



2007 - 2008  
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# HIGHLIGHTER

April, 2008

## From the President

Plans are well underway for a spectacular Annual Meeting at the Wyndham Rio Mar Resort and Spa in Rio Grande, Puerto Rico from September 25-28, 2008. The 500-acre hotel property borders the Atlantic Ocean to the north and a tropical rain forest to the south. Our scientific program, organized by Drs. John Stoffel and Andrew Wagner, will include several innovative presentations by section members. Our guest speakers will include James Maas, PhD, an internationally renowned authority on the science of sleep, and Neil Rofsky, MD, a pioneer in novel uses of MRI in urology. Our Leadbetter lecturer will be Anthony Atala, MD, who will speak about the rapidly evolving field of stem cell research. Spouses are encouraged to attend the lectures on sleep and stem cell research. For those who can arrive a day earlier, we will offer two CME courses on Thursday morning, hopefully to include the new AUA Course on Ultrasound for Urologists.

Robert C. Eyre, M.D.



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## From the Secretary

As the newly elected Secretary of the New England Section, I plan to continue the practice of the Town Meetings. Kevin Loughlin started the Town Meetings in an effort to expand communication between members and the leadership of the Section as well as to provide a forum for members to discuss issues relevant to their practices. The Town Meetings are offered free of charge to members of the Section and a member can attend as many of these meetings as they wish. One of my goals as Section Secretary is to promote membership in the Section to young urologists, and the Town Meetings provide a wonderful forum for participation. I am presently working with the State representatives to plan these meetings. Details regarding the dates, locations and meeting topics will be emailed to members shortly.

E. Ann Gormley, M.D.



Dr. Robert Eyre and his scientific program co-chairmen John Stoffel and Andrew Wagner are planning a very exciting meeting in Puerto Rico at the Wyndham Rio Mar Beach Resort and Spa September 25-27<sup>th</sup>. Abstracts are being accepted until April 18, 2008.

At the recent Board of Directors meeting the board unanimously approved to provide a travel stipend of \$500 for each resident who is a presenting author.

I look forward to seeing many of you at our upcoming town meetings and at the Annual Meeting in Puerto Rico.

77<sup>th</sup> Annual Meeting  
September 25-27  
2008

New England Section  
of the  
American Urological  
Association

www.neaua.org

Rio Mar Beach Resort & Spa  
A Wyndham Grand Resort  
Rio Grande, Puerto Rico



# 2007 Meeting Highlights



Dr. and Mrs. McDougall welcomed participants to the President's Reception and Banquet on board the Odyssey Cruise Ship.



## PRESIDENTIAL PERSPECTIVES

**Controversies in Treating Patients Who Have a Rising PSA Following Definitive Treatment for Prostate Cancer**

Paul F. Schellhammer, MD

&

**The Natural History of a Rising PSA Following Radical Prostatectomy**

W. Scott McDougal, MD



## INVITED GUEST SPEAKER

**Recent Advances in Medical Therapy of Advance Renal Cancer**

Michael B. Atkins, MD



## PRESIDENTIAL ADDRESS

**A Need for Change in Urologic Education**

W. Scott McDougal, MD



## WYLAND F. LEADBETTER MEMORIAL LECTURER

Stephen P. Dretler, MD



## The Man in the Arena: The Urologist in 2007

Kevin R. Loughlin, MD

## 2007 Max K. Willscher Resident Research Award Winners

### 1<sup>st</sup> Place

**William V. Shappley, III, MD**

Brigham & Women's Hospital  
Deaconess Medical Center  
*"Risk Factors Associated With Long-Term Retention of Prostate Cancer Patients in Watchful Waiting or Deferred Treatment Management without Progression to Definitive Intervention"*

### 2<sup>nd</sup> Place

**Brian H. Eisner, MD**

Massachusetts General Hospital  
*"Differences in Computed Tomography Density of the Renal Papillae of Stone Formers and Non-Stone Formers: A Pilot Study"*

### 3<sup>rd</sup> Place

**Brian H. Eisner, MD**

Massachusetts General Hospital  
*"Ureteral Stone Size and Location: Impact on Ureteral Dilatation"*

## Thank You Sponsors

Auxilium Pharmaceuticals, Inc.  
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## Reports from the State Representatives

### CONNECTICUT REPRESENTATIVE

Anthony J. DiStefano, M.D.

