Society of Women in Urology

6th Annual Winter Meeting

Professional Development and Clinical Mentoring

January 20 – 22, 2017

Hyatt Regency Pier Sixty-Six
Fort Lauderdale, Florida

PROGRAM BOOK

20 JANUARY

22

JOINTLY PROVIDED BY:
Creighton University Health Sciences Continuing Education and the Society of Women in Urology
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It is with great pleasure that we welcome you to the Society of Women in Urology’s 6\textsuperscript{th} Annual Winter Meeting for Professional Development and Clinical Mentoring. We have returned to the East Coast at the Hyatt Regency Pier Sixty-Six Resort in sunny Ft. Lauderdale, Florida. The beautiful ocean-front views, the sandy beaches, rejuvenating spa and comfortable meeting areas will help facilitate the camaraderie that is an integral part of this meeting. Once again, we chose to focus on topics that appeal to our membership at-large. We assembled an all-female faculty that highlights the impressive expertise and contributions of women in the field of urology through didactic presentations, panel discussions, debates and hands-on training opportunities.

The focus of this year’s meeting is female and male pelvic health as it relates to surgical and non-surgical treatment of urinary incontinence, pelvic organ prolapse, urethral reconstruction and various types of fistulae repair. Discussions involve hot topics in pelvic health including the use of surgical grafts for reconstruction; the science behind synthetic mesh; controversies in surgical approach; and where we are and where we are headed with stem cell therapy in this field. The half-day “hands-on” sessions will focus on surgical techniques with male and female cadavers, as well as a dynamic session about the architecture of the pelvic floor and various physical therapy programs designed to enhance function. We will also get to engage our own pelvises through an energizing and entertaining \textit{Zumba} session. We hope you brought your Lycra!

Mentorship represents another primary focus of the meeting. We continue with a new tradition of showcasing the research efforts of residents and fellows through podium presentations. This provides the participating trainees an opportunity to share their work while gaining experience and constructive feedback on their presentation skills. Many trainees are supported through travel awards, thanks to the generous support of our members and sponsors.

We are very excited this year to offer a half-day leadership training/professional development session by Shelley Hammell, President of Sage Alliance Inc., entitled “Dare to be Great: Commanding Communications and Powerful Presence.” Shelley will also be our keynote speaker at the Saturday evening’s President’s Banquet as she discusses the importance of “Your Unique Leadership Footprint.”

We wind down the meeting on Sunday with a reflective workshop on Mindfulness and Gratitude. Concerns for physician burnout have reached a critical level. We addressed
this issue at a prior meeting a few years ago, and now hope to introduce concepts and tools to assist our members with prevention and management of this important issue, as we all strive for a healthy work/life balance.

As always, the most important aspect of this meeting is the collegial environment that allows networking with women from across the country in a variety of urology fields. You will not find a group of people in one place more willing to share ideas, listen to a clinical challenge or assist with career development. These personal interactions are important not only for our youngest members in training, but also for women at all stages in their career. The mission of SWIU is to support women in urology! That support comes in many different forms for different people, and this meeting allows us to achieve that vision. With that in mind, the success of this meeting is dependent on a collaborative effort that involves you, a valued SWIU member. Your attendance represents a vital component of the experience. We look forward to your participation and contributions to this year’s meeting!

Welcome to Florida!

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Dolores J. Lamb, PhD, HCLD
Leslie M. Rickey, MD, MPH
Elizabeth A. Williams, MD

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Seattle, WA 98145-5005

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Emory University School of Medicine
1365 Clifton Road NE, Bldg B
Suite 1400
Atlanta, GA 30309

Anne K. Pelletier-Cameron, MD
University of Michigan
1500 E. Medical Center Drive
3875 Taubman Center
Ann Arbor, MI 48109-533

Jannah Thompson, MD
Urologic Consultants, P.C.
Continence and Pelvic Health Center
2093 Health Drive, Suite 202
Wyoming, MI 49519

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Amy N. Luckenbaugh, MD
University of Buffalo School of Medicine
2812 Knightsbridge Cir
Ann Arbor, MI 48105

Anna Zampini, MD, MBD, MS
Cleveland Clinic Foundation
9500 Euclid Avenue, Q-10
Cleveland, OH 44195

HEADQUARTER OFFICE

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Schaumburg, IL 60173
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Executive Director
Wendy J. Weiser

Associate Director
Danielle Carrier
### SWIU Past Presidents

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Elizabeth A. Williams, MD</td>
<td>1998</td>
<td>Gloria S. Massey, MD</td>
</tr>
<tr>
<td>2015</td>
<td>Leslie M. Rickey, MD, MPH</td>
<td>1997</td>
<td>Nina S. Davis, MD</td>
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<tr>
<td>2014</td>
<td>Jennifer L. Dodson, MD, PhD</td>
<td>1996</td>
<td>Tamara G. Bavendam, MD</td>
</tr>
<tr>
<td>2013</td>
<td>Melissa R. Kaufman, MD, PhD</td>
<td>1995</td>
<td>Kristene E. Whitmore, MD</td>
</tr>
<tr>
<td>2012</td>
<td>Nancy A. Huff, MD</td>
<td>1994</td>
<td>Carole L. Gordon, MD</td>
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<tr>
<td>2011</td>
<td>Tracy Cannon-Smith, MD</td>
<td>1993</td>
<td>Dana J. Weaver Osterholtz, MD</td>
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<tr>
<td>2010</td>
<td>Elizabeth R. Mueller, MD</td>
<td>1992</td>
<td>Dana J. Weaver Osterholtz, MD</td>
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<tr>
<td>2009</td>
<td>Harriette M. Scarpero, MD</td>
<td>1991</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<tr>
<td>2008</td>
<td>Elizabeth W. Bozeman, MD</td>
<td>1990</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<td>2007</td>
<td>Cathy K. Naughton, MD</td>
<td>1989</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<td>2006</td>
<td>Brenda S. Kinard, MD</td>
<td>1988</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<td>2005</td>
<td>Martha K. Terris, MD</td>
<td>1987</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<tr>
<td>2004</td>
<td>Janice L. Arnold, MD</td>
<td>1986</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<td>2003</td>
<td>Deborah J. Lightner, MD</td>
<td>1985</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<tr>
<td>2002</td>
<td>Catherine Rhu deVries, MD</td>
<td>1984</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<tr>
<td>2001</td>
<td>M'Liss A. Hudson, MD</td>
<td>1983</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<tr>
<td>2000</td>
<td>Susan J. Kalota, MD</td>
<td>1982</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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<tr>
<td>1999</td>
<td>Lindsey A. Kerr, MD</td>
<td>1981</td>
<td>Jean L. Fourcroy, MD, PhD, MPH</td>
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### Mission Statement

The Society of Women in Urology, Inc., consists of urologic surgeons and other outstanding contributors to the progress of SWIU who reside and practice their profession in the United States and internationally. The purpose of SWIU is to support the professional development and career advancement of women urologists and urologic researchers through education, advocacy, and mentorship.
Educational Needs:
Pelvic Floor Dysfunction can take on many forms in the female and male. The main issues here revolve around urinary incontinence and pelvic organ prolapse, with the incidence continually increasing with the aging population. Understanding the proper evaluation and treatment options for these very common urological problems is important, and finding durable solutions is paramount.

Research, surgical product development and improved technologies continuously advance approaches to the care of the urologic patient across all the sub-specialties in urology, including the specialty of female and male pelvic medicine and reconstructive surgery. Consequently, it is critically important that those involved in urologic patient care stay abreast of recent developments in this field. A major development over the last 10 years has been the controversy surrounding the use of synthetic mesh for incontinence and pelvic prolapse repair. These controversies – and subsequent FDA notifications and class action law suits – have forced providers to critically re-evaluate the current surgical tools available today: When to use them with respect to risk/benefit/cost ratios; How to use them properly with respect to surgical technique; Who should be permitted to use them (i.e., the need for specialty certification and/or credentialing).

Despite the increase in females entering urology residency programs and entering the urologic workforce, relatively few women working in all areas of urologic care and research reach leadership positions. In private practice, many women do not head the group practice. Similarly, there is a small pool of women as leaders in academic medicine. Only 11% of women faculty ascends to full professor while 31% of male faculties do. The causes for this delayed pace of females in ascension through the leadership ranks, however, are likely multifactorial. The two sessions entitled “Dare to be Great: Commanding Communications and Powerful Presence” and “Your Unique Leadership Footprint” will help attendees enhance their communication, negotiation and leadership skills, and will benefit members currently in leadership positions as well as members at all career levels who are interested in developing effective communication and management skills.

Objectives:
At the conclusion of the meeting, attendees should be able to:
1. Review evidence-based guidelines for evaluation and treatment of a variety of male and female pelvic floor disorders to include stress urinary incontinence, pelvic organ prolapse, genitourinary fistula and urethral disease (stricture, trauma, etc.)
2. Describe the transvaginal mesh debate, understanding it’s origin with MAUDE database, FDA notifications, class action law suits, subsequent industry dissolution and impact on providers and patients.
3. Explain the various components of formal pelvic floor physical therapy, how it’s used, and the merits of a pelvic-oriented approach to therapy.
4. Describe the future of stem cell therapy in the space of female pelvic medicine and reconstructive surgery.
5. Identify the approaches used for skillful communication as it pertains to the sustainability of all relationships; especially for those in leadership and management positions.
6. Describe appreciative inquiry practices.
7. Identify the potential health/stress management benefit(s) of mindful practice techniques.
Category 1
Creighton University Health Sciences Continuing Education designates this live activity for a maximum of 12.75 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in this activity.

AAPA accepts AMA category 1 credit for the PRA from organizations accredited by ACCME.

Accreditation Statement
This activity has been planned and implemented by Creighton University Health Sciences Continuing Education (HSCE) and the Society of Women in Urology, Inc. (SWIU) for the advancement of patient care. Creighton University Health Sciences Continuing Education is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for the healthcare team.

