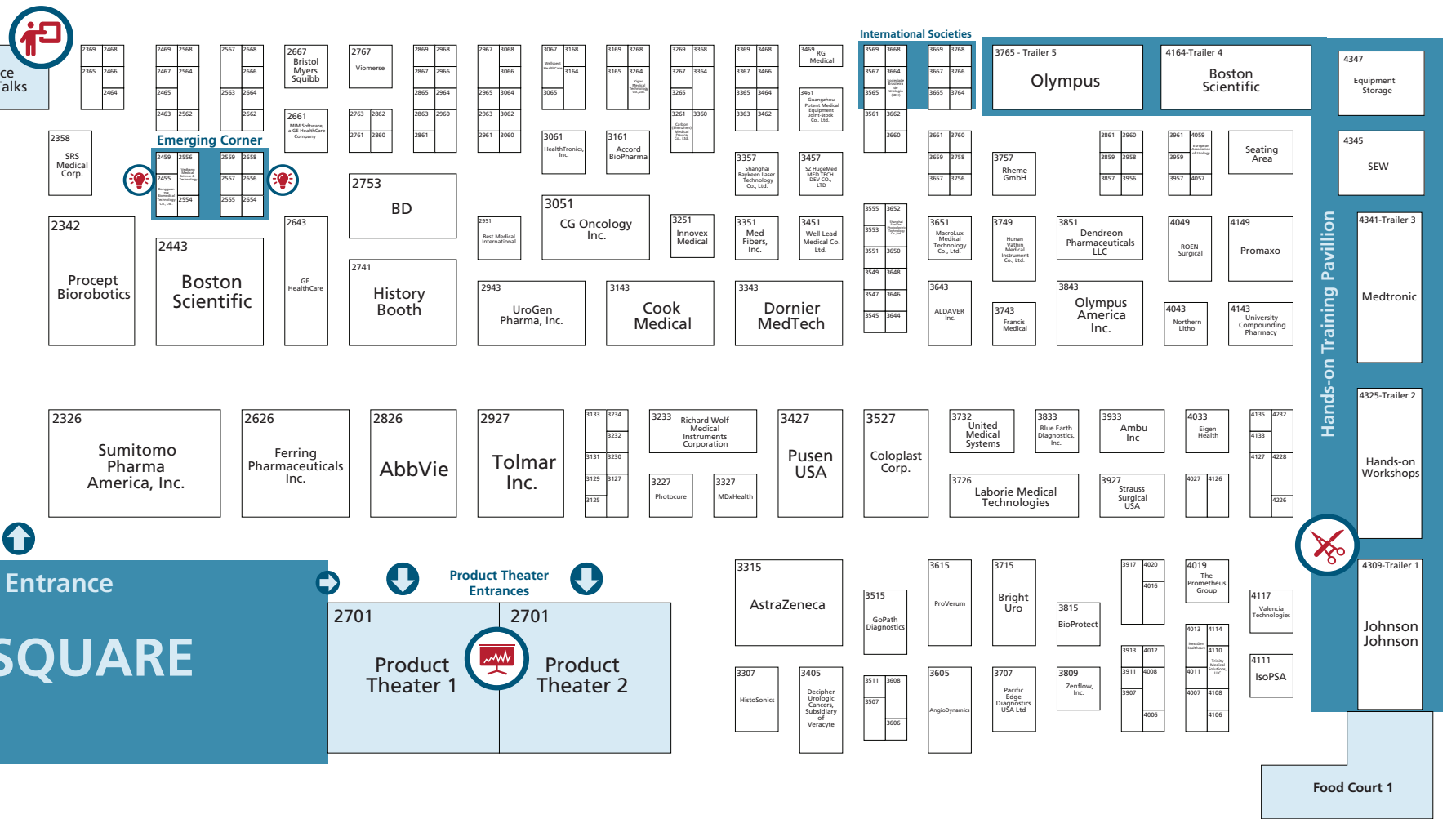
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Global experts to compare evolving prostate cancer guidelines at AUA Plenary panel

Updates are expected to show more convergence than conflict.

Leading urology experts from across the United States and Europe will dissect and compare the latest advancements in prostate cancer care, highlighting growing alignment between international treatment guidelines.