In 2007, Governor Jodi Rell commissioned a task force to assess and make recommendations regarding the status and future of hospital in the state of Connecticut. The State of Connecticut Hospital System Strategic Task Force Report was released in January 2008.

#### **Highlights of the State of Connecticut Hospital System Strategic Task Force Report, released in January 2008.**

The report acknowledges that hospitals in Connecticut are under significant stress. Sources of hardship include: higher costs and lower reimbursement, competition for profitable procedures from private enterprises (i.e. physician owned facilities), shortage of physicians and nurses, and losses from caring for Medicare, Medicaid and uninsured patients.

With regard to competition from private enterprises, the recommendation is that a review of the Certificate of Need process with an eye towards statewide health planning is in order.

A comprehensive review and adjustment in reimbursement for Medicaid, HUSKY and SAGA has also been suggested.

One third of practicing physicians in Connecticut are over the age of 55. Concurrently, young physicians are not choosing to live/practice here. Connecticut has a high cost of living, high malpractice rates and stricter on-call requirements in order to maintain hospital privileges. The most extensive list of suggestions the Task Force came up with relate to work force issues. Most notable are plans to expand loan forgiveness and repayment programs and fund scholarships for students willing to commit to practice in underserved areas. In addition there is a need to reevaluate and adjust the definition of an underserved region.

This represents a brief overview of an extensive document. The full report is available at: [http://www.ct.gov/ohca/lib/ohca/taskforce/hospitaltaskforce/hospital\\_task\\_force\\_master\\_version\\_1-17-08.pdf](http://www.ct.gov/ohca/lib/ohca/taskforce/hospitaltaskforce/hospital_task_force_master_version_1-17-08.pdf)

Urologists, and all physicians, practicing in Connecticut should be aware of this report and the impact its recommendations may have on our practices and our hospitals.

### MAINE REPRESENTATIVE

Lisa T. Beaulé, M.D.

Nationally, the supply of urologists is not keeping pace with demand. While the supply of urologists has grown on an absolute basis, the number is shrinking on a per capita basis and will likely not keep up with the demand for services. This demand for urology is particularly acute in the state of Maine, where the percentage of residents over the age of 64 ranks in the top ten state in the country. (Navigant Consulting, 12/17/2007)

Presently, there are 37 urologists actively practicing in Maine. Twenty-five percent of us are over the age of 55, and 17 are expected to retire/leave the state in the next five years. The current demand for the state is 49, and the projected demand in 2012 is 53. Assuming that no new urologists begin practice in the state, Maine will be under-served by 33 physician FTEs in 2012. (Navigant Consulting, 12/17/2007)

#### **Maine's supply/demand for urologists.**

Access and the current shortage of urologists in the state, with a potential worsening of manpower in the near foreseeable future, threatens both the health of the community and the practicing urologists. Recruitment to the state has seen limited success, and may be hampered by the intense need for urologists without the support of residents. To this end, Portland Urologic Associates and Maine Medical Center (MMC), in collaboration, have begun the application to the Accreditation Council for Graduate Medical Education (ACGME) Urology Residency Review Committee for a new urology residency to be based at MMC. MMC has recently committed to a formal partnership with Tufts Medical School to provide medical education to Maine residents, "a virtual medical school in Maine" in which medical students will receive the "bricks and mortar" didactic teaching at Tufts with clinical rotations done through MMC. The development of a urology residency program will both dovetail nicely with the core curriculum of the medical school and address the state-wide access issue over the long term, in terms of providing an exciting/challenging practice environment with teaching/research and providing a pipeline of future urologists. In addition, the involvement of other Maine hospitals and urologic practices to further develop the educational program will be mutually beneficial to the residents and the local communities. It is the intent that the first group of urology residents will begin in July 2010.

Another observation which may be unique to Maine is regarding the increase in the number of private practice groups who are moving to hospital-based practice. Seventeen of 40 (42%) urologists are hospital-based, an increase from 5 as recently as 3 years ago. The most compelling reason is likely financial pressures facing physicians in private practice. Other reasons may be that hospital-based practice is a more attractive practice environment for recent graduates.

### EASTERN MASSACHUSETTS REPRESENTATIVE

Peter Tiffany, M.D.