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Special Assistance
We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you. Call (847) 517-7225 if you require special assistance to fully participate in the meeting.
Thank You to Our 2017 Promotional Partners

(Alphabetical as of 1/6/2017)

**Diamond Level Partners**
Allergan
Boston Scientific Corporation
Coloplast

**Silver Level Partner**
Cynosure

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(as of 1/6/2017)

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(Alphabetical as of 1/6/2017)

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ellura
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Thermi

Industry Satellite Symposium Event

SATURDAY, JANUARY 21, 2017

11:45 a.m. – 12:45 p.m. Industry Satellite Symposium Luncheon
Location: Panorama Salon B
“Bringing Bocturia Into the Forefront: Heightening Awareness of a Common Condition”

Karyn Eilber, MD
Cedars Sinai Health System
Beverly Hills, CA
# SWIU 6th Annual Winter Meeting Program Schedule

All sessions will be located in **Salon A** unless otherwise noted  
Speakers and times are subject to change

## FRIDAY, JANUARY 20, 2017

### OVERVIEW

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:00 a.m. - 5:30 p.m.</td>
<td>Registration/Information Desk Open</td>
<td>Panorama Foyer</td>
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<tr>
<td>7:00 a.m. - 7:00 p.m.</td>
<td>Exhibit Hall Open</td>
<td>Panorama Foyer</td>
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<tr>
<td>7:00 a.m. - 7:50 a.m.</td>
<td>Continental Breakfast</td>
<td>Panorama Foyer</td>
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### GENERAL SESSION

<table>
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<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
<th>Location</th>
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<tbody>
<tr>
<td>7:50 a.m. - 8:00 a.m.</td>
<td>President's Welcome</td>
<td>Dolores J. Lamb, PhD, HCLD</td>
<td>Panorama Foyer</td>
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<td>Baylor College of Medicine</td>
<td>Houston, TX</td>
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<tr>
<td>8:00 a.m. - 8:30 a.m.</td>
<td>FDA Uproar: Organized Urology/Urogyn Response &amp; Recommendations</td>
<td>Suzette E. Sutherland, MD, MS, FPMRS</td>
<td>Panorama Foyer</td>
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<td>University of Washington</td>
<td>Seattle, WA</td>
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<td>8:30 a.m. - 9:15 a.m.</td>
<td>The SCIENCE Behind the MESH: Fiction vs Fact</td>
<td>Pamela A. Moalli, MD, PhD</td>
<td>Panorama Foyer</td>
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<td>Magee-Womens Hospital of UPMC</td>
<td>Pittsburgh, PA</td>
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<td>9:15 a.m. - 10:00 a.m.</td>
<td>Avoiding Mesh Disasters: Tips and Tricks for Success and Handling Complications</td>
<td>Karyn S. Eilber, MD, FPMRS</td>
<td>Panorama Foyer</td>
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<td>Cedars-Sinai Medical Center</td>
<td>Beverly Hills, CA</td>
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<tr>
<td>10:00 a.m. - 10:30 a.m.</td>
<td>Break in the Exhibit Hall</td>
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<td>Panorama Foyer</td>
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<td>10:30 a.m. - 11:15 a.m.</td>
<td>Female SUI: Considerations for Evaluation and Treatment</td>
<td>Leslie M. Rickey, MD, MPH</td>
<td>Panorama Foyer</td>
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<td>Yale School of Medicine</td>
<td>New Haven, CT</td>
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<tr>
<td>11:15 a.m. - 11:45 a.m.</td>
<td>Male SUI: Considerations for Evaluation and Treatment</td>
<td>Melissa R. Kaufman, MD, PhD</td>
<td>Panorama Foyer</td>
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<td>Vanderbilt University</td>
<td>Nashville, TN</td>
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</table>
11:45 a.m. - 12:15 p.m.  Panel - Cases: Female and Male SUI  
Moderator: Jane L. Miller, MD  
University of Washington  
Seattle, WA  
Panelists: Melissa R. Kaufman, MD, PhD  
Vanderbilt University  
Nashville, TN  
Leslie M. Rickey, MD, MPH  
Yale School of Medicine  
New Haven, CT

12:15 p.m. - 1:15 p.m.  Lunch  
Location: Panorama Foyer

1:15 p.m. - 2:00 p.m.  Prolapse: Contemporary Evaluation and Treatment  
Speaker: Karyn S. Eilber, MD, FPMRS  
Cedars-Sinai Medical Center  
Beverly Hills, CA

2:00 p.m. - 2:30 p.m.  Debate: Mesh for High Grade Ant/Apical POP - Abd (ASC) or TV Route?  
Moderator: Suzette E. Sutherland, MD, MS, FPMRS  
University of Washington  
Seattle, WA  
Debaters: Jennifer T. Anger, MD MPH, FPMRS  
Cedars-Sinai Medical Center  
Beverly Hills, CA  
Lora A. Plaskon, MD, MS, FPMRS  
EvergreenHealth Urology and Urogynecology  
Issaquah, WA

2:30 p.m. - 3:00 p.m.  Break in the Exhibit Hall  
Location: Panorama Foyer

3:00 p.m. - 3:45 p.m.  Vesicovaginal Fistulae (VVFs): Evaluation and Surgical Management  
Speaker: Kristin L. Chrouser, MD, MPH  
University of Minnesota  
Minneapolis, MN

3:45 p.m. - 4:45 p.m.  Urethral Reconstruction for Trauma and strictures: Appropriate Evaluation and Tips  
Speaker: Jerilyn M. Latini, MD  
VA Boston Healthcare System  
West Roxbury, MA

4:45 p.m. - 5:30 p.m.  Stem Cell Therapy - Bench to Bedside: Where Are We in the Area of FPMRS?  
Speaker: Larissa V. Rodriguez, MD, FPMRS  
Keck Medicine of USC  
Beverly Hills, CA

5:30 p.m. - 7:00 p.m.  Welcome Reception with Exhibitors  
Location: Panorama Foyer
SATURDAY, JANUARY 21, 2017

OVERVIEW

7:00 a.m. - 5:45 p.m.  Registration/Information Desk Open
Location: Panorama Foyer

7:00 a.m. - 3:00 p.m.  Exhibit Hall Open
Location: Panorama Foyer

7:00 a.m. - 7:50 a.m.  Continental Breakfast
Location: Panorama Foyer

GENERAL SESSION

7:00 a.m. - 7:30 a.m.  Zumba Session*
Location: Panorama Terrace
Instructor:  Jennifer T. Anger, MD MPH, FPMRS
Cedars-Sinai Medical Center
Beverly Hills, CA

*Not CME accredited

7:50 a.m. - 8:00 a.m.  President’s Welcome and Announcements
Speaker:  Dolores J. Lamb, PhD, HCLD
Baylor College of Medicine
Houston, TX

Concurrent Sessions Begin
Fifteen minutes have been added to the 8:00 a.m. sessions to account for transferring

8:00 a.m. - 9:45 a.m.  Group A: Cadaver Lab for Female and Male Incontinence and Prolapse*
Location: Panorama Salon C
Faculties:  Jennifer T. Anger, MD MPH, FPMRS
Cedars-Sinai Medical Center
Beverly Hills, CA
Karyn S. Eliber, MD, FPMRS
Cedars-Sinai Medical Center
Beverly Hills, CA
Jerilyn M. Latini, MD
VA Boston Healthcare System
West Roxbury, MA
Jane L. Miller, MD
University of Washington
Seattle, WA
Lora A. Plaskon, MD, MS, FPMRS
EvergreenHealth Urolgoy and Urogynecology
Issaquah, WA
Jannah Thompson, MD
Urologic Consultants, P.C.
Wyoming, MI
Elizabeth A. Williams, MD
Urology Consultants, LTD
St. Louis, MO

*Stations include Female: RP slings, TOT slings, and MiniSlings, Male: slings and AUS, Female: TVM and SCP for POP, Female: abd/pelvis anatomy dissection.
*Not CME Accredited
8:00 a.m. - 9:45 a.m.  Group B: Physical Therapy Treatment for Pelvic Floor Disorders: Interventions and Home Programs  
**Location:** Panorama Salon D  
**Faculties:**  
Tina Allen, PT, PRPC  
University of Washington  
Seattle, WA  
Heather S. Rader, DPT, PRPC, BCB-PMD  
Mount Dora, FL  
Kathryn Rice, PT, DPT  
University of Washington  
Seattle, WA  
*Didactic session followed by interactive stations: Interactive assessment of the dynamic anatomy of the PF; Up-training vs. Down-training; Core strengthening; Biofeedback; Tools and Tips*

9:45 a.m. - 10:15 a.m.  Break in the Exhibit Hall  
**Location:** Panorama Foyer

10:15 a.m. - 11:45 a.m.  Group A: Physical Therapy Treatment for Pelvic Floor Disorders: Interventions and Home Programs  
**Location:** Panorama Salon D  
**Faculties:**  
Tina Allen, PT, PRPC  
University of Washington  
Seattle, WA  
Heather S. Rader, DPT, PRPC, BCB-PMD  
Mount Dora, FL  
Kathryn Rice, PT, DPT  
University of Washington  
Seattle, WA  
*Didactic session followed by interactive stations: Interactive assessment of the dynamic anatomy of the PF; Up-training vs. Down-training; Core strengthening; Biofeedback; Tools and Tips*

10:15 a.m. - 11:45 a.m.  Group B: Cadaver Lab for Female and Male Incontinence and Prolapse*  
**Location:** Panorama Salon C  
**Faculties:**  
Jennifer T. Anger, MD MPH, FPMRS  
Cedars-Sinai Medical Center  
Beverly Hills, CA  
Karyn S. Eilber, MD, FPMRS  
Cedars-Sinai Medical Center  
Beverly Hills, CA  
Jerilyn M. Latini, MD  
VA Boston Healthcare System  
West Roxbury, MA  
Jane L. Miller, MD  
University of Washington  
Seattle, WA  
Lora A. Plaskon, MD, MS, FPMRS  
EvergreenHealth Urology and Urogynecology  
Issaquah, WA  
*Didactic session followed by interactive stations: Interactive assessment of the dynamic anatomy of the PF; Up-training vs. Down-training; Core strengthening; Biofeedback; Tools and Tips*
Jannah Thompson, MD  
Urologic Consultants, P.C.  
Wyoming, MI  