The session, “AUA-EAU Guidelines Panel Discussion: A Case-Based Comparison of the Advanced Prostate Cancer Guidelines,” will focus on recent updates to both the European Association of Urology (EAU) guidelines and the forthcoming American Urological Association (AUA) Advanced Prostate Cancer Amendment.

“The session reflects an increasing emphasis on collaboration across geographic boundaries in a rapidly

evolving field,” said Kristen R. Scarpato, MD, MPH, associate professor of urology at Vanderbilt University Medical Center in Nashville, Tennessee.

“The partnership between EAU and AUA leading experts has provided a platform for comparing approaches and identifying areas of consensus in prostate cancer management.”

Aligning global perspectives

Despite differences in health care systems and clinical practices, the updated guidelines are expected to show more convergence than conflict, signaling a stronger global consensus on how best to treat advanced disease.

Focus on personalized, complex care

Among the key discussion points will be the expanding complexity of treating advanced prostate cancer, a field that has seen significant therapeutic and diagnostic innovation in recent years.

Highlights include:

- Management of biochemical recurrence following local therapy

- Treatment of metastatic castration-resistant prostate cancer (mCRPC)
 - Integration of advanced diagnostic tools
 - The shift toward personalized treatment strategies
- As treatment options multiply, clinicians face increasingly nuanced decisions regarding therapy selection, sequencing and patient-specific considerations.

Case-based approach for real-world application

To bridge the gap between guidelines and clinical practice, the session will use a case-based format, allowing experts to walk through real-world scenarios and demonstrate how recommendations are applied in day-to-day patient care.

This approach aims to provide clinicians with practical takeaways on navigating subtle differences between guidelines while maintaining consistent standards of care.

Distinguished international panel

The plenary panel will feature a several

internationally recognized leaders in urologic oncology:

- Kristen R. Scarpato, MD, MPH, Vanderbilt University, Nashville, Tennessee
- Derya Tilki, MD, Martini-Klinik Prostate Cancer Center/Koc University Hospital, Istanbul, Turkey
- Alice Yu, MD, Moffitt Cancer Center, Tampa, Florida
- Giorgio Gandaglia, MD, San Raffaele Hospital, Milan, Italy
- Chad Ritch, MD, Cleveland Clinic, Weston, Florida

Advancing standards in a rapidly changing field

As prostate cancer care continues to evolve, the session underscores the importance of harmonizing global guidelines while incorporating emerging evidence and innovations.

By highlighting both shared principles and key differences, the panel aims to equip clinicians with the necessary knowledge to deliver evidence-based, patient-centered care in an increasingly complex treatment landscape. ●

AUA-EAU Guidelines Panel Discussion: A Case-based Comparison of the Advanced Prostate Cancer Guidelines

Friday | May 15

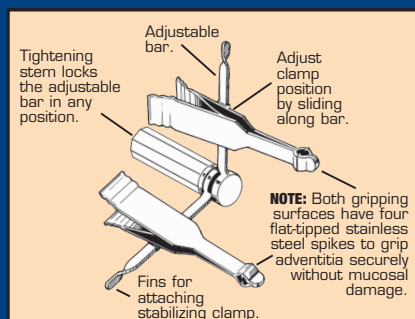
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Marc Goldstein, MD, DSc (hon), FACS.
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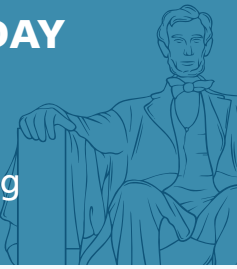
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QUESTION OF THE DAY

What advice would you give someone attending the AUA Annual Meeting for the first time?



The first time attending the AUA can be intimidating. My advice is to take full advantage of the AUA conference app to help sort out an individual schedule for yourself. Always look at the specialty society meetings, as these highlight innovative, contemporary urology care discussions.



Susanne Quallich, PhD, ANP-BC, NP-C, CUNP, CMHE, FAUNA, FAANP
University of Michigan
Ann Arbor, Michigan

If it's your first AUA Annual Meeting, plan ahead to make the most of it! Depending on how long you're attending the meeting, I recommend a few plenary sessions and poster/podium/video sessions related to your interests. Just as important, leave time in your schedule to connect with colleagues and network.



