The 62nd Annual Meeting of the Northeastern Section of the American Urological Association (NSAUA) will take place at the Westin Convention Center in Pittsburgh, PA, September 22-26, 2010. Dr. Timothy Averch, Program Chair, has organized an exciting educational program; every speaker invited agreed to attend and we are fortunate to have Dr. Joseph Smith, Chairman of Urology at Vanderbilt, to serve as our Slotkin Lecturer. New for this Meeting will be several resident debates on controversial topics in urology, moderated by our invited speakers. We expect these debates to be lively, educational and entertaining. The social program has been set, with a number of interesting tours; including trips to the Phipps Conservatory and Frank Lloyd Wright’s Fallingwater. The early autumn setting should highlight the beauty of Western Pennsylvania. Fun Night will be at PNC Park, as we enjoy the Pittsburgh Pirates playing the Houston Astros from the confines of executive suites in, arguably, the most picturesque baseball field in the major leagues. Please set aside the time on your calendar today and plan on joining us in Pittsburgh!

Among the items discussed at the recent NSAUA Board of Directors meeting, I would like to highlight two areas of ongoing effort. To better engage residents and young urologists into our organization, we were joined by Drs. Smaldone and Jacobs, chief residents at the University of Pittsburgh program, who shared their perspectives on those in training and beginning careers in urology. Despite structural differences between training programs in Canada and the United States, more information about career pathways—fellowship training, community-based practice, academic and research-focused practice—appears to be a uniform need. Towards this end, an additional career pathway session for residents and young urologists is being planned for our fall meeting. Second, the needs of non-physician providers (NPPs) of urologic care, such as nurse practitioners, physician assistants and expanded role nurses, was the subject of a task force. Understanding that an increasing amount of care is provided to our patients by NPPs in our practices, we are exploring new publications, educational programs and stand-alone courses focused on these individuals. As a first step, however, the Section needs to identify the NPPs within its geography. Please respond to queries from the Section about this matter, so we can better serve those who help us care for our patients. On behalf of the Board, I welcome your questions, suggestions, thoughts or concerns at www.NSAUA.org.

The moderately conservative stance of our investment strategy allowed the Section to weather the recent economic downturn admirably. Remember, in the life of a portfolio, losses are always more profound than gains: a 50 percent decline in value requires a subsequent 100 percent increase to maintain the same value. Your leadership, under the steady guidance of our Treasurer, Dr. Hassan Razvi, is currently re-examining the revenues and expenses of the Section to assure we continue to reach our goals of research and education. Finally, the future for our Section remains bright: we had eight very qualified young urologists apply for the AUA Leadership Program. The common theme of the applications was a sincere desire to advance urology, to strengthen professional relationships and to serve. May these be all our goals.

I look forward to seeing you in Pittsburgh, PA, September 22-26, 2010.
From the Secretary

Edward Messing, MD, Secretary

The semi-annual Section’s Secretaries’ Meeting was held in Linthicum, MD at AUA Headquarters on January 30, 2010. Numerous items were discussed, the highlights of which are reviewed below.

1. Each Section reviewed some specific ongoing activities pertaining to their Annual Meetings. These included a “Residents’ Bowl Competition” held by the North Central Section and Residents’ Debate held by the New York Section, a course conducted by the Journal of Urology® to train young faculty in manuscript presentation in plenary presentations to be held by the Southeastern Section, an AUA-sponsored ultrasound course held by the Western Section, and a survey conducted by the South Central Section about meeting the concerns of Mexican AUA members.

2. Dr. Ziya Kirkali, from Turkey, represented the AUA International Member Committee and discussed particular problems that international members may face, including lack of travel funds to attend the AUA’s Annual Meeting difficulties in some countries for residents to participate in AUA activities, and integration with national and multi-national organizations, such as the Societe Internationale d’Urologie [SIU] and the European Association of Urology [EAU]. Some progress has been made in all of these areas.