The universal health care initiative is now being implemented in MA.

#### **Universal Health Care**

Some of the health insurance plans offered by the various insurers are plans with high deductibles up in the several thousand dollar range. At the 1/08 MAPU executive board meeting members of the board expressed concern regarding the inability of physicians to ascertain the deductible amount for the particular plans covering the patients that the physician would be seeing that day. The physician staff is presently not able to ascertain how close the patient might or might not be to the plan's deductible limit at the time of the physician/patient interaction. MAPU executive board members expressed concern that patients might receive care while they are well below their plan's deductible limit and the physician office staff would not know that the patient should be asked for direct payment for the service at that time. A significant amount of urologic care might be provided without any compensation at all especially if the patients in question do not return for any follow-up visits.

The MAPU board decided to take this issue to the Interspecialty Committee of the Mass Medical Society and then if appropriate onto the Legislative Committee so that legislation to correct this problem might be proposed.

*(continued on back page)*

## NEW ENGLAND SECTION of the AMERICAN UROLOGICAL ASSOCIATION

### Highlights of the BOARD OF DIRECTORS MEETING, September 27, 2007 and the ANNUAL BUSINESS MEETING, September 29, 2007

#### Report of the President

Dr. McDougal thanked Drs. Douglas M. Dahl and John D. Seigne, Co-Chairs of the Scientific Program Committee, for their outstanding efforts in putting together a very diverse scientific program for this year's Annual Meeting. Dr. McDougal also complimented Dr. Robert Blute for his work as Local Arrangements Chair.

Based on pre-registration figures of 192 professional pre-registrants, the meeting was expected to break previous records for professional attendance at any prior Section Annual Meeting, eclipsing the previous record set in Boston in 2002. Industry interest in the meeting had been the highest to date as well; the prior record of 64 exhibitors had been exceeded and the Exhibit Hall was sold out with 70 tabletop booths.

#### Report of the Secretary

##### Membership Statistics

Section Secretary Dr. Kevin Loughlin had distributed a copy of the membership statistics as of September 19, 2007. He noted that the Section presently had 338 Active Members, 200 Senior Members, 25 Associate Members, 3 Honorary Members, 12 Affiliate Members, and 101 Candidate Members (of which 74 were currently enrolled in urology programs), for a total of 679 Members.

##### Proposed Amendments to the NE-AUA By-Laws

The NE-AUA Board of Directors voted to propose By-Laws changes whereby a Secretary-Elect and Treasurer-Elect would serve one-year terms prior to their maximum five-year Secretary and Treasurer terms, with said positions to be non-voting Board positions. These changes would keep the Section in parallel with the national AUA, and assist in the continuity of the Section, affording the Secretary-Elect and Treasurer-Elect the opportunity to learn the operations of the NE-AUA Board of Directors before taking their respective positions.

The following members have passed away and the membership stood for a moment of silence in their honor.

#### NECROLOGY

**Arnold M. Baskin, MD**

*New Haven, Connecticut*

**Adolph DeNuccio, MD**

*North Andover, Massachusetts*

**Ernest K. Landsteiner, MD**

*Fort Myers, Florida*

**Albert M. Pearson, MD**

*Middlebury, Vermont*

**Choong Sung Sohn, MD**

*Meriden, Connecticut*

**Hugh H. Young, MD**

*Weston, Massachusetts*

**August Zabbo, MD**

*Providence, Rhode Island*

**Panagiotis M. Zafirooulos, MD**

*Newton, Massachusetts*

The following actions were taken by the Board of Directors at its meetings on March 10, 2007 and September 27, 2007:

- ♦ Added new components to the 2007 Annual Meeting Scientific Program including videos for each scientific session, a Resident Case Session, a summary of new developments at individual institutions, and a new technology session called "My Favorite Gizmo."
- ♦ Invited the Mid-Atlantic Section of the AUA to participate in a Joint Annual Meeting in 2011. A resort venue in the Orlando area is being discussed.
- ♦ Selected Annual Meeting venues for 2009 in Washington, DC, and in 2010 in the Section. Final 2010 destinations are now being considered in Providence.
- ♦ Agreed to bring the AUA History Exhibit to the 2007 Annual Meeting – making New England the first Section to take advantage of the traveling AUA History Roadshow.
- ♦ Agreed to form a committee to oversee a Demographic Membership Survey, the results of which have been provided to Meeting Attendees in a special Edition of the Highlighter. Copies have been mailed to all members of the Section who were not in attendance. Voted to hold a similar survey every 5 years, or at the end of each Section Secretary's term of office
- ♦ Following a review of the Section's investment performance, voted to transfer \$100,000 from the Section's Money Market fund to the investment fund
- ♦ Asked for nominations and self-nominations for positions that the New England Section makes recommendations to the AUA to fill for both committee positions and national awards. Electronic notification of the positions open, the responsibilities each position carries, and a nominee profile form were sent to all Section members. The Section also sought nominations for a New England candidate for the AUA Treasurer-Elect position.
- ♦ Voted to allow only one submission per resident for consideration for future Willscher Resident Prize Awards

#### Treasurer's Report

Dr. Mark Plante reported that the New England Section Reserve Account had grown from \$406,940.44 on March 31, 2007, to \$419,409.78, which represented a gain for the quarter of \$12,469.34.

For the period ending August 31, 2007, the Section had Cash Assets of \$878,148. The Statement of Activities reported total

*(continued on next page)*

## Board Meeting Highlights

(continued from previous page)

receipts of \$244,247, consisting of \$221,286 in Meetings and Education and \$22,962 in investment income. Disbursements of \$173,085 included \$114,308 in General and Administrative expenses, \$6,171 in Publications expense, \$8 in contributions expense, \$27,119 in Meetings and Education expense, and \$25,479 in Committee expense.

### Report of the Representative to the AUA Board of Directors

Dr. Richard Babayan reported that the AUA has two C3s and one C6 corporation and total assets of the AUA are now over \$100 million dollars. He reiterated the constraints being placed on Board members to ensure no conflicts of interest.

Dr. Babayan outlined significant changes taking place with the Office of Education, including expansion of opportunities through simulator training, new courses, and educational guidelines. The Health Policy initiatives were active, and Dr. Steven Schlossberg had been named to serve as Vice Chair of Health Policy, to eventually succeed Dr. James Regan.

### AUA History Committee

Section Historian Dr. Mark Sigman noted that the 2008 exhibit will be on epidemics, the 2009 exhibit will be on pharmaceuticals and the 2010 exhibit will be on stone disease. He reported that the Civil War exhibit had been reworked and brought to Boston for display at the Section meeting; this was the first such exhibition of the AUA Museum materials in any Section.

### AUA Investment Committee

Dr. Mark Plante noted that the portfolio was performing very well, with a 17% year-to-date return on the AUA accounts which have been consolidated under sole management by Vanguard, and that this had resulted in \$400,000 in management fee savings.

### Report of the Nominating Committee

President	Robert C. Eyre, MD
President-Elect	Kevin R. Loughlin, MD
Secretary	E. Ann Gormley, MD
Treasurer	Mark K. Plante, MD
Historian	Mark Sigman, MD
Connecticut Representative	Anthony J. DiStefano, MD
Western Mass. Representative	Timothy B. Hopkins, MD
Maine Representative	Lisa Tran-Beaule, MD
Vermont Representative	Ernest M. Bove, MD
AUA Health Policy Committee	Steven I. Cohen, MD
AUA History Committee	Mark Sigman, MD
AUA Investment Committee	Mark K. Plante, MD
AUA Judicial & Ethics Committee	John A. Taylor, III, MD
AUA Nominating Committee	Anthony A. Caldamone, MD
AUA Nominating Committee (alt.)	Robert D. Blute, Jr, MD
AUA Practice Management Committee	Arthur E. Tarantino, MD
AUA Residents Committee	Peter L. Steinberg, MD
AUA Section Secretaries Committee	E. Ann Gormley, MD
AUA Young Urologists Committee	John T. Stoffel, MD

## NEW MEMBERS

### Fast-Track

Gregory Steven Adey, MD, Portland, ME  
Derek A. Hausladen, MD, Dartmouth, MA  
George William Jabren, MD, Fall River, MA  
Daniel Kellner, MD, New Haven, CT  
Stephen A. Lazarou, MD, Brookline, MA  
Linda Ng, MD, Boston, MA

