

The Society of Women in Urology



N E W S

SUMMER 2008

President's Message

Harriette Scarpero, MD



For those of us who work at academic centers and likely also for many of our colleagues in private practice, the AUA is one of the last big agenda items before the end of the calendar year. I still haven't fully recovered from this past AUA, and cannot believe that July is here. July means another year and a new crop of residents for me. Some days I think, "here we go again, hop back on the treadmill." Most days' thoughts of a new year reinvigorate me. I am a sucker for the nostalgia of the start of a new school year. I still feel the need to buy new pens and notebooks!

I am happy to report that the SWIU events at the recent AUA were all quite successful. I would like to thank all our members who supported them, our executive board (especially our immediate past president Dr. Elizabeth Bozeman), and Weiser and Associates (especially Ann Marie Bray, Donna Kelly, and Wendy Weiser). They did a tremendous job of managing the logistics of our events, getting our events on the AUA calendar, and building our corporate memberships.

This year we enjoyed an address by the AUA President-Elect, Dr. John M. Barry and an informative socioeconomic talk by Dr. John House at the Sunday morning breakfast. The Tuesday evening "Women Leaders in Urology" CME forum featured a panel of several esteemed urologists discussing "BCG: Success and Failures." This is our third such

event, and it seems to be growing each year. The week's events culminated in our annual networking reception Tuesday night. In addition to being a wonderfully fun social gathering, at this lively venue we had the pleasure of honoring the Christina Manthos Mentoring Award winner, Dr. Tamara Bavendam, and the accomplished young women urologists who have been awarded SWIU research and travel awards. Because of the volume of remarkably qualified research proposals submitted this year, the SWIU executive board voted in favor of supporting three women urologists instead of the usual two. The board believes that supporting women clinician scientists, even with a modest award, is important and directly honors our mission "to support the professional advancement of women urologists, to encourage public education regarding urologic issues, and to promote urologic research." We were able to provide the additional monetary award because of the money raised through corporate sponsorships.

As we move ahead as a society, pivotal issues facing us include fiscal viability, retention of resident members, and strategic planning for our growth. Financial support from industry is becoming much harder to obtain. Unrestricted educational grants are in most cases applied for via time consuming online grants applications, and the award process is competitive. Numerous grants are required to support just one event such as our breakfast, and if we are committed to continued support of research by women urologists then we are obliged to find new revenue sources. Corporate memberships have been one such successful venture. Corporate members have no voting rights, but they are given one hour to meet with the executive board yearly, and during that time they can ask questions, obtain opinions or other information of interest to them. The executive board has made a commitment to be available for these meetings. We continue to explore other opportunities to raise money for the SWIU mission.

A remarkable component of SWIU's future is that our membership stands to almost double in the next five years because of the growing numbers of women in urology training. Current active member counts stand at 326 as of December 2007, and candidate member counts are 302 for the same time period. It is imperative that we continue to reach out to those women in training to let them know how SWIU can be helpful to them and their careers. Additionally, we must keep ourselves relevant and aware of whom our membership is:

private practice urologists and academicians including basic science researchers. However, our membership is composed primarily of women urologists in private practice. Keeping the society relevant to the practice of urology today is crucial to our strategic planning. One of the best ways to do this is to keep our board balanced as well. We are proud that over the years we have been able to recruit hardworking, dedicated women from academia and private practice and from several different AUA sections to participate on the SWIU board.

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This mixture of women provides valuable differences in experience and perspective. If any active members reading this have an interest in participating on the board, please contact one of the other current board members or me. Our process for identifying future board members is really that simple.

Finally, I would like to address strategic planning for SWIU as I would personally like to guide it during my presidency. SWIU was one of the first AUA societies to recognize the power of mentorship and develop programs to actively support it (mentoring program and mentoring manual). This is an important part of our service to members that should be maintained and nurtured. In the past few years, under the guidance of several very strong and forward thinking presidents, SWIU has made credible strides toward identifying education initiatives as another important product we offer members and nonmembers.

Our Women Leaders in Urology CME event at the AUA is an example of one such program. This year I will lead SWIU to investigate another initiative to organize efforts to educate other women physicians about urologic issues in their local communities. The program could be a mechanism to involve more women urologists with SWIU as well as to develop leadership skills for involved individuals. I also plan to organize SWIU forces at state and sectional levels to both assist in reaching out to the candidate members (residents) in the sections, but also to help identify women with an interest in AUA leadership positions. Since leadership in the sections is the portal to the AUA, it is necessary to help our members get nominated and elected to positions within their respective sections.

