President’s Message

By Tracy Cannon-Smith, MD

For those of you who attended the Society of Women in Urology events at the AUA in San Francisco this year, I want to thank you for a wonderful turnout. We were honored with a wonderful presentation by Anthony J. Thomas, Jr., MD, on Virtue Ethics and the Healing (Female) Physician, which will be summarized further in this issue of the newsletter. This year, I would like to explore some topics that perhaps are not pleasant. I would like women urologists to discuss their experiences in urology. We do have an unusual position of a narrow career field that has traditionally been dominated by the male gender. As we know, with 50% of medical school graduates being women, the natural progression is for more women urologists. This trend continues with over 400 women urologists completing their training and another 214 women in training.

One of the key features of our organization is to provide mentorship to women. I guess you could say I have “grown up” under the Society of Women in Urology. I joined the board as a resident member and graduated to a board member upon completion of my residency. I have been mentored by many women through the years. I have received advice from women in academics and private practice. I have received advice on topics from finding a fellowship, finding a job, how to set up my practice, etc. Obviously, no one member of SWIU can provide all the answers. The society wants to facilitate this mentorship by connecting people with mentors who can best help them.

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Mentorship can occur at many levels, including medical students, residents, fellows, women just starting in private practice, women in solo practice, women in academics and women in a single specialty or multi-specialty group practice. Also, mentorship can be provided to many other issues besides career. Life issues such as childbearing, raising children and caring for elderly parents, among others, may uniquely affect women as the primary caregivers in their homes. I certainly don't want to leave out the women urologists who have husbands who are the primary caregivers at home. I hope to provide some information from them about how they make it work in their home.

In providing mentorship to perhaps our resident membership, sometimes the negative has to be heard. I also hope this year to provide some anonymous stories from some of your membership about their experiences during residency and how they handled their situation. The Society of Women in Urology is not here to replace or revise the existing AMA policy on treatment of residents (The AMA Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures and the Guidebook for Medical Society Grievance Committees and Disciplinary Committees), nor do we exist to provide legal advice about different situations that may arise. We do exist to support and mentor women. I, myself, had a wonderful experience in my residency and fellowship. Was it perfect? No! Would I do it again? Yes!

I do encourage readers to write or email. If you want to write your story of your experience and how you handled it, then send it to us! Who knows, it could help the next young woman in her career.

Tracy Cannon-Smith, MD
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Overview of the Annual SWIU Breakfast Meeting
By Elizabeth Williams, MD

The Annual SWIU Breakfast Meeting was held on Sunday, May 30th, at the Hilton San Francisco. If the size of the crowd was any indication, I would say it was a great success. After jumpstarting the morning with a delicious breakfast, the audience had the opportunity to hear from the AUA President-Elect, Dr. Datta Wagle. He gave a comprehensive overview of the focus of the AUA for the coming year. There are a number of areas where the AUA is directing its attention. Some of the areas of focus include completing the standardized core curriculum, expanding research opportunities and becoming more involved in the politics of the practice of medicine.

Attention then shifted from the AUA’s mission for the coming year to how one can become a part of this mission. Mr. Drew Shifflet, AUA Senior Manager for Committee and Society Affairs, gave a great talk on how an individual can get involved with the AUA. He first gave an overview of how the AUA committees are structured and then proceeded to highlight volunteer opportunities at a number of different levels within the AUA. It was helpful to learn that there are numerous opportunities at both the section and national level, each with varying degrees of responsibility. Thus, anyone who is interested in volunteering would be able to find an opportunity, no matter what their time constraints may be.

The next part of the meeting was a great presentation by Dr. Anthony Thomas entitled Virtue Ethics and the Healing [Female] Physician. He did a wonderful job touching on the role women have played as healers throughout the centuries. Speaking to a number of women in the audience after the meeting, many felt this was one of the highlights of the AUA. Dr. Leslie Rickey has included a summary of his talk in this newsletter.