Elizabeth A. Williams, MD  
Urology Consultants, LTD  
St. Louis, MO  

*Stations include Female: RP slings, TOT slings, and MiniSlings, Male: slings and AUS, Female: TVM and SCP for POP, Female: abd/pelvic anatomy dissection.  
*Not CME Accredited  

Concurrent Sessions End  

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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| 11:45 a.m. - 12:45 p.m. | Industry Satellite Symposium Lunch  
*Location: Panorama Salon B* |
| 12:45 p.m. - 1:00 p.m.   | Health Policy Update  
Speaker: Lindsey A. Kerr, MD  
Pelvic Care and Continence Specialists  
Bangor, ME |
| 1:00 p.m. - 2:30 p.m.   | Resident Podium Session  
Moderators: Anne K. Pelletier-Cameron, MD, FPMRS  
University of Michigan  
Ann Arbor, MI  
Leslie M. Rickey, MD, MPH  
Yale School of Medicine  
New Haven, CT  
Una J. Lee, MD  
Virginia Mason Medical Center  
Seattle, WA |

1:00 p.m. #1  
COMPARATIVE EFFECTIVENESS OF A PATIENT-CENTERED ULTRASOUND REPORT IN THE MANAGEMENT OF HYDRONEPHROSIS  
Presented By: Geolani W. Dy, MD  

1:09 p.m. #2  
A RETROSPECTIVE ANALYSIS OF SURGICAL PROCEDURES PERFORMED IN AN AGING SPINA BIFIDA POPULATION: DEVELOPING TRANSITIONAL CARE FOR CONGENITAL UROLOGICAL CONDITIONS  
Presented By: Caitlin T. Coco, MD  

1:18 p.m. #3  
CRACKING THE GLASS CEILING: THE ADVANCEMENT OF WOMEN UROLOGISTS INTO SENIOR LEADERSHIP POSITIONS  
Presented By: Madeline D. Cancian, MD  

1:27 p.m. #4  
GENDER AND SUBSPECIALTY OF UROLOGY FACULTY IN DEPARTMENT-BASED LEADERSHIP ROLES  
Presented By: Julia Han, MD  

1:36 p.m. #5  
ERGONOMICS IN UROLOGICAL SURGEONS – A SURVEY OF SYMPTOMS AND EDUCATIONAL NEEDS  
Presented By: Carrie C. Ronstrom, BS
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter/Details</th>
</tr>
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<tbody>
<tr>
<td>1:45 p.m.</td>
<td>UNDERSTANDING SIMPLE CYTSECTOMY FOR BENIGN DISEASE: A UNIQUE PATIENT COHORT</td>
<td>Presented By: Carrie M. Mlynarczyk, MD</td>
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<td>WITH SIGNIFICANT RISKS</td>
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<tr>
<td>1:54 p.m.</td>
<td>SLING EXCISION FOR PAIN: CAN WE PREDICT WHO BENEFITS FROM SURGERY?</td>
<td>Presented By: Elizabeth Van Huffel Dray, MD</td>
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<td>2:03 p.m.</td>
<td>PATIENTS HAVE POOR UNDERSTANDING OF COMMON FEMALE PELVIC MEDICINE PROBLEMS:</td>
<td>Presented By: Olga Povcher, MD</td>
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<td></td>
<td>A PROSPECTIVE QUESTIONNAIRE OF UROLOGY AND GYNECOLOGY PATIENTS</td>
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<tr>
<td>2:12 p.m.</td>
<td>CURRENT GUIDELINES DO NOT SUFFICIENTLY DISCRIMINATE VENOUS THROMBOEMBOLISM</td>
<td>Presented By: Kristen McAlpine, MD</td>
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<td>RISK IN UROLOGY</td>
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<tr>
<td>2:21 p.m.</td>
<td>A SYSTEMATIC ASSESSMENT OF ONLINE PATIENT EDUCATION MATERIALS FOR TRANSRECTAL</td>
<td>Presented By: Kimberly Maciolek, BS</td>
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<td>ULTRASOUND GUIDED PROSTATE BIOPSY REVEALS LACK OF UNDERSTANDABILITY</td>
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<td>2:30 p.m.</td>
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<td>Break in the Exhibit Hall</td>
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<tr>
<td>3:00 p.m.</td>
<td>Leadership Session - Dare to be Great: Commanding Communications and Powerful</td>
<td>Speaker: Shelley Hammell</td>
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<tr>
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<td>Presence</td>
<td>Sage Alliance, Inc.</td>
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<td>* Not CME Accredited</td>
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<td>5:30 p.m.</td>
<td>Past Presidents' Reception (invitation only)</td>
<td>Location: Panorama Salon B</td>
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<tr>
<td>6:30 p.m.</td>
<td>President's Banquet and Keynote Lecture: Your Unique Leadership Footprint</td>
<td>Speaker: Shelley Hammell</td>
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<td>Sage Alliance, Inc.</td>
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SUNDAY, JANUARY 22, 2017

OVERVIEW

7:00 a.m. - 11:00 a.m.  Registration/Information Desk Open
Location: Panorama Foyer

GENERAL SESSION

7:00 a.m. - 11:00 a.m.  Networking Breakfast
Location: Panorama Foyer

8:00 a.m. - 10:00 a.m.  Workshop: Mindfulness and Gratitude
Instructor: Hadley M. Wood, MD
Cleveland Clinic Foundation
Cleveland, OH

11:00 a.m.  Adjourn

Disclaimer Statement
Statements, opinions and results of studies contained in the program are those of
the presenters/authors and do not reflect the policies or positions of the Society of
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or ideas contained in the material herein.
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Email: woodh@ccf.org
Congratulations to Our 2017 Resident Travel Award Winners

Madeline Cancian, MD
Mashrin Lira Chowdhury, MD
Bethany Desroches, MD (South Central Section recipient)
Julia Han, MD (Southeastern Section recipient)
Ilana Jacobs, MD
Kristen McAlpine, MD (Northeastern Section Canadian recipient)
Carrie Mlynarczyk, MD
Rosa Park, MD (Mid-Atlantic Section recipient)
Ines Stromberg, MD
Katherine Theisen, MD (Northeastern Section US recipient)
Mimi Zhang, MD
Thank You to Our 2017 Resident Travel Award Contributors

Tamara G. Bavendam, MD, MS
Teresa D. Beam, MD, FACS
Marina Cheng, MD
Ellura
Lisa J. Finkelstein, DO
Diane Marie Hartman, MD, PhD
Melissa R. Kaufman, MD, PhD
Lindsey A. Kerr, MD

Elspeth Marguerita McDougall, MD, FRCSC, MPH
Mid-Atlantic Section of the AUA

Elizabeth R. Mueller, MD, MSME
Northeastern Section of the AUA

Churphaena A. Reid, MD
Judy F. Siegel, MD
Kristina D. Suson, MD
Martha K. Terris, MD, FACS
Hadley M. Wood, MD

South Central Section of the AUA
Southeastern Section of the AUA
The 6th Annual Professional Development & Clinical Mentoring Conference will provide a robust scientific program and will include presentations and discussions on a variety of pelvic floor disorders such as female and male urinary incontinence, pelvic organ prolapse, vaginal/urethral/rectal fistulae and urethral reconstruction. We will also learn about the science behind surgical mesh, and where we are going with respect to stem cell technology in our field. Once again, our resident/fellow podium session will provide an opportunity for trainees to present their work and receive feedback on presentation skills.

Shelley is an executive coach, seasoned speaker, skilled team facilitator and President of Sage Alliance, Inc. She is a recognized expert in team and leadership performance with high potential leaders. With over 20 years of practical business experience and increasing levels of responsibility, Shelley has hired, trained and led international, cross-functional teams and knows what it takes to grow top talent and deliver measurable results globally. Shelley specializes in leadership development by preparing high-potential leaders for their next role by assessing their impact and honing in on the skills needed to operate at a more senior level. She works with leaders to help them gain greater self-awareness and zero-in on what it takes to be a more effective leader.

It can be frustrating when a communication isn’t received as planned. Whether in a meeting, a one-to-one communication with a colleague or an interaction with a patient, every exchange matters. By understanding the impact your actions, words and non-verbal behavior have on an audience, medical professionals can ensure their message is received effectively and contributes to greater collaboration. During a customized two-hour seminar, Shelley will help participants get energized and arm them with the tools needed to be a more effective communicators and leaders, even with the most challenging people.

Like a footprint left in the sand, a person has a unique leadership footprint that is left behind. An individual’s leadership footprint is the lasting impression made on colleagues, patients and those with which a person interacts. As a leader in the medical profession, it’s important to be consistent and intentional about who you are and what you stand for. What do people say about you when you are not in the room and is this consistent with the footprint you want to leave in the proverbial sand? In this spirited keynote, Shelley will discuss what it takes to establish or to reposition your unique impression enabling you to leave a positive, lasting footprint.

**Registration/Information Desk Hours**

*Location: Panorama Foyer*

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Friday, January 20, 2017</td>
<td>7:00 a.m. – 5:30 p.m.</td>
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<tr>
<td>Saturday, January 21, 2017</td>
<td>7:00 a.m. – 5:45 p.m.</td>
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<tr>
<td>Sunday, January 22, 2017</td>
<td>7:00 a.m. – 11:00 a.m.</td>
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**Registration Fee Includes:**

- Entrance to scientific sessions
- Breakfasts, breaks and lunches
- Program materials

**Exhibit Hall Hours**

*Location: Panorama Foyer*

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<th>Hours</th>
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<tr>
<td>Friday, January 20, 2017</td>
<td>7:00 a.m. – 7:00 p.m.</td>
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<tr>
<td>Saturday, January 21, 2017</td>
<td>7:00 a.m. – 3:00 p.m.</td>
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Welcome Reception

Date: Friday, January 20, 2017  
Time: 5:30 p.m. – 7:00 p.m.  
Location: Panorama Foyer  
Attire: Casual  
Cost: $25 per person.

The Society of Women in Urology welcomes its members to the 6th Annual Winter Meeting. This is a great opportunity for attendees to network with colleagues and fellow members all while enjoying delicious drinks and hors d’oeuvres.