It is an honor for me to serve SWIU this year. I would whole-heartedly invite feedback from the membership about the direction of SWIU this year and beyond. If you attend or plan to attend your sectional meeting this year and are interested in assisting SWIU at your sectional meeting please contact me. Thank you for your support of the organization and please help us continue to serve the career needs of women in urology. ♦

Harriette Scarpero, MD

Third Annual SWIU Women Leaders in Urology Forum BCG: Success and Failures—

By: Melissa Kaufman, MD, PhD

My thesaurus is weary of searching for appropriate adjectives to illustrate what a truly extraordinary CME event SWIU was honored to sponsor at the 2008 AUA meeting in Orlando, Florida. Cheryl T. Lee, MD, Director of the Bladder Cancer Research Program at the University of Michigan, coordinated a talented panel of women to provide insight into some of the significant questions concerning management guidelines for superficial bladder cancer. With an evidence-based approach, the panel discussed the clinical predicaments of non-invasive bladder cancer, clarified the terminology used in describing BCG responses, presented data to instruct on which chemotherapeutic agent to use and when, defined what determines treatment failure, and finally provided guidance on recommendations for proceeding to cystectomy in the patient with non-muscle invasive disease. The session began with an overview by Dr. Lee reviewing evidence for the efficacy of BCG as a therapeutic option. The meta-analysis data presented favors BCG over other modes of intravesical chemotherapy. Current expectations with BCG treatment suggest patients can anticipate a 70% response rate, however approximately 34% will experience disease recurrence. Dr. Lee outlined the data indicating that at 3 years, it is estimated 50% of patients will enjoy a durable response, and that BCG treatments may reduce progression of disease. However, the panel counseled on the need for maintenance BCG therapy to improve efficacy. Dr. Lee then summarized an exceedingly informational set of parameters for defining BCG intolerance and toxicity as well as explained what characterizes disease as BCG refractory, BCG resistant, and what delineates relapse.

Dr. Eila Skinner, Associate Professor of Urology at the University of Southern California then imparted a plethora of practical advice on measures to take when BCG fails. The first lesson was how to accurately assess BCG failure by 1) not evaluating the patient too early following treatment, 2) utilizing secondary courses of BCG where indicated, and 3) insuring the upper tracts and prostate are cleared of involvement. Options for salvage of true BCG failures were detailed with the caveat that surprisingly few randomized studies actually

apply when evaluating this patient population. The section proceeded by instructing the audience on an optimized mitomycin C instillation regimen for use in appropriately selected patients. However, it was finally noted that high-risk patients have a significant risk of progression, thus Dr. Skinner's session was followed with information regarding cystectomy for non-muscle invasive disease.

Dr. Theresa Koppie, Assistant Professor of Urology at the University of California, Davis, began by describing the risk stratification for non-muscle invasive bladder cancer and when early counseling concerning cystectomy for intermediate and high risk patients is appropriate. Also detailed were common reasons for delaying cystectomy, paramount of which is the conviction by some urologists that it is necessary to document muscle invasion prior to proceeding with extirpative surgery. Dr. Koppie further communicated pragmatic advice for counseling patients concerning understaging, disease progression, and cystectomy outcomes with non-muscle invasive disease.

Additionally participating in the panel discussion was Dr. Carol Salem, Director of the Minimally Invasive Robotic Surgery program for the Hillcrest Urological Medical Group of San Diego. Following the didactic presentations, Dr. Salem and members of the panel responded to an array of audience questions, with time eventually expiring on the session due to the animated discussion.