Then, the recipients of the SWIU/SBUR Award for Excellence in Urological Research, Elisabeth Pickett Research Award and SWIU Travel Award were recognized. Each honoree was given the opportunity to share her research findings with the audience. Finally, the meeting concluded with the acceptance of the nomination slate for the 2010 – 2011 SWIU officers/board members. With such wonderful speakers and great turnout, I have high expectations for next year’s meeting. Please join us!
Dr. Marianne Sadar was honored as the recipient of this year's SWIU/SBUR Award for Excellence in Urologic Research. Dr. Sadar is a highly respected researcher in the area of androgens and prostate cancer and is presently a senior scientist, level IV, at the British Columbia Cancer Agency. She serves as the provincial program leader for prostate cancer at the BC Cancer Agency and as honorary associate professor of pathology and laboratory medicine at the University of British Columbia, Canada. Dr. Sadar received her bachelor of science in biochemistry in 1988 from Simon Fraser University in Canada. Indeed, she was recently honored as the outstanding alumni at Simon Fraser University. In 1995, she received her PhD in biochemistry for her work on the regulation and mechanism of induction of cytochrome P450 in rainbow trout (oncorhynchus mykiss) from the University of Bradford, UK and the University of Gotenborg, Sweden. While in Sweden she completed a post-doctoral fellowship at AstraZeneca (Astra Hassle) in the department of drug metabolism and pharmacokinetics (Molndal, Sweden) working with Dr. Tommy B. Andersson. She then returned to Canada for a fellowship in the department of cancer endocrinology at the BC Cancer Agency working with Dr. Nicholas Bruchovsky, a leading researcher in the field of prostate cancer.

Dr. Sadar has an impressive history of grant support. Her current funding exceeds $2.4 million as principal investigator and the work spans a number of areas including studies of novel compounds that inhibit transactivation of the N-terminal domain of the androgen receptor, the preclinical evaluation of sintokamides as agents to treat advanced prostate cancer, the role of interleukin-6 in osseous prostate cancer and other novel approaches for evaluating agents for the treatment of prostate cancer and for blocking androgen receptor activation. As a result of her research in prostate cancer, Dr. Sadar was the 2009 recipient of the prestigious Terry Fox Young Investigator Award.

Dr. Sadar also founded ESSA Pharma, Inc. and currently serves as President and Chief Scientific Officer. She has mentored 13 post-doctoral fellows, seven graduate students and 25 undergraduate students.

This award recognizes Dr. Sadar for her achievements as an outstanding role model for trainees in urologic research, as a successful mentor, a superb researcher and an entrepreneur in the area of prostate cancer research and treatment.

2010 Elisabeth Pickett Research Awards

By Dolores Lamb, PhD

The Elisabeth Pickett Research Awards are used to provide research support to a trained urologist (MD/DO), a urology resident/fellow or post-doctoral basic scientist with an interest in urologic-related diseases and dysfunction. This year's recipients were Drs. Jennifer Taylor and Mary Samplaski.

Dr. Jennifer Taylor is currently a fellow in urologic oncology at the Memorial Sloan-Kettering Cancer Center in New York. Prior to joining the program in 2009, she was a resident in the division of urology at the University of Texas Medical School in Houston, where she also received her MD in 2004. Dr. Taylor, working under the mentorship of Dr. Paul Tempst, will evaluate and document whether exopeptidases have diagnostic value for cancer detection and the ability to distinguish superficial from invasive bladder cancer or an association with clinical outcomes. To do this, she will first establish an inventory of proteins in the urine using a proteomic approach, with a focus on the exopeptidases. She will then investigate the functional activity of specific endopeptidases in serum and urine of all patients with bladder cancer compared to non-cancer controls. Her goal is to test the hypothesis that aggregate exopeptidase activities reflect the effects of modulators and are cancer-specific and cancer-type specific. It is expected that this work will lead to an improved understanding of bladder cancer biology.

Dr. Mary Samplaski is a resident at the Glickman Urological and Kidney Institute at the Cleveland Clinic Foundation. She received her MD from George Washington University School of Medicine. Her studies, under the mentorship of Drs. William Larchian and Warren Heston, will test the hypothesis that biodegradable nanoparticles can be used for the intravesical delivery of the chemotherapeutic agent Sunitinib. Using a prostate specific membrane bound antigen (PSMA), which is highly expressed in the vascular endothelium of nearly all solid carcinomas and sarcomas, to target the bladder cancer, the goal is to first define the effect of the nanoparticle on the Sunitinib uptake, retention and activity, the anti-tumor effect when administered intravesically and intravenously. If successful, the approach is expected to minimize the toxicity of the chemotherapeutic agent, avoid tumor relapse and avoid the development of drug resistance.