Zumba Class

Date: Saturday, January 21, 2017  
Time: 7:00 a.m. – 7:30 a.m.  
Location: Panorama Terrace  
Attire: Sportswear  
Cost: Complimentary

Before the scientific sessions begin, join your SWIU attendees for a complimentary Zumba class. Zumba Fitness is a Latin-inspired cardio-dance workout that uses music and choreographed steps to form a fitness party atmosphere. Students should come to class with an open mind and be ready to sweat and move!

President’s Banquet

Date: Saturday, January 21, 2017  
Time: 6:30 p.m. – 10:00 p.m.  
Location: Panorama Salon B  
Attire: Business Casual  
Cost: $75 per person.

The program committee is excited to announce Shelley Hammel, President of Sage Alliance, Inc, as our keynote speaker during the President’s Banquet. Her address, Your Unique Leadership Footprint, acknowledges everyone has a leadership footprint that makes a lasting impression on colleagues, patients, and those with which you interact. This spirited keynote will help you establish or reposition your unique impression enabling you to leave a positive, lasting footprint.

Networking Breakfast

Date: Sunday, January 22, 2017  
Time: 7:00 a.m. – 8:00 a.m.  
Location: Panorama Terrace  
Attire: Business Casual  
Cost: Included in registration fee.

SWIU is happy to offer another networking opportunity at the 6th Annual Winter Meeting. Chat with attendees and SWIU board members over a complimentary breakfast before the meeting ends.
Podium #1
COMPARATIVE EFFECTIVENESS OF A PATIENT-CENTERED ULTRASOUND REPORT IN THE MANAGEMENT OF HYDRONEPHROSIS
Geolani Dy, MD²; John Gore, MD, MS²; Wade Muncey, BS²; Jonathan Ellison, MD¹ and Paul Merguerian, MD, MS¹
¹Seattle Children's Hospital; ²University of Washington
(Presented By: Geolani W. Dy, MD)

Introduction: Hydronephrosis is a common pediatric abnormality and can be associated with significant parental anxiety, especially in the prenatal period. Radiology reports contain complex content that can be difficult for lay audiences to comprehend, potentially contributing to parental anxiety.

Methods: We developed and piloted a patient-centered radiology report (PCRR) for renal US’s in children with hydronephrosis. We obtained consensus from a multidisciplinary panel of experts regarding critical US report components. A parent focus group provided input regarding syntax and formatting of a PCRR, incorporating elements deemed valuable by the expert panel. We prospectively recruited parents of children who underwent US for hydronephrosis and randomized parents to receive either the PCRR + standard report (SR) or SR alone. Web-based surveys assessed self-efficacy and knowledge of US elements.

Results: Our pilot study included 19 SR patients and 23 PCRR patients, with no difference in demographic or disease characteristics between groups. Self-efficacy scores were uniformly high in both groups (p=0.79). PCRR parents more accurately reported hydronephrosis severity (57% vs. 26%; p=0.049), and trended towards increased accuracy in identifying presence of bilaterality (70% vs. 42%; p=0.07), parenchymal pathology (74% vs. 68%; p=0.69), and bladder abnormalities (91% vs. 79%; p=0.25). Parents were more confident in their ability to understand the PCRR (91% vs. 58%; p=0.01).

Conclusion: A PCRR was associated with improved parental knowledge of renal US findings and greater confidence in US interpretation. These findings justify future studies of PCRRs for hydronephrosis care.
Podium #2
A RETROSPECTIVE ANALYSIS OF SURGICAL PROCEDURES PERFORMED IN AN AGING SPINA BIFIDA POPULATION: DEVELOPING TRANSITIONAL CARE FOR CONGENITAL UROLOGICAL CONDITIONS
Caitlin Coco, MD; Jennifer Lewis, DNP, APRN, CNP; Dominic Frimberger, MD and Gennady Slobodov, MD
OUHSC
(Presented By: Caitlin T. Coco, MD)

Introduction: Spina Bifida is a congenital disorder frequently associated with lifelong urological problems necessitating surgical interventions. As this population’s average lifespan continues to grow, care must be transitioned from pediatric urology through adolescence and into adulthood. The objective is to establish the essential surgical training necessary for transitional care of congenital urological conditions.

Methods: 77 patients with spina bifida without formal transition from pediatric urology were identified. The medical records were reviewed through two separate EMRs. Clinical visit data and operative reports were reviewed. Patients over the age of 18 at time of the procedure performed at OU medical center were included. Criteria for exclusion: aborted procedures, procedures performed at outside facilities, procedures performed under the age of 18, neurosurgical or orthopedic procedures.

Results: The total number of attended appointments was 427 from 2007-2016 averaging 6.19 per patient. The average number of no shows was 0.7 and the average number of cancellations per patient was 3.57. Surgical procedures included those for kidney stones, bladder stones, incontinence, hernia and stoma complications as well as bladder augmentations, antegrade continence enema (ACE) creation and urinary diversions. 16 total bladder stone procedures were performed including 4 open cystolitholapaxies, 3 laparoscopic/percutaneous approaches, and 9 cystoscopically. Kidney stone treatment included 4 ESWLs, 17 retrograde ureteroscopies, 26 percutaneous nephrolithotomies, and 12 ureteral stent procedures. Incontinence procedures included 12 cystoscopies with Botox, 1 male sling, 1 female sling, 2 urethrolysis/bladder neck ligation, 2 Deflux injections. Additional procedures included: 14 urinary diversions, 9 ACE creations, 6 bladder augmentations, 14 stomal complications and 9 hernias repairs.
**Conclusion:** These patients undergo a significant amount of lifetime urological surgeries in addition to baseline problematic anatomy complicating surgical management. In order to simplify and properly care for this population, training in the following urological/surgical fields would be beneficial: endourology and stone disease, pediatric urology, female pelvic medicine and reconstructive surgery, and hernia and stoma revision.
Podium #3
CRACKING THE GLASS CEILING: THE ADVANCEMENT OF WOMEN UROLOGISTS INTO SENIOR LEADERSHIP POSITIONS
Madeline Cancian, MD and Simone Thavaseelan, MD
Brown University Urology Department
(Presented By: Madeline D. Cancian, MD)

Introduction: While urology has traditionally been a male dominated field, the number of female urology residents has been increasing, from 7.2% in 1995 to 26% in 2015. As female urologists become more prevalent they should be occupying key roles within the field. However, the trend in medicine has been for severe under-representation of females among leadership positions, especially in occupying professorships, chairs of departments, and deans. Our goal was to capture the prevalence of females in urologic leadership roles.

Methods: By utilizing ACGME, society and journal leadership boards, we compiled lists of editorial staff, board of directors, department chairs and program directors. All data was as of July 2016. Queried societies include ABU, AUA, SUO, SPU, SUCPD, Endourology, SUFU & LUGPA. Editorial boards include Journal of Urology and Urology. We also included committee members who wrote AUA guidelines between 2011 and 2016.

Results: Women represent 7.7% of practicing urologists in the United States, however represent 17.1% of urologists under 45 years of age. Among the queried organizations, women represent 10% of leadership positions (Figure 1). Among the most revered positions, women are severely under-represented. There are no women on the AUA or SUCPD board of directors and women make up only 1.6% of department chairs. When women were included, there was often a single woman on the committee. When looking at AUA guideline panels, only 64% of the women included were urologists.

Conclusion: Overall women are fairly represented in a broad cross section of leadership roles, however, they are absent from the upper echelon. Additionally, many of the women are not urologists. As more women become urologists, mentorship and promotion is needed to adequately representing them in leadership positions.

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Podium #4
GENDER AND SUBSPECIALTY OF UROLOGY FACULTY IN DEPARTMENT-BASED LEADERSHIP ROLES
Julia Han, MD²; Stephanie Stillings, BS¹; Harold Hamann, BS¹; Vincent Bird, MD² and Louis Moy, MD²
¹University of Florida College of Medicine; ²University of Florida Department of Urology
(Presented By: Julia Han, MD)

Introduction: Women represent half of medical students and residents. There has also been an increase in the number of women who pursue careers in urology. Despite this trend, the proportion of women who rise to senior ranks in academic medicine remains low in comparison to men. The objective of our study was to characterize the current gender and subspecialty of those holding academic departmental administrative and educational leadership roles in urology.

Methods: We conducted a cross-sectional observational study of accredited U.S. urology residency programs. To be included they had to participate in the Urology Residency Match Program overseen by the American Urological Association and have a departmental website. Programs outside the U.S. were excluded. From 6/1/2016 to 8/20/2016 we queried information from websites. To address missing information, we utilized faculty biographies and contacted programs through emails and phone calls.

Results: We queried 124 urology residency programs. Regarding departmental administrative leadership roles, women comprised 3.2% of chairs, 4.4% of vice chairs, and 7.5% of division directors. Regarding educational leadership roles, women comprised 8.9% of fellowship directors, 8.1% of residency directors, and 27.4% of medical student clerkship directors. The three most common subspecialities for chairs included oncology (49.2%), robotics and minimally invasive surgery (MIS) (11.3%), and female urology (8.1%). Among chairs specializing in oncology, only two out of 61 were females. For division directors, female urology had the highest representation of women (27.0%) followed by pediatric urology (9.8%), endourology (7.1%), reconstruction (5%), and andrology (4%). There was no female representation among division directors for general urology, oncology, renal transplant, robotics and MIS, or neurourology.

Conclusion: Women remain underrepresented across all levels of academic departmental leadership. Lack of representation is more pronounced among administrative versus educational roles. Currently only 7.7% of practicing urologists are women, however urology has the 4th highest growth rate for women in training among all specialties. For the 2015 to 2016 urology match, 21% of incoming residents were women. Given the increase of women pursuing careers in urology, we anticipate an upward trend over time as graduates rise to positions of leadership. Future efforts should be made to help promote the advancement of women to positions of leadership in academic departments of urology.
Podium #5
ERGONOMICS IN UROLOGICAL SURGEONS - A SURVEY OF SYMPTOMS AND EDUCATIONAL NEEDS
Carrie Ronstrom, BS³; Susan Hallbeck, PhD¹ and Kristin Chrouser, MD, MPH²
¹Mayo Clinic Department of Health Sciences Research; ²University of Minnesota Department of Urology; ³University of Minnesota Medical School
(Presented By: Carrie C. Ronstrom, BS)

Introduction: The ergonomic challenges of open, laparoscopic, and robotic surgery have been described in non-urological specialties. There is some literature assessing ergonomics in urology, but it mainly focuses on surgeons specializing in minimally invasive urology. This study aims to describe musculoskeletal pain in urologists who perform a variety of cases, assess potential occupational risk factors, and evaluate the need for ergonomic education.