3. It was brought to the attention of the group that all too often Section meetings are held in similar [or in some cases, the same location] within days or weeks of another Section’s meeting. An unfortunate example will be our annual meeting in Pittsburgh on September 22–26, 2010. Within five days of our event, the Mid-Atlantic Section will hold its meeting in Farmington, PA within an hour’s ride of Pittsburgh. This is hardly the first such conflict and problems include attraction of national or international speakers of importance, active participation in these meetings by members of the section where the meeting is being held, and perhaps most critically, constraints and limitations on industry which has trouble sending exhibitors to similar locations within a few weeks and/or providing additional grant support for each meeting. The AUA recognizes these problems and is going to develop mechanisms to try to avoid overlapping of Section annual meeting dates and locations in the future. All sections, except the Southeastern Section, hold their annual meeting in the fall.

4. The AUA Leadership Program has been widely supported by the Sections and has become very competitive. The NSAUA had eight very compelling applications for the two slots available and a total of 56 applications were received from all Sections. The AUA will endeavor to engage those who were not accepted in future AUA activities.

5. Dr. Lori Lerner, Chair of the Young Urologists Committee, pointed out that the AUA’s Young Urologists Committee has developed a new Web site (www.AUAnet.org/YoungUrologists). Its forum at the AUA Annual Meeting will touch on a very important topic for all urologists in the United States: ownership of Intensity-Modulated Radiation Therapy (IMRT) machines, CT scanners, surgicenters, labs, etc. The forum will include presentations by a urologist, a lawyer with experience in this area, and a representative from the office of the Investigator General who will discuss benefits, pitfalls, legal risks and Stark laws. A video of the forum will be available at our Section’s meeting for those who will not be able to attend this event at the AUA Annual Meeting.

6. Dr. Jonathan Routh, Chair of the AUA Residents Committee, discussed a new structure that he hoped each Section would adopt for their Residents Committee, including the selection of one resident from each training program. The group of representatives from each program (making up the NSAUA’s Residents Committee) would choose from amongst themselves the one individual [and an alternate] who would represent the Residents Committee for the Section’s Board of Directors. It was hoped that the Section’s resident representative could attend the Section board meetings and could also attend the AUA Annual Meeting. The goal of the Residents Committee will be to discuss not only activities directly pertaining to resident education, but also fellowship issues and transition to practice.

7. In continuing discussions from last year, graduates of DO schools who are urologists are eligible to become Active members of the AUA if they have attended ACGME or Canadian Board-certified urology residency programs, since board eligibility is a requirement for AUA membership. Those who have been trained at osteopathic programs will be eligible for Associate membership, which grants all privileges and benefits of Active AUA membership except the ability to vote.

8. The AUA History Committee currently chaired by Dr. Sakti Das, who is in the last year of his term, has recommended to the AUA that Dr. Rainer Engel, current curator of the AUA Museum, become the next Historian and Chair of the AUA History Committee. Dr. Engel has done a superb job as the curator of the AUA Museum in Linthicum, MD.

Are you a Fan of the NSAUA?

If you have a Facebook account you can add the Northeastern Section of the American Urological Association to your profile page. You’ll be among the first to know about upcoming events, and you’ll have new opportunities to connect with professionals in your field and reconnect with old friends.
Incredible India!

Last year I had the incredible opportunity to receive an IVUmed Traveling Resident Scholarship, which provides a scholarship for residents or fellows to experience urology in a third or developing world setting, under the guidance of a board-certified urologist. Under the mantra “Teach One, Reach Many,” IVUmed seeks to have a two-way exchange of knowledge and information between both the hosting and visiting physicians. IVUmed is a non-profit educational organization founded in 1995, and provides medical and surgical education to physicians and nurses, and treatments to thousands of needy urology patients around the world. Operations have expanded to nearly 30 countries in Africa, Asia and the Americas. As luck would have it, I was assigned to help in India.

Incredible India! So goes the ad blitz to promote tourism to India. And how inadequate the description! Never during my stay in India did the nation or its people disappoint. All I had heard of the land indeed was true. The flocks of dread-lock-wearing, soul-searching westerners continue to seek nirvana amongst the dozens of religions and the milieu of people. The cows, camels and elephants still mill amongst the multitudes in an overwhelming swarm of life. It is a massive and mostly peaceful mixing of Islam, Hindu, Buddhism, Jainism and Sikhism. Here, East meets West, and modern meets ancient. It is beautiful, but never, ever, clean or pristine. It is a land of unprecedented hospitality and generosity, even at times to a point of annoyance. The ox, camel and horse carts are as dominant as motorized vehicles. Cow-dung fires cook as much of the food as does natural gas. It is a land of magnificent wealth, and if viewed from a western perspective, dire poverty.