Over the last 10 years, the Elisabeth Pickett Research Award has supported the research investigations of 19 promising young urologic researchers at an early stage of their career.

SWIU 2010 Travel Award Recipient: Elizabeth M. Masko, PhD

By Jennifer L. Dodson, MD, PhD

The SWIU Travel Award was established to encourage young urologists and urology researchers to be active participants in SWIU activities and the AUA Annual Meeting. SWIU awards these funds to a woman resident or post-doctoral student presenting her research at the AUA Annual Meeting in order to assist with travel expenses.

This year, the SWIU Travel Award recipient was Dr. Elizabeth Masko, a post-doctoral student in the division of urology, Duke University Medical Center in Durham, North Carolina. Working with Dr. Stephen J. Freedland, Dr. Masko presented three abstracts at the AUA this year, all of which focused on her research on prostate cancer. Specifically, the studies included research on low-carbohydrate diets and prostate cancer growth in mice, and the use of statin drugs as novel therapeutics for prostate cancer in both a murine model and in vitro. Dr. Masko gave an overview of her exciting research at the SWIU Annual Breakfast Meeting on Sunday, May 30, 2010.
Virtue Ethics and the Healing [Female] Physician
By Leslie M. Rickey, MD

Dr. Anthony J. Thomas, Jr., MD, the invited speaker at the Annual SWIU Breakfast Meeting in San Francisco, is a professor of surgery in the Glickman Urologic and Kidney Institute and also a member of the bioethics department at the Cleveland Clinic. He spoke about feminist ethics as an integral part of virtue ethics, and why the “ethic of care” is so relevant to today’s health care. Although increasingly sophisticated technology and devices are available that can positively impact our ability to treat patients, the healing process also appears to depend on more intangible factors such as empathy, compassion and communication. This philosophy is reflected in the teachings of Dr. Mary Jacobi (1842 – 1906) that “human compassion and pure science are equally essential to the practice of good medicine.”

The ethic of care is based on the traits of caring, nurturing and developing relationships, traits traditionally considered “feminine” traits, thus the term “feminist ethics.” The importance of these traits has been borne out in studies demonstrating strong associations with quality patient care, the patient’s perceived experience and other outcome metrics. The tradition of women as healers can be witnessed as far back as Greek mythology, reflected by inclusion of the goddesses associated with health and healing in the Hippocratic oath “I swear by Apollo the Physician... and by Hygieia and Panacea...”

Dr. Thomas became interested in “virtue ethics,” and in particular, females as healers, after conducting a study of physicians using a scale that measured empathy (Jefferson Scale of Physician Empathy). He found that while age and years in practice were not associated with empathy measures, female physicians were consistently more empathetic than their male counterparts, unless a male had experienced a major illness within the last 10 years. These findings led him to further explore how women learned to care and why women are often considered “natural healers”: is it due to “nature” or “nurture”?

He recommended two books that were instrumental in his investigation – Caring and In a Different Voice. According to Dr. Thomas, Nel Noddings (in her book, Caring) suggested that natural caring leads to ethical caring and that in women, the ability to care rises out of memory of being cared for. Carol Gilligan, the author of In a Different Voice, considers feminine ethics and healing to be rooted in a strong sense of responsibility towards others rather than on the male approach of respecting individual rights. As a physician, empathy is the capacity to relate to the inner experience of patient. This ability appears to come more naturally to women versus perhaps being “learned” by men, as demonstrated by the ability of a major illness to equalize male and female empathy measures in the previously mentioned study. Perhaps it is this innate “feminist” attribute that allowed female healers to persevere throughout times of hardship and by Hygieia and Panacea...

In summary, it seems that good physicians must not only be guided by a sense of justice and duty to deliver high quality patient care, but perhaps more fundamentally be motivated by the desire to heal...

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The SWIU Women Leaders in Urology Forum
By Jennifer L. Dodson, MD, PhD

The SWIU Women Leaders in Urology Forum was held this year at the AUA on June 1, at the Hilton San Francisco. Jerilyn M. Latini, MD, assistant professor of urology at the University of Michigan, led a discussion on Recurrent Bladder Neck Contractures After Prostatectomy with panelists Rou Wang, MD, from the University of Michigan, Jennifer Anger, MD, MPH, from University of California Los Angeles and Jill C. Buckley, MD, from the Lahey Clinic Medical Center. The forum was very well attended, and generated discussion on a clinically challenging and important problem. The goal of the forum was to allow participants to evaluate the best management for men with recurrent bladder neck contractures after radical prostatectomy.