Jyoti Chouhan, DO, PharmD, MBA, FACS
Oregon Health & Science University
Portland, Oregon

The best advice I can give a first-time AUA attendee is to lean into your curiosity. Don't just follow a rigid schedule. Wander into posters, sit in on sessions outside your comfort zone and ask questions even when you feel like the least experienced person in the room. Some of my most formative learning moments happened that way.



Adam B. Weiner, MD
Cedars-Sinai Medical Center
Los Angeles, California

My strongest advice is to use this opportunity to immerse yourself in our incredible global urological community. One of my favorite parts of the meeting is that it is a great time to take full advantage by stepping outside your comfort zone—introduce yourself to someone and start a conversation. These connections can open doors to valuable career insights, mentorship and long-term collaborations.



Sarah Psutka, MD, MS, FACS
University of Washington
Seattle, Washington

Expanding the APP role in urology

New AUA2026 programming blends clinical mastery, procedural training and career development.

Advanced Practice Provider (APP) programming is taking shape at AUA2026 with a few new changes and the same dedication to serving urology's support specialists.

APPs, which include nurse practitioners, physician assistants, certified nurse midwives, certified nurse anesthetists and certified nurse clinical specialists, can expect a robust and forward-looking program designed to reflect their growing role in urological care, according to Program Co-Course Director J. Brandon Arruda, APRN, AGNP-C, CUNP. Arruda is a board-certified urologic nurse practitioner at West Virginia University Medicine in Morgantown.

"This year's programming will give APPs the vigor and energy to return to their practices and engage in the most up-to-date, cutting-edge urology care," Arruda said.

The APP programming at AUA2026 will feature updated clinical content, hands-on learning opportunities and expanded access to the broader conference. This year's APP programming will span three half-days instead of the traditional two full days, Arruda said, to give attendees greater access to the meeting's full scientific sessions.

The agenda balances clinical updates, professional development and practical tools APPs can immediately apply in their practices, he said, tackling such topics as mastering prostate imaging and practical management of novel bladder cancer with antibody-drug conjugates and



J. Brandon Arruda

immunotherapies.

"One of the discussions I'm most excited about is on managing cases you see the most," Arruda said. "So, we'll focus on common things such as urinary tract infections, hematuria, elevated PSA and lower

urinary tract symptoms. It's important that we take time to make sure our foundational knowledge remains sharp on the common illnesses seen in the urology space."

Sessions will explore both diagnosis and management, even factoring in the care of older adults who may present with atypical symptoms such as confusion or altered mental status associated with urinary tract infections, he said.

According to Arruda, the session will include discussions of prostate cancer and key considerations in treatment choices.

"For example, experts will address whether active surveillance has become the 'new normal,'" he said.

One of the most anticipated highlights of this year's APP programming, Arruda said, is the session featuring Jim Kavorik, PA-C, the APP coordinator at The University of Kansas Health System in Kansas City, Kansas. His session, "The Future Is Now: APPs and Clinical



Procedures—Where Is That Yellow Line," focuses on the expanding procedural role of APPs in urology.

"This is going to be an excellent session because the AUA is endorsing APPs moving into the world of performing cystoscopies," he said. "As part of that, the AUA is offering a hands-on event during AUA2026 that teaches APPs how to manipulate and utilize a cystoscope to do clinic cystoscopies."

APP programming is designed to meet the needs of APPs at all career stages—from those new to urology to mid-career clinicians and those nearing retirement—with opportunities for learning, leadership development and networking throughout.

"Urology is such a unique specialty, one where we blend surgery and chronic disease management. It is a deeply collaborative practice, and one that I have been passionate about for over a decade," said Arruda. ●