Methods: Data were collected using a 33-question survey that included demographics, musculoskeletal pain, and prior education in ergonomics. The survey was distributed at a regional urology meeting in Minnesota as well as university grand rounds. All responses were voluntary and anonymous. Descriptive statistics and Pearson’s correlation were calculated.

Results: A total of 33 urologists and urology residents completed the survey. A large majority of the respondents (82%) reported having work-related pain and 67% believed this discomfort might influence their ability to perform surgical procedures in the future. Over 80% of urologists surveyed have operated despite not feeling well. Open procedures were described as the most painful followed by microsurgical, transurethral, robotic-assisted, and laparoscopic in descending order. The respondents spent the majority of their time engaged in transurethral and open cases. Overall pain was greatest in the neck, back, and shoulders. In the majority of urologists surveyed (70%) musculoskeletal discomfort was felt until the next day or longer. The worst pain experienced within the first 24 hours following the last case was 3.8 (SD 1.9) on a scale of one to ten, with ten as the most severe pain. Thirty percent of urologists have evidence of neuromuscular injury such as numbness and tingling attributed to time spent operating. The psychological impact of pain was reported as most likely to affect the urologist’s mood. Respondents also noted that discomfort most affects their intraoperative posture, stamina, irritability, and concentration. In regards to occupational risk factors, lead aprons were selected as the most likely piece of equipment to cause pain and were worn by 100% of urologists. There was no statistical correlation between pain and age, gender, body mass index, or total hours per week spent operating. Two-thirds of urologists surveyed have no prior training in ergonomics, yet, 94% of respondents desire ergonomic instruction. Simulation courses and reading materials were the most popular ergonomic training modalities requested.

Conclusion: Pain associated with time spent operating is widely experienced amongst urologists and many are concerned that this may affect their surgical careers. Despite an overwhelming desire for training in ergonomics, many urologists have no access to ergonomic evaluation or training. There is a pressing need for the development of effective educational materials in surgical ergonomics for urologists and trainees.
Podium #6
UNDERSTANDING SIMPLE CYTSECTOMY FOR BENIGN DISEASE: A UNIQUE PATIENT COHORT WITH SIGNIFICANT RISKS
Carrie M. Mlynarczyk, MD; Michael J. Lipsky, MD; Henry Tran, MD and Doreen E. Chung, MD
Department of Urology, Columbia University, New York, New York
(Presented By: Carrie M. Mlynarczyk, MD)

Introduction: Cystectomy with urinary diversion is most commonly performed for bladder cancer with significant morbidity and mortality. Another indication is simple cystectomy for severe refractory voiding dysfunction. Due to the relative rarity of this procedure, there is limited data on this cohort, mostly limited to small case series. The objective was to explore comorbidities and complications of simple cystectomy for benign disease.

Methods: Current Procedural Terminology codes were used to identify patients within the National Surgical Quality Improvement Program database who underwent cystectomy(2005-2014). ICD9 codes were used to classify patients with benign or malignant diagnoses. Perioperative complications (30-day) were identified and Logistic regression analysis was used to identify factors associated with morbidity.

Results: We identified 389 patients who had a cystectomy for benign diagnosis. 235(60.4%) had complications recorded. The most frequently reported complication was bleeding (requiring a transfusion within 72 h) in 150(38.6%) patients. Other complications were wound infection (63; 16.2%), respiratory complication (29; 7.5%), wound dehiscence (8; 2.1%) renal complication (9; 2.3%), cardiovascular complication (6; 1.5%), and post op DVT (8; 2.1%). The reoperation rate was 5.7%. 4 patients (1%) had a recorded death in the database. On multivariate analysis diabetes (OR 1.9, p=0.04) and smoking (OR 1.8, p=0.03) were associated with increased odds of any complication. Compared to those with cystectomy for malignancy this cohort was younger, with higher ASA scores and CKD stages. In the benign cohort fewer had COPD, HTN, or smoked, and more had preoperative wound infections (table 1). Operative time was shorter for simple cystectomy(327+125 vs 353+124 min, p=0.001) and there was no difference in post-operative hospital stay.
Conclusion: This is the first multi-center nationwide study to examine morbidity of cystectomy for benign diseases. Our data suggests that the benign and radical cystectomy patients are different, with benign patients being younger with higher ASA class. Even in benign disease, cystectomy is not without risk and patients should be counseled accordingly.

| Table 1 Characteristics of simple and radical cystectomy cohorts |
|----------------------------|----------------|----------------|
|                            | Simple         | Radical        | p value* |
| Age (yrs)                  | 59.1±16.4      | 68.4±10.2      | <0.001   |
| BMI                        | 29.1±7.6       | 28.5±5.7       | 0.15     |
| ASA Score                  |                |                | 0.02     |
| 1                          | 2 (0.5%)       | 24 (0.5%)      |          |
| 2                          | 69 (18%)       | 1163 (25%)     |          |
| 3                          | 291 (75%)      | 3197 (68%)     |          |
| 4                          | 26 (7%)        | 275 (6%)       |          |
| Diabetes Mel               | 66 (17%)       | 940 (20%)      | 0.13     |
| Cardiovascular             | 10 (3%)        | 218 (5%)       | 0.06     |
| COPD                       | 18 (5%)        | 397 (9%)       | 0.007    |
| Smoker                     | 76 (20%)       | 1139 (24%)     | 0.03     |
| Hypertension               | 201 (51%)      | 2853 (61%)     | <0.001   |
| CKD stage                  |                |                | <0.001   |
| 1                          | 124 (34%)      | 779 (17%)      |          |
| 2                          | 122 (33%)      | 2056 (45%)     |          |
| 3                          | 84 (23%)       | 1514 (33%)     |          |
| 4                          | 23 (6%)        | 140 (3%)       |          |
| 5                          | 17 (5%)        | 33 (1%)        |          |
| Wound Infec                | 49 (13%)       | 34 (1%)        | <0.001   |

*p value calculated by chi-square tests for categorical and t-test for continuous variables
Podium #7
SLING EXCISION FOR PAIN: CAN WE PREDICT WHO BENEFITS FROM SURGERY?
Elizabeth Dray, MD²; Anne Pelletier Cameron, MD²; J. Quentin Clemens, MD²; John Stoffel, MD²; Erin Crosby, MD¹ and Yongmei Qin, MD²
¹Albany Medical Center; ²University of Michigan
(Presented By: Elizabeth Van Huffel Dray, MD)

Introduction: De novo pain following mid-urethral synthetic sling for stress incontinence can have dire consequences for patient quality of life. While conservative measures such as physical therapy may improve pain, mesh excision remains the most effective intervention for symptom relief. In this study, we sought to better characterize the presentation of de novo sling pain, define rates of pain resolution after sling excision, and determine which, if any, patient or operative factors influence pain outcomes.

Methods: This is a retrospective review of mesh excision for a primary complaint of pelvic pain or dyspareunia. Patients with a history of vaginal mesh for pelvic organ prolapse, mesh erosion, and urinary retention were excluded. The outcomes assessed were patient reported improvement in pain along with abstracted demographic information, comorbidities, prior surgical history, number and type of mesh revisions performed, and exam findings.

Results: Between 2006 and 2016, 107 mesh excisions met our inclusion criteria. Average patient age was 51.2 and average parity was 2.3. The majority of our patients had undergone prior TOT (59.4%), while 28.7% had a prior TVT and 11.9% had a mini-sling. At presentation, 92.4% of patients had de novo pelvic or vaginal pain and 81.1% reported new dyspareunia. On exam, tenderness along the sling was found in 55.3% of patients, levator muscle plus sling tenderness in 14.6% and levator tenderness alone or non-focal tenderness in 17.5%. Complete vaginal excision of mesh was performed in 71.7% of patients, with the remainder undergoing urethrolysis or focal mesh excision. Following surgery, 26.2% of patients reported minimal or no improvement in symptoms, 23.3% reported moderate relief, and 48.5% reported complete resolution of pain. On analysis of patient factors, current smoking status was associated with a higher rate of persistent pain when compared with former or non-smokers (40% v. 20.3%, p=0.036). Premenopausal status and concomitant chronic pain syndromes were both associated with a trend towards non-resolution of pain when compared with postmenopausal patients and patients without chronic pain, respectively (p=0.07 and 0.06). No effect on resolution of pain was seen when exam findings, BMI, diabetes status, prior sling type, prior attempts at mesh excision or extent of mesh excision were analyzed.

Conclusion: Moderate to complete resolution of pain occurred in 71.8% of the patients who underwent sling excision in our study. While some patient factors may portend worse outcomes, our study demonstrates that women with de novo pain following sling placement may benefit from excision even if focal sling tenderness is absent or prior attempts at mesh excision have been undertaken.
Podium #8
PATIENTS HAVE POOR UNDERSTANDING OF COMMON FEMALE PELVIC MEDICINE PROBLEMS: A PROSPECTIVE QUESTIONNAIRE OF UROLOGY AND GYNECOLOGY PATIENTS
Olga Povcher, MD²; Anh Nguyen, BS³; Wai Lee, MD¹; William Berg, MD¹; Andrew Chen, BS³ and Jason Kim, MD¹
¹Department of Urology, Stony Brook Hospital; ²Stony Brook Hospital; ³SUNY at Stony Brook School of Medicine
(Presented By: Olga Povcher, MD)

Introduction: A new multidisciplinary Female Pelvic Medicine clinic opened at our institution. The survey assessed patient preference in naming this new center, as well as patient knowledge and perception of pelvic floor disorders.