Bands of desert nomads still creep across the desolation of the Rajasthan deserts on their camels, oblivious to the ever-changing world around them. For them, despite their meager material possessions, they are not poor. They are rich in a life of freedom unknown to most in a western world. With only their camels and goats, they can roam as they please. What food and clothing they need, their goats and camels provide. They have nearly all they need in life, only in their healthcare access and clean water supply are they poor.

Let us revisit those long forgotten medical school application essays that brought us to where we all are today. Having read a good many application essays, I can attest that nearly all our essays expressed the need to help others less fortunate. Somewhere in that decade-long road from our application to medical school, and through the rigors of residency, we began to lose contact with what originally brought us here. Somewhere along those sleepless and stressful hours, most have at some point lost sight of the original goal that started us down our career path. In our own struggles, many of us have forgotten the struggles of others. IVUmed represents what most of us believe being a doctor embodies—selflessness, beneficence, generosity and compassion. So frequently in the United States it is difficult to feel that you are making a difference. If you don’t treat the patient, your partner or the competition will. If a patient doesn’t have health insurance, no problem, the County hospital is just down the street. But on missions with IVUmed, the patients rarely have options to receive healthcare elsewhere, let alone specialized healthcare. This was readily apparent as a two-year-old child in respiratory distress presented to the hospital after being bitten by a cobra. With little hesitation, the local urologist performed an emergency tracheotomy. As you can imagine, your contributions are felt and appreciated on a level that is rarely seen in America today. But on missions with IVUmed, “to give is to receive!” Never before have I witnessed such generosity and hospitality. Never before have I received so much appreciation for my humble labors. Although the mantra may be “Teach One, Reach Many,” countless examples like the cobra quickly showed me who was the teacher, and who the student. Ah, “Incredible India” indeed!

If you would like to participate or learn more about IVUmed opportunities, please check out their Website at www.IVUmed.org.

Dr. Lux’s participation in this program was supported by a grant from the Northeastern Section.
### Highlights from the Board of Directors’ March 13, 2010 Meeting

**Drew Shifflet, Executive Director**

**Investment Portfolio.** The Section’s Merrill Lynch investment fund balances for 2009 and yield updates for the first two months of 2010 were reported as follows:

<table>
<thead>
<tr>
<th>Merrill Lynch Account</th>
<th>Starting 1/1/09 Balance</th>
<th>Ending 12/31/09 Balance</th>
<th>Return</th>
<th>Additional Return for first two months</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 Research &amp; Education Fund</td>
<td>$1,100,355</td>
<td>$1,254,384</td>
<td>17.77%</td>
<td>(1.37%)</td>
</tr>
<tr>
<td>Slotkin Fund</td>
<td>$75,247</td>
<td>$85,050</td>
<td>16.34%</td>
<td>(1.12%)</td>
</tr>
<tr>
<td>Foundation</td>
<td>$279,227</td>
<td>$414,894</td>
<td>12.26%</td>
<td>(0.94%)</td>
</tr>
</tbody>
</table>

**Residents Committee.** The Board continues to look at opportunities to educate residents about activities directly pertaining to resident education, fellowship issues and transition to practice, and also to provide a structure to lead to greater involvement in both the Section and the AUA. Plans are underway to further enhance the resident breakfast program held at the Section Annual Meeting. Several other suggestions will be shared with Program Directors and an action item will be prepared for the next meeting in September 2010.

**Dues Increase.** In October 2009 the Board discussed the annual dues of Section membership, along with the registration cost for the Section annual meeting, and also considered the relative value of the Canadian dollar. The Board debated the pros and cons of increasing registration fees to help compensate for the individual costs of the Annual Meeting. The Directors agreed in concept, at that time, to an increase in membership dues to help offset not only the costs of the Annual Meeting, but also to help the Section pay operating expenses for its Scholarship Research Programs, resident education and travel grants programs, and other general and administrative expenses. Dues were last raised in 1996 by $20 to begin allocating that additional amount to the Section’s Research & Education Fund. At the March 2010 meeting, the Board reiterated its intent to keep dues comparable and in line with the three other smaller AUA Sections. The Board agreed to increase dues from $145 to $170 effective for 2011 and this will be presented at the September business meeting in Pittsburgh.