SWIU was privileged to provide such a depth of expertise on BCG therapy from these prestigious leaders at this AUA forum. We are genuinely appreciative of the substantial effort by Dr. Lee and her panel for constructing this exceptional educational presentation. We additionally applaud the SWIU members able to attend and benefit from the panel's generous sharing of their collective knowledge. The Women Leaders in Urology CME program is an evolving entity and thus we welcome any feedback or suggestions for future topics that may be of particular interest to the SWIU membership. Login to www.swiu.org for links to upcoming events and contact information for members of the board of directors, or drop an email to info@swiu.org with your ideas or commentary. As always, the growth of the Women Leaders in Urology program and SWIU in general revolves around your participation and continued belief in our fundamental mission to support the advancement of women urologists. ♦

Announcement of the AUA Resident Travel Award Winner

By Jennifer L. Dodson, MD, PhD

This year, the board of directors of the Society of Women in Urology was thrilled to award the annual AUA Resident Travel Award to Stephanya Shear, MD, MPH. Dr. Shear is a urology resident at the University of Rochester, and has participated in a recent International Volunteers in Urology mission to Kumasi, Ghana, in Western Africa. Her presentation at the annual IVU Med reception held in conjunction with the AUA was entitled "Pediatric Surgery in West Africa: IVU Med's experience in Kumasi Ghana". She also presented her experience in Ghana at the SWIU reception at the AUA. ♦

SWIU Networking Reception at AUA, May 20th, 2008

By Tracy Cannon Smith

The SWIU networking reception at the AUA 2008 meeting was better attended than ever. The event started with announcing the winner of the Christina Manthos Mentoring Award. This award was founded to honor the memory of an esteemed colleague whose life and career were sadly curtailed by breast cancer. SWIU, as a means of perpetuating the

flame of her inspiration and honoring her memory, has established an annual award to recognize those men or women who demonstrate extraordinary mentoring skills in supporting the career of a female urologist. SWIU was proud to give the award to Tamara Bavendam, MD. Her vast experience in urology has enabled her to mentor countless women in urology including medical students, residents, fellows, and women in private practice and in the academic setting.

The 2008 Elizabeth Pickett Award winners were also announced at the networking reception. The Elisabeth Pickett Research Award Program makes funds available for small research grants for basic science or clinical urologic research. This year we had three winners. Katie Ballert, MD presented briefly her work on the role of Tamm-Horsfall protein in host defense against urinary tract infections. Nadya Cinman, MD summarized her study of the effect of warm ischemia on post operative renal function following laparoscopic versus open nephron sparing surgery. Aimee Wiltz, MD then discussed her research on the micro RNA expression profile of urothelium and high-grade urothelial carcinomas.

Lastly the 2008 Travel Award Winner was announced. This award is designed to assist with the travel expenses of women residents presenting their research at the podium or poster sessions of the AUA annual meeting. This year's recipient was Stephanya Shear, MD. She received an award amount of \$1,000.00 for her presentation of her experience with International Volunteers in Urology in delivering Pediatric Urology surgical care in Kumasi, Ghana.

Following all of the award presentations, there was a great opportunity for women urologists, residents and medical students to discuss everything from urology practice patterns to their families. This forum encourages mentoring of medical students and residents by urologists more advanced in their careers. We were pleased to see business cards and e-mail addresses exchanged. We hope the networking will continue to expand at the AUA in Chicago next year. ♦

Annual Breakfast

By Elizabeth W. Bozeman, MD

Our annual breakfast meeting May 19th at the AUA was a huge success. The turnout continues to rise. It was great to see a mix of new and established colleagues, not to mention the residents and fellows.

After a brief welcome I introduced our AUA president-elect John Barry, MD. He addressed the agenda for the next few years of the AUA and asked for our support. Following this Dr. John House entertained us as our keynote speaker. A more detailed article about his lecture is included in this issue but suffice it to say his talk, "Large Urology Group Practice and Why Urologists (Who Happen to be Women) Should Know About Them," was fascinating if not a little frightening. He answered questions briefly at the end and then stayed until the meeting concluded to answer a dozen more.

The next business of the morning was the awards. Dolores Lamb, PhD was awarded the SBUR / SWIU Award for Excellence in Urology Research by Cathy Naughton, MD. Ms. Barbara Gordan praised the recipient of the Interstitial Cystitis Advocate of the Year Award, Vicki Ratner, MD.

Our attention was then turned to the annual business meeting. The newly certified and recertified members were recognized and congratulated. Lifetime members as well as the board of directors and past presidents were also recognized and asked to stand.

The new slate of officers and board members were presented by our immediate past president Cathy Naughton, MD. After a confirmatory vote I passed the gavel to our new president Harriette Scarpero, MD.