Methods: Surveys were distributed to female patients 18 years of age and older presenting to general urology and gynecology clinics. Questionnaires collected demographic data, preference for proposed name of the center, viewpoints on incontinence, and understanding of basic medical terminology.

Results: There were a total of 300 respondents. 70% of survey participants felt that incontinence is viewed negatively in our society. Older respondents, healthcare workers, and patients with higher levels of education (bachelor’s degree or higher) were more likely to believe that the word “incontinence” has negative connotations (p=0.034, p=0.007, p=0.005 respectively). 34% of respondents did not know what the term “pelvic floor” means and 40% were not familiar with the term pelvic organ prolapse. 28% of survey participants felt that developing incontinence is a normal part of aging. The most preferred titles were “Center for Women’s Health and Continence” and “Center for Female Pelvic and Bladder Health”. The two least popular titles were “Women’s Center for Pelvic Floor and Bladder Dysfunction” and “Pelvic Floor Center”. There was no significant difference in name preference between demographic groups.

Conclusion: In our cohort there was a strong dislike for facility names that contained the word “dysfunction” or “pelvic floor”. There was a strong preference for names that included the word “health”. The results of this survey indicate that there is a high prevalence of negative attitude toward incontinence. This attitude is also prevalent among highly educated people as well as those working in healthcare. In addition, a lot of people believe that incontinence is normal part of aging. Emphasis on patient education should be provided through routine urology and gynecology visits and in primary care setting to enhance understanding of common pelvic floor problems.
Podium #9
CURRENT GUIDELINES DO NOT SUFFICIENTLY DISCRIMINATE VENOUS THROMBOEMBOLISM RISK IN UROLOGY
Kristen McAlpine, MD¹,²; Rodney Breau, MD, FRCSC¹,²; Ranjeeta Mallick, PhD¹,²; Sonya Cnossen, MSc¹,²; Ilias Cagiannos, MD, FRCSC¹,²; Christopher Morash, MD, FRCSC¹,²; Marc Carrier, MD, FRCPC¹,² and Luke Lavallée, MD, FRCSC¹,²
¹Ottawa Hospital Research Institute; ²University of Ottawa
(Presented By: Kristen McAlpine, MD)

Introduction: Venous thromboembolism is the leading cause of non-cancer death following major cancer surgery. Current thromboprophylaxis guidelines do not address procedure-specific risk of venous thromboembolism for urological patients. This project was created to determine the risk and timing of venous thromboembolism after major urological surgery and to evaluate if surgical procedure was an independent risk factor for venous thromboembolism after adjusting for previously established risk factors.

Methods: The American College of Surgeons’ National Surgical Quality Improvement Program (NSQIP) was used to create a cohort of patients who received major abdominal or pelvic urologic surgery between 2006 and 2014. The primary outcome was post-operative VTE. A Caprini score was calculated for each patient in our study to determine risk of VTE. Multivariable logistic regression analyses were performed to determine the association between patient and procedural factors with venous thromboembolism.

Results: During the study period, 65,100 patients were eligible and 956 patients (1.5%) developed a venous thromboembolism. More than half of venous thromboembolism events occurred after hospital discharge (n=570; 60%). Radical cystectomy had the highest risk of venous thromboembolism (299/5,976; 5.0%) and laparoscopic nephrectomy had the lowest risk (56/8,475; 0.7%). Most patients (58,782; 90%) were classified as high-risk for venous thromboembolism using the Caprini score. After adjusting for known risk factors, the risk of venous thromboembolism was significantly greater for radical cystectomy compared to laparoscopic nephrectomy (RR 7.0; 95% confidence interval 5.0 to 9.2).

Conclusion: This is the first study to report procedure-specific venous thromboembolism risk adjusting for known risk factors. These data demonstrate that procedure-specific thromboprophylaxis guidelines are needed in urology.
Podium #10
A SYSTEMATIC ASSESSMENT OF ONLINE PATIENT EDUCATION MATERIALS FOR TRANSRECTAL ULTRASOUND GUIDED PROSTATE BIOPSY REVEALS LACK OF UNDERSTANDABILITY
Kimberly Maciolek, BS; David Jarrard, MD and Sara Best, MD
University of Wisconsin School of Medicine and Public Health, Department of Urology
(Presented By: Kimberly Maciolek, BS)

Introduction: Online patient education materials (PEM) are an important supplement to verbal communication and must convey information in a manner accessible to patients. Standardized recommendations exist for developing online PEM from the Centers for Disease Control and Prevention (CDC), but it is unknown whether urology providers construct online PEM adhering to this guidance. We systematically evaluated the readability, reliability, and accuracy of internet patient education materials on transrectal ultrasound (TRUS) guided prostate biopsy.

Methods: An internet search was performed in July 2016 to find PEM that provided pre- or post-biopsy instructions. PEM that were duplicates, international, or primarily video-based were excluded. Readability was assessed via word count and Flesh Kincaid Grade Level (FKGL). Understandability and actionability were evaluated using the Patient Education Materials Assessment Tool (PEMAT). Pre- and post-biopsy instructions were evaluated for accuracy and presence of expert-selected essential topics. Effects of practice type and geographical variation (AUA section) were determined using Wilcoxon rank sum and Fischer’s exact tests.

Results: 148 unique online PEM were identified. Only 8.6% adhered to the CDC recommended <7th grade reading level. Most PEM did not contain recommended graphics (13.8%), checklists (2.0%) or summary (5.9%). The PEMAT understandability score for academic PEM was significantly higher than private (p=0.02) and unaffiliated PEM (p=0.01). No websites had inaccurate content but only 2 PEM (1.32%) included all essential content (stop anticoagulants, antibiotics, need for urinalysis, biopsy pain, when to resume activity as well as mention of hematuria, hematochezia and hematospermia complications). No significant differences based on the AUA section were observed for word count, readability, PEMAT scores or content.

Conclusion: TRUS guided prostate biopsy PEM adhere poorly to CDC guidelines for easy-to-understand materials. Most PEM lack vital information and are written at too complex of a reading level. The urology community can construct better websites by consulting PEM advisory materials, providing non-technical language, figures and specific steps patients should take.
### Table 1: Comparison of word count, readability, and PEMAT scores by practice type.

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<th>Academic (n=34)</th>
<th>Private (n=88)</th>
<th>Unaffiliated (n=26)</th>
<th>P1*</th>
<th>P2*</th>
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<td><strong>Word Count</strong></td>
<td>546 (370-650)</td>
<td>539 (324-758)</td>
<td>645 (453-808)</td>
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<td><strong>Flesch-Kincaid Grade Level</strong></td>
<td>9.0 (7.5-9.7)</td>
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<td><strong>Understandability</strong></td>
<td>69.2 (56.3-76.9)</td>
<td>61.5 (53.9-69.2)</td>
<td>58.9 (38.5-62.5)</td>
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<td>0.01</td>
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<td><strong>Actionability</strong></td>
<td>60 (60-60)</td>
<td>60 (60-60)</td>
<td>45 (0-60)</td>
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Values reported as median (IQR).

*P1 = p-value between academic and private, P2 = p-value between academic and unaffiliated, P3 = p-value between private and unaffiliated

**Higher score confers greater understandability or actionability.
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Tina Allen, PT, PRPC
Tina Allen, PT, PRPC, BCB-PMD has been a physical therapist since 1993. After five years in acute care, trauma and outpatient physical therapy, she turned her practice towards women’s health. Since 1996, she has focused her treatment on the care of women throughout their life spans with bladder dysfunction, bowel dysfunction, pelvic pain syndromes, pelvic ring dysfunction, pregnancy/postpartum, lymphedema and breast cancer recovery. In 2002, she added male pelvic dysfunction, prostate cancer recovery and pudendal neuralgia for both men and women to her practice. Her treatment is largely focused on client education, manual techniques and therapeutic exercise.

Tina currently practices at the University of Washington Medical Center at the Pelvic Health Clinic. She has presented at professional medical conferences on topics such as lymphedema, pelvic pain and musculoskeletal examination/treatment of the pelvic floor. She works closely with the Medical Residents and Fellows at UW, where she teaches them how Pelvic Rehabilitation interventions will assist their patients. She is also on Faculty with Herman and Wallace Pelvic Rehabilitation Institute where she teaches continuing education courses throughout the US to medical professionals.

Tina was born and raised just outside of Chicago. After graduating from the University of Illinois – Chicago with a BS in Physical Therapy in 1993, she practiced at Loyola Medical Center for five years. In 1998, she relocated to Seattle to be closer to the outdoor activities she loves.

Jennifer T. Anger, MD, MPH, FPMRS
Dr. Anger is a dual fellowship-trained reconstructive urologist with extensive experience treating pelvic floor disorders. She completed her Master’s degree in Public Health at UCLA under the mentorship of Dr. Mark Litwin, a pioneer in urological health services research. She has over ten years of research experience using administrative claims, including data from the VA. In October of 2007, she received a mentored career development award (K23) from the NIDDK to develop quality-of-care indicators for women with pelvic floor disorders, “Evaluating the Quality of Urinary Incontinence and Prolapse Treatment” (EQUIPT). In 2009 she was awarded a challenge grant as lead PI for a randomized trial comparing costs of robotic vs. laparoscopic prolapse surgery. This specific trial attests to her ability to conduct complex trials in which patients are randomized on the day of surgery, blinded to surgical technique, and followed diligently for one year after surgery. She is currently administrative PI for the Cedars-Sinai Multi-disciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) site (U01 DK103260).

Anne K. Pelletier-Cameron, MD, FRCPS(C)
Dr. Cameron is a board-certified urologist. She received her undergraduate degree at the University of New Brunswick. After completing her medical degree at the University of Ottawa and residency in urology at Dalhousie University, she came to the University of Michigan for a fellowship on female pelvic medicine and reconstruction. Dr. Cameron remains at the university where she is currently a clinical assistant professor in urology surgery and director of the Clinical Urology Research Endeavor (CURE).