**Allied Member Task Force.** Dr. Messing reviewed the task force report and assessed whether the Section can offer enough benefits to make Allied membership worthwhile, or whether existing benefits can be enhanced to appeal to the Allied membership demographic. The group agreed that the Section can enhance its existing publications with more appealing content for the Allied members [e.g., Allied column in the newsletter, clinical articles, Allied specific e-publications, etc.]. Regarding education for NPPs at the Section Annual Meeting, the task force agreed that better targeted promotions could yield more registrants at any future nursing/Allied programs held in the Section, and that partnerships with other organizations such as SUNA and the Urology Nursing Society should be pursued.

The Board acknowledged and agreed that education for Allied members at the Section should be directed at basic urology that is practical, with case examples, as opposed to more advanced state-of-the-art presentations.

The Board also acknowledged that the Section is generally not aware of all the potential Allied members that exist within its geography and agreed that an effort must be made to start accumulating this data.

Although not ready to establish an Allied membership category at this time, the Board will continue to explore options and also monitor how the national AUA provides education that might be promoted electronically via listserves, Webinars, etc. Dr. Messing agreed to create an Allied column, including clinical/scientific news in the Section newsletter. Staff will begin building the Section’s Allied member mailing list with the goal of including physician assistants, nurse practitioners, registered nurses and expanded role nurses (in Canada) in Section e-news announcements.

### Mission and Vision Statements

The Board approved the following mission and vision statements:

**Mission**

To:

- Maintain and promote the highest standards for clinical urological care.
- Provide state-of-the-art education to practicing urologists, trainees, allied practitioners and the public on urological conditions.
- Support innovative research on the diagnoses, prevention, causes and treatments of urological disorders.
- Promote the publication of high quality urological clinical and fundamental research.
- Provide the tools for members to become leaders in urology.

**Vision**

The Northeastern Section of the AUA (NSAUA) will stand at the forefront of education and research promoting excellence in the specialty of urology serving both its members and the public. The Section will be driven by the different challenges and socioeconomic conditions between the United States and Canada fostered by our unique geographic boundaries.
Register and Secure Housing Today at www.NSAUA.org

SAVE $100 if you register by September 8, 2010.

62ND ANNUAL MEETING

September 22-26, 2010
The Westin Convention Center
PITTSBURGH, PA
The 2010 Annual Meeting Program Chair, Dr. Timothy Averch, has been hard at work putting together a state-of-the-art scientific program. Dr. Averch has secured cutting-edge faculty that add expertise and knowledge to a science-packed Meeting.

Invited faculty and topics
Joseph A. Smith, MD  
_Slotkin Lecturer_
Jeffrey Cadeddu, MD  
_NOTES and LESS_
Joseph English, MD  
_Dermatologic Conditions_
Badrinath Konety, MD  
_Evidence-Based Medicine as it Relates to Oncology_
Elspeth McDougall, MD  
_Urology Education and Simulation_
Steven Nakada, MD  
_Medical Expulsive Therapy for Kidney Stones_
Richard Santucci, MD  
_Trauma_
Stuart Wolf, MD  
_PRACTICE GUIDELINES: THE WORKINGS AND THE HIGHLIGHTS_

Resident Program Lecturer – Jim Dutcher  
_Public Speaking and Debate_

Meeting-at-a-Glance
Thursday, September 23, 2010
- AUA Course of Choice: Abdominal Ultrasound
- Plenary/Guest Lectures and Residents Debates: Dermatologic Conditions, Practice Guidelines, Kidney Stones.
- Moderated Poster Session
- Sneak Peek Luncheon in Exhibit Hall
- Industry-sponsored Symposium
- Exhibit Hall Grand Opening/Welcome Reception

Friday, September 24, 2010
- 5K Fun Run/Walk
- Plenary/Guest Lectures and Residents Debates: Prize-Winning Essays, Past NS Scholars, Education and Simulation, NOTES and LESS
- Moderator Poster Sessions
- Industry-sponsored Symposium
- Fun Night – Pittsburgh Pirates Baseball Game

Saturday, September 25, 2010
- Residents Program
- Plenary/Guest Lectures and Resident’s Debates: Trauma and Oncology
- George F. Slotkin Lecture
- Tennis Tournament
- President’s Banquet
*Schedule subject to change

Registration & Housing
Registration and housing is now open. Register before September 8 and save $100! Visit our Website at www.NSAUA.org for the latest and most up-to-date Annual Meeting information.