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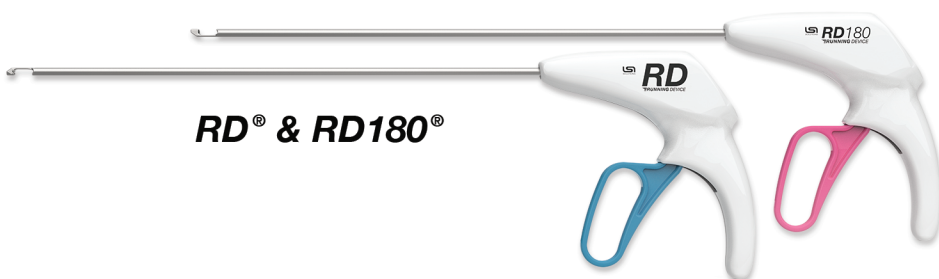
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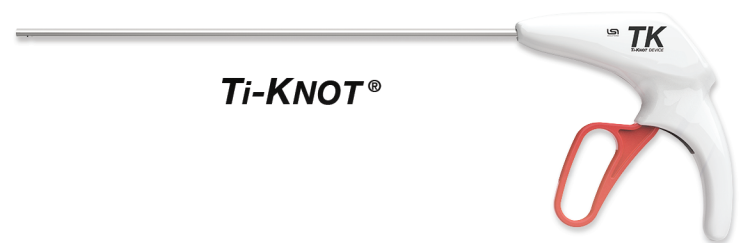
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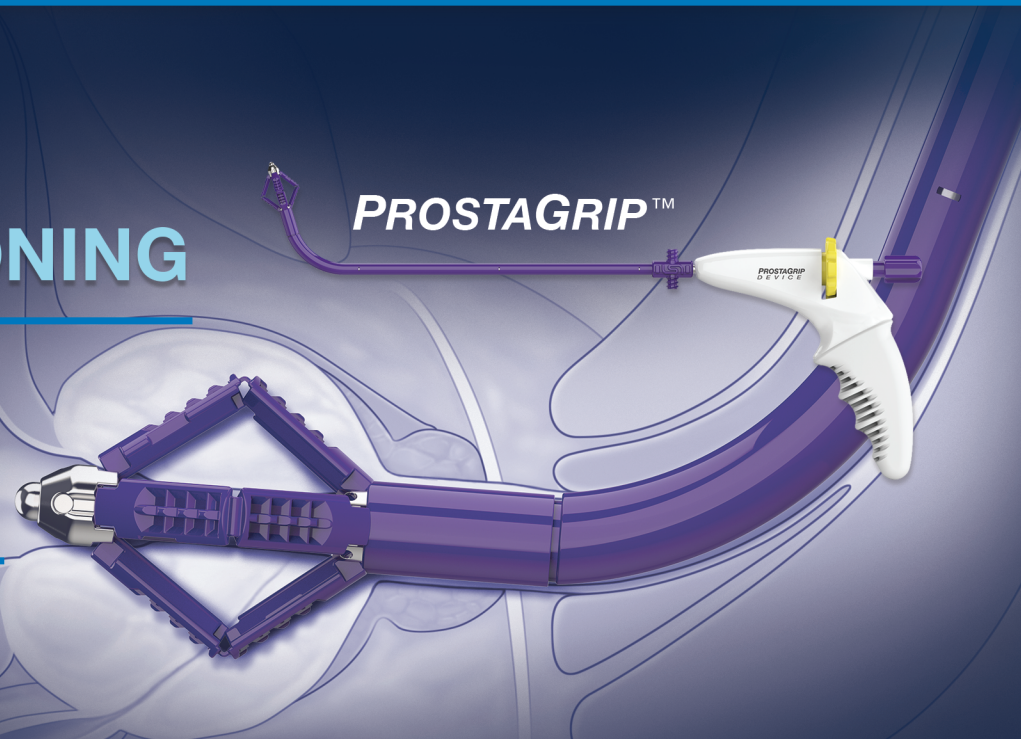
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1. Amparore D, De Cillis S, Schulman C, Kadner G, Fiori C, Porpiglia F. Temporary implantable nitinol device for benign prostatic hyperplasia-related lower urinary tract symptoms: over 48-month results. *Minerva Urol Nephrol.* 2023;75(6):743-751. doi:10.23736/S2724-6051.23.05322-3.
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.* 2021;153:270-276. doi:10.1016/j.urology.2020.12.022.
3. De Nunzio C, Cantiello F, Fiori C, et al. Urinary and sexual function after treatment with temporary implantable nitinol device (iTind) in men with LUTS: 6-month interim results of the MT-06-study. *World J Urol.* 2021;39(6):2037-2042. doi:10.1007/s00345-020-03418-2.