Kristin L. Chrouser, MD, MPH
Dr. Kristin Chrouser is an Assistant Professor in Urology at the University of Minnesota. Her clinical focus is on stone disease and reconstruction of the urethra after damage by stricture disease or vesicovaginal fistulae (VVF). Her research interests include maximizing intraoperative surgical quality and patient safety and optimization of surgeon performance. Her educational work is diverse, ranging from intraoperative ergonomic courses to instruction on VVF repair techniques for the management of
obstetric fistulae. She did her urology residency at the Mayo Clinic, was an international fellow in reconstruction with IVUmed, and is also a graduate of Princeton University (Biology), Mayo Medical School (MD) and Johns Hopkins Bloomberg School of Public Health (MPH).

**Karyn S. Eilber, MD, FPMRS**

Dr. Karyn Eilber is the Associate Director of the urology residency training program and an Associate Professor of Urology at Cedars-Sinai Medical Center in Los Angeles. She is board certified in both Urology and Female Pelvic Medicine and Reconstructive Surgery. Prior to joining Cedars-Sinai, Dr. Eilber served at the Memorial Sloan-Kettering Cancer Center’s Urology Department, where she gained extensive experience in pelvic reconstruction following cancer treatment and male incontinence after prostatectomy. Also at that time she was an Assistant Professor at Weill Medical College at Cornell University.

Dr. Eilber’s clinical and research focus has been in the areas of urogynecology and voiding dysfunction, and she has published multiple peer reviewed manuscripts and book chapters. In addition to being a member and past-president of the Los Angeles Urologic Society, Dr. Eilber is a member of the American Urological Association, the Society for Urodynamics and Female Urology and the Society of Women in Urology. She is an invited lecturer and presenter at many local and national conferences on the subjects of male and female urinary incontinence and pelvic reconstructive surgery.

Dr. Eilber earned her bachelor's in biomedical sciences from the University of California, Riverside and her medical degree from the University of California, Los Angeles School of Medicine (UCLA). She completed an internship, residency and urology fellowship at UCLA with special training in incontinence, voiding dysfunction and female pelvic reconstruction.

**Melissa R. Kaufman, MD, PhD**

Dr. Melissa R. Kaufman is Associate Professor of Urologic Surgery at Vanderbilt Medical Center. She received her B.A. from Washington University – St. Louis and Ph.D. in Microbial Genetics at University of Tennessee. Following postdoctoral research at Stanford and completion of medical school in her home state of Arkansas, Dr. Kaufman commenced her Urology residency at Vanderbilt in 2002. She completed fellowship training in both Male Reconstruction and Female Pelvic Medicine and Reconstructive Surgery in 2009 at Vanderbilt. Her practice focuses on female and male voiding dysfunction and incontinence, cancer survivorship, pelvic organ prolapse, neurourology, transitional care for congenital urologic conditions, urologic prosthetics, as well as reconstructive surgery for urethral stricture, fistula and trauma. She is additionally a past-president of the Society of Women in Urology.

**Lindsey A. Kerr, MD**

Dr. Lindsey Kerr is an urologist in Bangor, Maine and is affiliated with Eastern Maine Medical Center. She received her medical degree from Duke University School of Medicine and has been in practice for more than 20 years.

**Dolores J. Lamb, PhD**

Dr. Lamb is the Lester and Sue Smith Chair in Basic Urologic Research, Vice-Chair for Research, Director of the Laboratory for Male Reproductive Research and Testing, and Professor in the Departments of Urology and Molecular and Cellular Biology. She is an investigator in the fields of urology, male and female reproduction, infertility steroid hormone action and growth regulatory mechanisms. Her experience is unique, as she has extensive background in both the clinical diagnostic and basic science arenas in urology and human male infertility and congenital urological birth defects.
Dr. Lamb was honored as the first recipient of the Distinguished Researcher Award by the American Society for Reproductive Medicine in recognition of her lifelong achievements in reproductive research, the Ramon Gutierras Lecture, the American Urological Association’s award for her contributions to urology, and recently, The Distinguished Andrologist Award from the American Society of Andrology.

She is past-president of: The American Society for Reproductive Medicine, The Society for Male Reproduction and Urology of the American Society for Reproductive Medicine, The Society for the Study of Male Reproduction of the American Urological Association, The Society for Basic Urologic Research, and The American Society of Andrology. She has trained 86 MD, PhD, MD/PhD fellows (of whom eight are now department chairmen), 14 residents, nine graduate students and 54 undergraduate students. In 2007 she received the Distinguished Mentor Award from the American Urological Association Foundation. Dr. Lamb directs a T32 training grant and a K12 Urology and a NICHD Men’s Health Research Career development grants. Importantly, she has a long-standing interest in the genetic and genomic basis of male infertility and congenital genitourinary birth defects, beginning in the early 1980s.

Jerilyn M. Latini, MD

Dr. Jerilyn Latini is a board certified Urologist who attended Dartmouth Medical School from 1992-1996 and was elected to Alpha Omega Alpha graduating with highest honors. Dr. Latini completed Urology residency at the Lahey Clinic from 1996-2002. There she was named the 1998-1999 Bernard F. Gordon Research Fellow and was the recipient of the 2000 Pfizer Scholars in Urology Grant. Her post-graduate fellowship was at the University of Iowa in Neurourology and Reconstructive Surgery (2002-2003). Dr. Latini joined the faculty in the Department of Urology at the University of Michigan in 2003 where she was promoted from Assistant Professor to Associate Professor of Urology. There she served as the Medical Director of the Adult Urology Ambulatory Unit at the University Hospital and on a number of hospital and university wide committees. Dr. Latini was a Clinic Educator at the University of Michigan Medical School during her tenure in addition to her commitment to teaching Urology residents and fellows. In 2012, she joined the Department of Urology at the Alaska Native Medical Center in Anchorage, Alaska where she concentrated her clinical practice in general urology with specialization in male urethral stricture and fistula care, male urinary incontinence and voiding dysfunction, and reconstructive surgery. While in Alaska, she served as the Medical Director of the Department of Urology at the Alaska Native Medical Center as well as on a number of medical center wide committees. During this time, she stayed on as Adjunct Professor of Urology at the University of Michigan continuing her commitment to Urology resident and fellow education. In 2015, she was recruited to the VA Boston Healthcare System to expand the clinical services there in reconstructive surgery for male urethral stricture and fistula disease, male urinary incontinence, and voiding dysfunction. She is currently Associate Professor of Urology at the Boston University School of Medicine. She continues to be a very strong advocate for resident education where she works full-time with the Urology residents from Boston University Medical Center and Brigham & Women’s Hospital (Harvard Program in Urology) during their concurrent full-time rotations at VA Boston as part of each of the programs’ core curricula. Dr. Latini concentrates her clinical research in the evaluation and management of adult male urethral stricture and fistula disease, male urinary incontinence and voiding dysfunction, and reconstructive surgical techniques in Urology. She holds memberships in several professional organizations including the American Urological Association (AUA), Society of Genitourinary Reconstructive Surgeons (GURS), Society of Women in Urology (SWIU), Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU), and International Continence Society (ICS). She is an active reviewer for the Journal of Urology, Urology, Journal of Laparoendoscopic & Advanced Surgical Techniques, and Neurourology &
Una J. Lee, MD
Dr. Una Lee is a urologist in the Section of Urology at Virginia Mason Medical Center in Seattle, Washington and an Assistant Clinical Professor of Urology at the University of Washington. She is originally from Troy, Ohio. Her undergraduate and medical school degrees are from Stanford University. She completed a urology residency at the Cleveland Clinic, and did her fellowship in Pelvic Medicine and Reconstructive Surgery at UCLA with Dr Shlomo Raz. She has a background in basic science research, training in the laboratories of Margot Damaser, PhD and Firouz Daneshgari, MD at the Cleveland Clinic and Larissa Rodriguez, MD at UCLA. Dr. Lee’s clinical practice is focused on the evaluation and management of female pelvic floor disorders. She specializes in incontinence, pelvic organ prolapse and vaginal reconstructive surgery as well as robotic-assisted laparoscopic surgery for prolapse. She volunteers with the nonprofit organization Medicine for Humanity and travels to Mbarara, Uganda to partner with local providers and teach on issues of women’s health including the surgical repair of childbirth injury. She is also a new investigator in translational research for female pelvic floor disorders and conducts collaborative research at the Benaroya Research Institute at Virginia Mason. Her ultimate goal is to provide excellent care for her patients by pursuing a deeper understanding of disease mechanisms and developing safe and effective prevention and treatment strategies.

Jane L. Miller, MD
Dr. Miller received her medical degree from the University of Oklahoma and her urology residency training at UW. After completing her residency, she did a fellowship in female urology/urodynamics here as well.

Pamela A. Moalli, MD, PhD
Dr. Moalli is currently an Associate Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of Pittsburgh with secondary appointments in the Department of Bioengineering, and the McGowan Institute of Regenerative Medicine. Her laboratory is at Magee-Womens Research Institute. After completion of her undergraduate training at Brown University, Dr. Moalli was accepted into the NIH sponsored Medical Scientist Training Program at Northwestern University. Through this funding mechanism she earned a PhD in molecular and cellular biology and obtained her medical degree over a period of 8 years. She served her residency in Obstetrics and Gynecology at Magee-Womens Hospital of the University of Pittsburgh and then completed a fellowship in Urogynecology and Reconstructive Pelvic Surgery at the same institution. During her fellowship, Dr. Moalli received mentorship under the direction of Andrea Larson, PhD to study connective tissue remodeling of the female pelvic floor. Dr. Moalli has been directly or indirectly funded by the NIH since entering medical school in 1986. She progressed from the Medical Scientist Training Program to the Women’s Reproductive Health and Career Development Program (K 12) to become independently funded in several R01 grants and a Co-Investigator on three U01 awards. She has over 95 peer reviewed publications and 9 book chapters. Her publications are equally divided between her laboratory work and her participation in multicenter trials.