Dr. Jerilyn M. Latini began the forum by introducing the problem of Recurrent Bladder Neck Contractures After Prostatectomy with an overview and a compelling clinical case. Posterior urethral stenosis after radical prostatectomy is an infrequent complication. The overarching goal in these patients is to restore normal lower urinary tract function and continence. Most are responsive to urethral dilation or cold knife direct visual internal urethrotomy (DVIU), but some may require transurethral resection (TUR BNC). When DVIU and TUR are ineffective for recurrent BNC, what are the options?

Dr. Rou Wang, a current chief resident at University of Michigan, continued the discussion focusing on the endoscopic management of this problem, emphasizing the evidence for the use of steroid injection in these patients. Endoscopic management including dilation, incision or transurethral resection is the first line therapy, and is least invasive. Local injection of steroids into the contracture can reduce inflammation and inhibit fibroblast growth, thereby reducing contracture formation. Dr. Wang pointed out that triamcinolone is the recommended agent when performing steroid injection therapy for bladder neck contractures.

Dr. Jennifer Anger, assistant professor of urology at UCLA, then discussed management of recalcitrant bladder neck contractures after prostatectomy, and described the benefits and drawbacks of the use of urethral stents for recurrent bladder neck contractures. Dr. Anger divided this patient population into four conceptual groups: (1) those with asymptomatic contracture, (2) those with symptomatic contracture and stress urinary incontinence, (3) those with intractable contractures and (4) those with total obliteration of the lumen. Patients in groups one and two can be managed initially with endoscopic incision. Patients in group three have intractable contractures and undergo multiple contracture incisions and self-calibration, often followed by the need for artificial urinary sphincter placement. These patients are placed on a self-catheterization schedule along with nitrofurantoin prophylaxis. Patients in group four need re-canalization with antegrade and retrograde endoscopy, cold knife or electrocautery incision and resection. If these patients have a re-obliteration, they are then candidates for SP tube and potentially a continent stoma, or ileovesicostomy. In select cases, a uretome stent can be considered, along with artificial urinary sphincter placement. It is important to keep in mind that any patient who is a candidate for urethroplasty should not have a uretome placed. A uretome stent is a “last-ditch effort” before SP tube is undertaken.

Dr. Jill C. Buckley, assistant professor of urology at the Lahey Clinic, then spoke about posterior urethral reconstruction for refractory bladder neck contractures after radical prostatectomy. Surgical options for these patients include open reconstruction via a perineal, abdomin al or perineal-perineal approach with or without pubectomy. Another option includes urinary diversion. The philosophy of management for these patients is to exhaust all endoscopic options first. It is crucial to consider the patient’s health prior to surgery; radiation and cancer stage when planning surgical management. In determining the surgical approach, one must take into consideration the amount of scar present, the sources of nearby vascularized tissue for transfer if needed, previous radiation, presence of a bulbar membranous urethral stricture, rectourethral fistula and the continence status of the patient. Benefits of the perineal approach include good access for an anastomotic repair...
and the possibility of using tissue transfer techniques. Drawbacks to this approach include potential to damage continence, and the need to mobilize the membranous urethra. In contrast, the abdominal approach allows better exposure if a separation defect is present, ability to mobilize the bladder neck, and to perform partial pubectomy. An additional benefit is that one can often preserve continence if using this approach. The combined abdominal and perineal approach offers the best exposure, allowing complete mobilization and an optimal tension-free anastomosis. However, the external urinary sphincter can be damaged using this approach, potentially requiring artificial urinary sphincter placement.

At the conclusion of the forum, there was a question and answer period, during which Dr. Anger discussed the need for more research in this area, for example, studies comparing the efficacy of balloon dilation versus DVIU in this population. In conclusion, post-prostatectomy BNC, though infrequent, can be a challenging clinical problem. The goal of management of patients with BNC is to restore normal lower urinary tract function and continence when possible.