The American Urological Association (AUA) offers their Urologic Abdominal Ultrasound with Hands-On Instruction at the 2010 NS-AUA Annual Meeting

Thursday, September 23, 2010, 7:30 – 11:30 a.m.
Westin Convention Center Hotel, Pittsburgh, PA
Pat F. Fulgham, MD, Course Director

Space is Limited — Register Today for $295!
www.NSAUA.org
Contribute to the Section Research and Education Fund!

The NSAUA started funding research in 1995 when a Research and Education Fund was established to assure the membership continuing excellence in research and educational activity within the Section. The NSAUA Scholarship Program was established in 1998 to provide financial scholarships to support research and educational projects. With your help, the NSAUA is able to fund up to two scholarship awards annually. These Young Investigator Awards provide financial assistance to a researcher in basic or clinical sciences related to urology, and to acquiring, developing or improving his or her knowledge and skills in a specific aspect of the specialty. In all, 22 researchers have been awarded research scholarships. All contributions designated for the Northeastern Section Research and Education Fund, support the Section’s 501(c)(3) Foundation, Tax ID #06-1705712. If you wish to contribute or learn more about this fund, please contact the Northeastern Section at 410-689-4025 or NSAUA@AUAnet.org.

AUA Seeks New Museum Curator

The AUA William P. Didusch Center for Urologic History is looking for the next Museum curator. The Didusch center, located in Linthicum, MD, encompasses a rich collection of drawings, photographs and instruments important to the history of urology. Visit www.UrologicHistory.Museum for more information.

History Corner

Do you remember this article from the 1982 AUA Bulletin? The William P. Didusch Center recently had a request for a listing of AUA “urologic legacies”—fathers and their sons or daughters who are urologists and AUA members. The Center reached out to historians from all Sections for their memories of such relationships and is compiling quite a list! We would like you to add what you know about Northeastern Section urologist families—e-mail names to AUA Museum and Archive Specialist, Tupper Stevens, at tstevens@AUAnet.org.

DISTINGUISHED FATHERS AND SONS IN UROLOGY

Two generations of Urologists. Three sets of fathers and sons are pictured in this photograph taken during the Kansas City meeting. Standing, left to right: Dr. Sam D. Graham, AUA President 1979-1980; Dr. Herbert Brendler, AUA Secretary 1977-1982 and President-Elect 1982-1983; and Dr. Peter L. Scardino, Chairman of the Coordinating Council for Urology.

Seated, left to right: Dr. Sam D. Graham, Jr., Durham, N.C.; Dr. Charles B. Brendler, Baltimore, Md.; and Dr. Peter T. Scardino, Houston, Tex. Each presented a poster at the Prostate session on May 17.

In reviewing the list of Past Presidents of the AUA, it is found that two of our Presidents were the sons of previous Presidents. Dr. Arthur L. Chute, Boston, Mass., AUA President 1920 and Dr. Richard Chute, Brookline, Mass., President 1965; Dr. Charles McMartin, Omaha, Neb., President 1947 and Dr. W. Joseph McMartin, Omaha, President 1955.
Best of the 2010 Annual Meeting
Cutting-Edge Topics in Urology

August 5-7, 2010
Montreal, Quebec

Can’t join us in San Francisco? The AUA’s Best of Annual Meeting course is designed for those who are unable to attend the AUA’s 2010 Annual Meeting (May 29–June 3, 2010) and wish to obtain the latest updates and cutting-edge science in the field of urology. A selection of the best of the 2010 Annual Meeting presentations will enhance professional knowledge gaps and enable attendees to apply evidence-based science to their practices.

Visit www.AUAnet.org/BestofAM10 for more information and to register.