Dr. Moalli is director of one of the only laboratories in the United States that employs a basic science approach to study mechanisms that contribute to the development of pelvic organ prolapse and the development of graft materials for use in Urogynecologic procedures. Over the last decade, her major research focus has been on understanding the pathogenesis of synthetic mesh complications which cause significant morbidity in affected women and have been the target of litigation world-wide. In addition, her
group is working on the development of novel regenerative materials that can be used to repair pelvic organ prolapse and urinary incontinence. Additional research interests include mechanisms of maternal birth injury and improving outcomes in women injured during childbirth. Over the past 12 years she has independently organized a multi-disciplinary team with expertise in connective tissue remodeling, soft tissue mechanics, smooth muscle physiology, computational modeling and material sciences. This affords Dr. Moalli’s work a unique ability to draw from multiple systems to answer each research question. She uses human biopsies from a specific pelvic tissue obtained during surgery and then complements these analyses with tissues from nonhuman primates to study the entire structure and rodents to study the entire tissue complex in which the structure is a component.

Dr. Moalli is currently a Co-Investigator in the Urinary Incontinence Treatment Network (UITN) and the Pelvic Floor Disorders Network. As a member of these networks, she participates in multi-centered trials comparing outcomes in women undergoing surgeries to repair urinary incontinence and pelvic organ prolapse and introduces novel translational components. Dr. Moalli has been extensively involved in teaching college and medical students, graduate students, residents and clinical fellows. Her greatest teaching commitment is to the fellows in the Female Pelvic Medicine and Reconstructive Surgery Program at the University of Pittsburgh. As Director of the program, she is responsible for ensuring that the fellows have the appropriate training as clinicians, surgeons and researchers to rise to the top of their field.

Lora A. Plaskon, MD, MS, FPMRS
Dr. Lora Plaskon is a founding member of Athena Women’s Health, and came to her avocation in the spirit of developing a unique place for women’s pelvic health care. Her Midwestern candor, intuition, and clinical acumen has enabled Dr. Plaskon to be an astute caregiver for women’s most intimate pelvic health issues. She is dedicated to the ongoing evolution of improving women’s health care in clinical research, innovation, and advocacy at a national level through her work with the American Urogynecologic Association and American Urology Association. Dr. Plaskon is an engineer, surgeon, epidemiologist, mother, wife, dog-lover, and avid hiker and explorer of the Pacific Northwest wilds.

Heather S. Rader, DPT, PRPC, BCB-PMD
Dr. Heather Rader is a physical therapist who has been specializing in pelvic floor and pelvic girdle disorders for over 15 years and currently works at Sher Pelvic Health and Healing in Maitland, FL. As well as providing one-on-one physical therapy for incontinence, pelvic organ prolapse, and pelvic pain related to orthopedic, neurological, and pre/post natal conditions, she also provides Wellness care and counseling for Pre/Post-Natal Fitness, Prolapse Prevention, Menopause, Osteoporosis, and Pelvic, Bladder and Bowel Health.

She graduated from the University of Miami in 1994 with a Master’s degree in Physical Therapy and in 2011, she completed a Doctor of Physical Therapy degree from the University of St. Augustine. She has been board certified in the use of Biofeedback for Pelvic Muscle Disorders since 2006 and was awarded the Pelvic Rehabilitation Practitioner Certification in 2014. She is the author of VHI’s Exercises for Incontinence and Pelvic Floor Disorders, an exercise and patient education database for pelvic floor rehab professionals and was a subject matter expert and question writer for the Pelvic Rehab Practitioner Certification examination.

Along with her clinical practice, she is on a mission to assist in the national expansion of qualified pelvic floor therapists and to promote awareness of pelvic floor disorders to medical professionals and the community at large. She regularly presents pelvic floor awareness lectures to the community. She is a recurring guest lecturer to physical
therapy programs on the clinical uses of biofeedback and pelvic floor disorders and is on faculty with the Herman and Wallace Pelvic Rehabilitation Institute and Summit Continuing Education. She runs a social media site on Facebook and Twitter called “Team Pelvic Floor”, which posts articles and facts about pelvic floor rehab. She can be contacted through her website - www.ThePelvicPT.org.

Kathryn Rice, PT, DPT  
Dr. Kathryn Rice is a physical therapist and Pelvic Health Center team member at the University of Washington in Seattle. She earned a Bachelor of Science degree in Kinesiology and a Doctor of Physical Therapy degree from the University of Nevada, Las Vegas. She has specific education and training in the musculoskeletal management of pelvic health conditions and is passionate about working with diverse communities, empowering patients with tools to manage their own health.

Leslie M. Rickey, MD, PhD  
Dr. Leslie Rickey is an associate professor in the departments of urology, obstetrics, gynecology and reproductive sciences at the Yale University School of Medicine. After completing her undergraduate degree at the University of North Carolina in biology and history, Dr. Rickey earned her medical degree from Tulane University School of Medicine and an MPH from Tulane School of Public Health in Epidemiology. She completed her residency in urology and fellowship in female pelvic medicine and reconstructive surgery at Loyola University Medical Center. From 2007 to 2013, Dr. Rickey was on the urology faculty at the University of Maryland School of Medicine before accepting her current position at Yale where she is the FPMRS fellowship director. She also serves as director of fellow education for the American Urogynecologic Society and is past president of SWIU. Her clinical practice and research efforts are dedicated to the prevention and treatment of female pelvic floor disorders.

Larissa V. Rodríguez, MD, FPMRS  
Dr. Larissa V. Rodriguez is Professor of Urology and Obstetrics and Gynecology, Vice Chair of Academics and Director of the Division of Pelvic Medicine and Reconstructive Surgery, Beverly Hills at the University of Southern California (USC) Keck School of Medicine and Associate Provost of Faculty and Student Initiatives for STEM and Health Sciences at USC. She completed her medical training and Urology residency at Stanford University and completed her Female Urology, Voiding Dysfunction, and Reconstructive Surgery fellowship at UCLA. Dr. Rodriguez's clinical research focuses on outcomes of vaginal and robotic surgery, quality of life as it relates to pelvic floor disorders, and the pathophysiology and treatment of interstitial cystitis. In the laboratory she is pursuing investigations in the role of stress on urinary symptoms, voiding dysfunction and bladder pain and the use of adipose derived stem cells for urinary reconstruction. She is currently Principal Investigator in an NIH sponsored Multidisciplinary Approach to the Study of Urologic Pelvic Pain (MAPP) research network. She has been a recipient of numerous research grants and has served as reviewer of multiple journals and member of study sections for the NIH and other research foundations. She has been the recipient of multiple research awards from the American Urological Association (AUA), the Western Section of the AUA, and the Society of Urodynamics, Female Pelvic Medicine, and Urogenital Reconstruction (SUFU). In 2008 she was the recipient of the Zimskind Award, an award given by SUFU to an individual with significant contribution to the field of Pelvic Medicine and Voiding Dysfunction within the first 10 years of their career.

Suzette E. Sutherland, MD, MS, FPMRS  
Dr. Sutherland serves as director of UW Medicine Pelvic Health Center at the University of Washington Medical Center, and director of female urology at the
University of Washington School of Medicine in Seattle. As a leader in this field, she is part of the first group of female urologists/urogynecologists to be board certified in the subspecialty of Female Pelvic Medicine and Reconstructive Surgery through the American Board of Urology/American Board of Obstetrics and Gynecology.

She completed her medical degree and urologic training at Case Western Reserve University School of Medicine/University Hospital of Cleveland in Cleveland, Ohio. Dr. Sutherland has gained further specialty training in female urology to include urinary incontinence and voiding dysfunction, urodynamics, neuromodulation, pelvic prolapse and reconstructive surgery, pelvic floor disorders and female sexual dysfunction from the Center for Continence Care and Female Urology in Minneapolis/St. Paul, Minnesota, and from the Institute for Sexual Medicine in Boston. After 10 years with Metro Urology – a large multi-specialty urology practice in Minneapolis/St. Paul – she became a member of the academic community in the Urology Department, University of Washington, Seattle.

She has made numerous contributions to the medical literature in the form of presentations, papers and book chapters on urinary incontinence, pelvic prolapse and sexual health, and takes an active role in training future female urologists both at the resident and fellowship level. Serving as a consultant for pharmaceutical and medical device companies, she provides her expertise and innovative ideas for the future development of female urology. Dr. Sutherland remains active in associated clinical research, staying abreast of the newest developments in her field, with the goal of being able to provide the most up-to-date treatment options for her patients.

Jannah Thompson, MD
Dr. Jannah Thompson is a general urologist and co-director of the Continence and Pelvic Health Center at Urologic Consultants, where she has been working since 2010. She is also on the faculty at Michigan State University. Dr. Thompson earned her medical degree from Michigan State University in 2004. She then went on to complete her internship and residency at the University at Buffalo, part of the State University of New York. Before she joined Urologic Consultants, she worked at Metro Urology, PA, and in the biochemistry division of Henry Ford Health Systems. She is certified by the American Board of Urology, and has specialized fellowship training focused on prolapsed, incontinence and pelvic health disorders.

Elizabeth Williams, MD
Dr. Elizabeth Williams is a urologist at Urology Consultants, Ltd., in St. Louis, Missouri. She received a dual bachelor’s degree in biology and psychology from Saint Louis University in 2000 and continued her studies there, earning her MD with distinction in research from Saint Louis University School of Medicine in 2004. Dr. Williams completed an internship in general surgery in 2005 and a residency in urologic surgery in 2009 from Washington University School of Medicine in St. Louis. She went on to complete a fellowship in female urology and voiding dysfunction at Metropolitan Urologic Specialists in Minneapolis, Minnesota, in 2010.

She is board certified in urology and in the subspecialty of Female Pelvic Medicine and Reconstructive Surgery (FPMRS). She holds memberships in several professional organizations including the American Urological Association (AUA), Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU), International Continence Society (ICS), and is currently the past president for SWIU.
She is the only female fellowship-trained urologist specializing in female urology in the St. Louis area.

**Hadley M. Wood, MD**

Dr. Hadley Wood is an urologist in Cleveland, Ohio and is affiliated with Cleveland Clinic. She received her medical degree from Johns Hopkins University School of Medicine and has been in practice between 11-20 years. She is one of 65 doctors at Cleveland Clinic who specialize in Urology.
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SATURDAY, MAY 13, 2017
SWIU Networking Reception

SUNDAY, MAY 14, 2017
SWIU Annual Breakfast Meeting