I believe we had a successful year and look forward to our growing numbers and our strength within the AUA. Thank you to last year's board for all their work and support. I am proud to have been of service! ♦

Message from the Editor

By Dr. Jennifer Gruenfelder

SWIU is seeking articles for this newsletter. We would particularly be interested in articles from someone in private practice on aspects of your practice management and from an academic urologist on issues relating to work in the university setting. If you would consider a regular column twice a year, it would be welcome. If you are a resident, consider writing occasionally on issues related to your training. And if your research involves any aspects women's roles as urologists, this would be a great forum for dissemination of your studies. Please email me at jgruenfelder@hotmail.com with your thoughts.

Society of Women in Urology



2008 - 2009

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FOUNDED IN 1980

Residents' Corner

By Elizabeth Reichert Williams, MD
Washington University School of Medicine

After four long years, I am finally a chief. I am conflicted with feelings of both joy and fear. I finally get the best cases, no primary call, and control of my own service (for the most part). But with those perquisites come chief responsibilities—the lecture series, guiding the new residents, and managing my own complications. In addition to all this, I am trying to prepare for fellowship and to trying find a job. I am sure there are many women in SWIU who can sympathize with my situation.

As tough as all of this is, I have a feeling that leaving next year will be even more difficult. The outgoing chiefs said goodbye to us a few days ago, about to embark on the next phase of their careers. You could see the mixed emotions on their faces. I know each will go on to be extraordinary urologists, but it was hard to see them go. They have been my mentors and friends for the past four years, and they have left an indelible mark. I find comfort in the fact that urology is a small community, and I will likely bump into them from time to time. I would like to take a minute to congratulate all of the outgoing urology chiefs nationwide, and in particular at my home institution, at Washington University. You have left large shoes to fill. ♦

Book Review: Chasing Daylight: How My Forthcoming Death Transformed My Life

By Eugene O'Kelly, McGraw Hill, 188 pages

Where I attended medical school, the opening anatomy lecture was given by a very senior full professor, who stated that working with the dead was what separated doctors from everyone else. No one else has permission to take knives to people and to dissect bodies. We were to approach the task as a privilege. And then he reminded us that ultimately all bodies fail. All medicines fail. Everyone dies. And then, in spite of a reformed curriculum that was supposed to humanize medicine, the subject ended. Most of us learned about death and dying much later, on the job. And we probably inadequately counseled our patients because we did not know quite what to say. This book is a helpful learning tool to think about the process.

Eugene O'Kelly seems an unlikely author. He started his career as an assistant accountant at KPMG and ended it as its CEO. His description of his daily life and his rise to such a prestigious position calls to mind the titans in Wolfe's *Bonfire of the Vanities*. He initially presents with headache and a facial droop. He describes his visit first to the neurologist and then to the neurosurgeon. Ultimately he receives the diagnosis of glioblastoma multiforme, and he is told that he only has three months to live. And unlike some patients, he understands this and does not immediately blame the doctors. The chapters on his initial diagnosis are informative about bedside manner. Some of us may have an idea about how to deliver this kind of news. Each patient has an idea about how they would have wanted to receive it. Their perspective is important.

Mr. O'Kelly has a remarkable gift, which apparently served him well in his career, for processing information and making changes based upon new developments and not old plans. And thus he quickly retires and begins to plan his death, and he writes about it with startling clarity. He chooses to have radiation but chooses against chemotherapy, and he writes a very thoughtful discussion of the risks and benefits. He makes a plan for saying good-bye to his friends and his family. The plan reflects his training in business. He draws circles of people and measures their closeness to them, and then he proceeds to have good-bye meetings systematically working inward from his close acquaintances to his dear friends. And, of course, he is never able to bid a proper farewell to his thirteen-year-old daughter or his wife, because how could you ever really say good-bye? He dies before the completion of the book, three and a half months after his diagnosis.

Mr. O'Kelly may be the kind of patient who walks into the office and tells you how it is going to go, and not everyone who reads this book will feel a need to have known him better. But I think it should be required reading for medical students being introduced to the process of death and dying. We will all have to shepherd patients to their deaths, and we will all have to go through this ourselves some day. He offers insight and perspective about how it can be managed. ♦

Women in Urology Career and Lifestyle Questionnaire

By Lori Lerner, MD

Many of you will recall the Women in Urology Career and Lifestyle Questionnaire sent out last spring. We are happy to report that the data has been entered and we have begun the long task of pulling out the noteworthy and reportable information (of course, I find all of it extremely interesting!). I would like to thank all of you for participating and to share with you some of the results we have found, but do expect much more to come in the next year.