### Fast-Track Associate

John James Bruno, II, MD, Danbury, CT  
Christopher Robert Girasole, MD, Bedford, NH  
Phillip S. Kick, MD, Springfield, MA  
Sarah J. McAleer, MD, Manchester, NH  
David Matthew Rodin, MD, Boston, MA  
Rashmi Shetty Licht, MD, East Providence, RI  
Alejandro J. Miranda-Sousa, MD, Greenfield, MA  
Charles John Viviano, MD, New London, CT

### Active

Saurabh Agarwal, MD, Springfield, MA  
J. Andrew Dreslin, MD, Wakefield, RI  
Jim C. Hu, MD, Boston, MA  
Gyan Pareek, MD, Providence, RI  
Jacob Zamstein, MD, Hartford, CT

### Associate

Richard E. Morris, MD, Belfast, ME  
Caleb P. Nelson, MD, Boston, MA  
Surapaneni Ramanadha Rao, MD, Bangor, ME  
Arnold D.C. Rivera, MD, Shelton, CT  
Andrew A. Wagner, MD, Boston, MA

### Transfer to Senior Status

J. Michael DeCenzo, MD, Springfield, MA  
John S. Dyhrberg, MD, S. Portland, ME  
Harry W. Smith, MD, Princeton, MA  
Robert I. White, MD, Springfield, MA  
Lucille J. Norstrand, MD, Vassalboro, ME

### Transfer into the Section

Robert James Cherry, MD, Southbridge, MA  
(from the Northeastern Section)  
Scott David Perrapato, MD, Burlington, VT  
(from the Northeastern Section)

## From the President (continued from page 1)

Our tropical resort locale is conducive to informal meeting attire, and we plan to keep all the social events informal. There will be the usual Friday golf tournament on the hotel's Ocean Course, and there is a superb Peter Burwash tennis center at the hotel, ranked the best in the Caribbean. We will have a guided tour of the rainforest Saturday afternoon.

I am please to report that the Board of Directors has approved a travel stipend of \$500.00 for any resident within the New England Section who is presenting his/her work at the scientific sessions.

Katie and I look forward to greeting you in Puerto Rico in September.

Robert C. Eyre, M.D.

### WESTERN MASSACHUSETTS REPRESENTATIVE

Timothy B. Hopkins, M.D.

We have been asked to give a report on the current urological related socio-economic issues specific to our region. I have sent out a brief questionnaire to our members and have received a limited response.

However, issues that have been repeatedly noted include:

1. Concern about the potential 10% Medicare reduction in physician reimbursement that was averted in January of 2008 but is now a potential issue in July of 2008.
2. Loss of patients to Boston from the Worcester area, most specifically radical prostatectomies and failure of patients to return from Boston who have been sent for a second opinion.
3. High cost of practice in Massachusetts including housing, health care costs, malpractice costs and employee salaries along with relatively low reimbursement from insurers and specifically Medicaid and Network Health.
4. Continued threat from regulators on the state and national level limiting alternative enhanced sources of revenue including ultrasound and laboratories.
5. Increasing age of urologists and the marked difficulty in recruiting new urologists to the state. We are at a definite disadvantage in our ability to compete financially with other parts of the country.
6. Concern about Masshealth and other Medicaid insurances, decision about requiring pre-certification for CT scans. This is using

up unnecessary office staff time and delaying appropriate evaluation and care of our patients.

7. Of significant concern to Western and Central Massachusetts urologists is the declining physician practice environment index report which has shown a decline over 13 consecutive years. This has been a 28% decline since 1993. The legislature has failed to really act on the high cost of professional liability, the low level of reimbursement from insurers and the costs wasted on unnecessary and duplicated paperwork. Testimony of the Mass Medical Society before the Joint Committee on Healthcare Finance also noted 24% of practicing physicians are either planning on or considering leaving because of the practice environment. Seventy percent of the physician respondents have difficulty filling physician vacancies and 72% of physician respondents indicated that patients were having difficulty obtaining timely specialty care consultations. Urology is one of five specialties suffering a severe shortage in Massachusetts.

These are only a few of the issues that are of deep concern to our member urologists. Massachusetts is an excellent place to raise a family but is becoming increasingly more difficult to practice urology and recruit new urologists to our state considering the impact of the above issues.

*Massachusetts is an excellent place to raise a family but is becoming increasingly more difficult to practice urology and recruit new urologists*



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