Christina Manthos
Mentoring Award Recipient and Networking Reception
By Elizabeth R. Mueller, MD

Dr. Donald Skinner, a pioneer in the surgical treatment of bladder cancer, was recognized by SWIU for the exceptional role he has performed as a mentor to the male and female urology residents who have had the great fortune of working under him. While Dr. Skinner could not attend the presentation award, he spoke to Immediate Past President, Dr. Elizabeth Mueller, by phone and shared his appreciation to SWIU for the award. At the Tuesday, June 1, reception, Drs. Reyblat and E. Skinner accepted the award for Dr. Donald Skinner and shared a few words about the man they had nominated. The following excerpt is from the nomination letter and is followed by the short biography about Dr. Skinner written by Dr. Reyblat.

“From Dr. Skinner, we learned how to think, how to diagnose, how to operate and how to challenge ourselves and others to be the best we can ever be. He was always there for us not only professionally, but also personally, always understanding the difficult balance between career and family many of us had to maintain throughout residency and fellowship years.”

Dr. Donald G. Skinner is a pioneer in the surgical treatment of bladder cancer. He is recognized as a "surgeon's surgeon" as well as author, mentor, academician and educator.

Born August 5, 1938, in Joliet, Illinois, he received his BS from Wesleyan University in Massachusetts. Following graduation from Wesleyan in 1960, he entered Yale Medical School, married Shirley Lee Kenyon in 1962, and celebrated birth of the first of his 5 children and award of his medical degree in 1964.

Following his graduation from Yale, he completed two years of general surgery training at Massachusetts General Hospital, where he came under influence of Drs. Wyland F. Leadbetter and John Donahue, who uncovered his passion for urology. After two additional years of general surgery in the US Air Force, he began his formal urology training under mentorship of Dr. Leadbetter. Heavily recruited following completion of his training, Dr. Skinner accepted a faculty position at UCLA, where, from 1971 through 1979, he served as an assistant and associate professor of urology under chairmanship of Drs. Willard Goodwin and Joseph Kaufman. In 1980, he took over as head of the fledgling urology program at USC, at that time a clinical division.

Under his uncompromising dedication, leadership, tutelage and skill, the department has gained worldwide recognition and respect for groundbreaking cancer treatments and research advancements, and for training the finest urologists and urologic oncologists.

Throughout his career, Dr. Skinner’s research interest has been in the field of urologic oncology and reconstructive surgery. He considers “attention to detail” and surgical technique critical to his successful training of more than 100 urology residents and fellows (the first women-urology resident at USC was accepted in 1982. The United States had only 22 women urologists at that time). Author of six books, 114 book chapters, over 300 peer-reviewed articles and 18 films on urological techniques, he has earned the high esteem of his colleagues, the accolades of prestigious organizations and the gratitude and love of students and patients.

His numerous awards include: the Huggins Medal (the highest honor presented by SUO), the Gold Cystoscope Award, Grayson Carroll Prize, Ramon Guiteras Award and the Barringer Medal.

Retired from the active practice of urology in early 2009, he enjoys spending time with his family (including eight grandchildren). He also continues to mentor his current and past residents and remains active in promoting USC and raising funds for clinical research.

Networking Reception as Lively as Ever

The 2010 SWIU Networking reception followed the exceptional forum on male reconstructive surgery that was led by Jerilyn Latini, MD and involved participation by Jennifer Anger, MD, MPH, Rou Wang, MD and Jill Buckley, MD.

Following the lively discussion and impressive display of surgical talent, the participants and faculty walked next door to start the Networking Reception that was sponsored by Pfizer, Inc., American Medical Systems, Allergan, Ethicon Women’s Health & Urology, Watson Pharmaceuticals and Astellas Pharma US, Inc. There were over 75 participants representing residents, AUA members and our industry sponsors. We were particularly honored to host many of Dr. Donald Skinner’s former residents and fellows who had come to honor his role in their career.

The only formal part of the evening, the Christina Manthos Mentoring Award, was presented by Dr. Elizabeth Mueller, immediate past president of SWIU, to Drs. Reyblat and E. Skinner who accepted the award in Dr. Donald Skinner’s absence. A very moving part of the presentation was when Jean Fourcroy, MD, came to the microphone to explain the origin of the award. Christina Manthos, MD, was a woman urologist who developed breast cancer in her residency and later died of the disease at a young age. The award was started to honor her memory and the faculty mentors, Dave McCloud, MD and Craig Donatucci, MD, who were consistently supportive of her throughout her residency and her fight with breast cancer.