We had a list of all 365 American Board Certified women urologists. We were able to attain accurate mailing information and send the survey to 354 women. Our two mailings yielded a fabulous response rate of 69%. I guess most of you were as interested in the findings as we were!

This was my first foray into the world of surveys. Rather than painfully try to create my own, I found a survey that had been used by Plastics and ENT, leading to several publications, and figured that someone else had done all the work of determining the important questions. Lucky me! Unfortunately, like all surveys, we still encountered our fair share of discrepancies, potential inaccuracies, confounding factors, and administrative/typographical errors. And naturally, after going through our results, we found ourselves saying "If only we had asked X" or "I wish we had asked the question this way" or "I wish we had asked more about that". Some of the results were fascinating, but we needed more information and we found ourselves in the unfortunate position of considering another survey or doing the best we could with the data we have. We have chosen the latter so you can all breathe a sigh of relief. While you are going through some of this information, keep all your questions in the back of your head and if we can drill down on some of them with the data set we have, we're happy to do so. But if not, realize we did the best we could and if we had it to do all over again, it would have been a much longer survey!

Despite the shortcomings, there is a wealth of information that we received, since we asked over 100 questions! Included is a table of many of the interesting findings. It was easiest to present these as percentages because while 243 women returned completed surveys, not all questions were answered. Of course we do not know why some women chose not to answer certain questions, one of the confounding issues with the data set, so reporting the numbers as percentages of the responses for each individual question is the most accurate. In some instances, I thought you would be interested in seeing raw numbers, so those are included.

Enjoy going through these results. And if any of you have feedback, want to collaborate, or have questions, please do not hesitate to contact me. There is a lot of information and I would be happy to have some help getting all this published. That being said, we have successfully evaluated Maternity Leave and Breastfeeding Factors (abstract written) and Pregnancy Complications (abstract to be presented at the New England Section Meeting in September and at the American College of Surgeons in October). ♦

Currently married	81%
Divorced at least once	17%
Never married	9%
At least one biologic child	67%
Of the women with biologic children:	
1 child	25%
2 children	53%
3 children	18%
4 children	5%
Currently married to a physician (all specialties, including surgery)	41%
Currently married to a surgeon	25%
First choice of medical school	72%
Number of women who graduated in the top 5% of their class	40
Number of women who graduated in the top 6-10% of their class	43
Number of women who graduated in the top half of their class (including the above)	170
First choice of residency	64%
Number of women who transferred into Urology from another field	33 (14%)
Percentage of women in 6 yr residencies	64%
Percentage of women in 5 yr residencies	29%
Number of women who entered fellowships	100 (42%)
Happy with decision to become a Urologist	88%
Currently in active full time clinical practice	84%
Work a 5 day work week	69%
Work a 4 day work week	20%
Most common work hour group: 41-60 hrs/wk	59%
Salary: \$200-250,000	27%
Salary: \$250-400,000	36%
Primary responsibility for running household:	
Equally shared with spouse	57%
Yourself	24%
Hired help for household chores/cleaning	81%
Did NOT interrupt training for >6 mths due to family responsibilities	95%
Percent of women who felt they were uncertain or NOT adequately involved in their children's activities	36%
Percent of women who felt that this lack of involvement was related to work	95%
Percent of women who felt that having children affected their career progress	52%
If they could do it all over again, most women would have the same number of children	91%
Despite work frustrations cited, most women would have children at the same point in their careers	66%
Most women are moderately or completely satisfied with their financial status	89%
Most women are moderately or completely satisfied with the work they do	92%
Most women are moderately or very happy with their marriages	83%



Dues are Due!

Help keep SWIU thriving! If you haven't paid your dues this year, please submit payment today. You can pay your dues quickly and easily online at www.swiu.org. Or, call the SWIU office at (847) 517-7225 for assistance.

Address Corrections Requested

Please notify the SWIU of any changes in your contact information, including change of address, phone or fax numbers, and email address. This information is only disseminated to the membership and is used for networking, one of our primary missions. Thank you.

REMEMBER SWIU WITH CHARITABLE DONATIONS!

As we approach the end of the year and you plan your yearly donations to the charities of your choice, remember SWIU. Your donations will be used to support our research awards, mentoring program and other member benefits.

Society of Women in Urology

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