One of Christina Manthos’ colleagues also spoke about how when Christina was facing the final recurrence that took her life, she took her final boards. Along with being a wife and mother, it was essential to her that she become board-certified in urology. They remarked about her tireless energy, her engaging spirit and her desire to live. On that moving note, the award to Dr. Skinner was presented and the evening continued with what we all do so well … talk and listen to one another!”

Under his uncompromising dedication, leadership, tutelage and skill, the department has gained worldwide recognition and respect for groundbreaking cancer treatments and research advancements, and for training the finest urologists and urologic oncologists.
Resident’s Corner
By Michelle “Jo” Semins, MD

This article marks the end of my term as resident board member for SWIU. And this transition also marks the beginning of the end of my residency. With 6 official months left in my formal residency program, a lot of self-reflection begins. What do I want to do with my life? Well, sure, I want to be a doctor. And, sure, I want to be a urologist. But, I’m there! I am finally there! Now, what EXACTLY do I want from my career? And, more importantly what do I want out of LIFE? For many of us, our life up until this point is our career, and our career is our life. This has definitely been true for me. For as long as I can remember, my goal has been to be a surgeon. And with that goal, as we all realize, came many sacrifices.

With this as my last article, I reflect back on the other newsletters that I wrote for SWIU. The first was about the growing number of women in the medical field. The second recalled my amazing Super Bowl experience as a Steelers fanatic. And the third described the support I received after breaking my arm playing soccer just before starting as chief resident. So, what do these articles reveal about me? Well, as a whole, they reveal how inspired I am by the other women in our field who sacrificed greatly to achieve and how important my career is to me. And, they remind me that there are many things outside of medicine that are important to me.

So, as a young woman preparing to start my career, I ask myself again: “what do I want to do with my life?” That answer no longer is just to be a urologist, but to be a urologist who lives life. Sure, there will still be sacrifices. But now I will also sacrifice for my other loves as well. I want family, travel, biking, sports, and, of course, something that is hard to find, love. So, as I make my decisions of where to go and what to do, I consider all aspects of life. My career has started and I am happy. And, I truly believe that I will continue to be happy no matter where I go, because the same philosophy that got me here today will carry me through the remainder of my career: if you want something badly enough, work hard and you’ll get it.

But how can I ensure holistic happiness? So now, I turn my attention to the rest of my life. And I reflect. I reflect on everything besides urology and I ask myself, what will make me truly happy? There are wonderful opportunities for me and my career across the world. But, how I decide ultimately where I will end up will depend on my heart. My family and my love will guide me. No regrets. I know your career can be what you make of it, wherever you go. But, what you come home to is what completes you. Now, I am still struggling with my destiny because I have so many loves in my life. But, shouldn’t I be happy that I have so many loves in my life to struggle over?

I learned a lot during my two years at SWIU as I observed this strong group of women continuing to sacrifice, sometimes for their careers, sometimes for their families and loves. And, I learned a lot during my two years at SWIU as I observed this strong group of women continuing to sacrifice, sometimes for their careers, sometimes for their families and loves. For this, I thank all of them and am so glad I had the wonderful opportunity to get to know them. I hope they realize what an impact they have had on my career and my life. They have all helped to guide me, probably without realization, in my future decision-making. So, thank you SWIU.
Letter to Outgoing Chief Residents
By Elizabeth Williams, MD

To All the Chief Residents:

Congratulations on your upcoming graduation from residency. This milestone represents the culmination of close to a decade of hard work and perseverance. Of course, your journey is far from over. In addition to starting a new job, and a new life, you will be studying for and taking your oral boards in 18 months.

We wanted to take a minute to tell you a little more about SWIU. What started as a breakfast meeting at the AUA of five women urologists over 20 years ago has evolved into a dynamic group of women urologists with approximately 400 board certified members and over 250 candidate members. Our mission is to represent all women who have chosen to pursue a career in urology. We provide our members with spring, summer and winter newsletters, an interactive website and updates on current issues that affect all of us in urology. We also have an extensive program at the AUA that includes the Sunday morning breakfast meeting, the Women Leaders in Urology Forum and networking events. These events are highlighted in this edition of the newsletter.

As a urology resident, you have been included as a candidate member of SWIU and your dues have been underwritten by private and industry contributions. We invite and encourage you to continue your membership as an active member in our society. I have been an active member of the society for the past three years and have found it to be a great networking opportunity and a rewarding experience.

We look forward to getting to know you better.

Elizabeth Williams, MD
Board Member, SWIU