President’s Message
By Nancy Huff, MD

It was my great pleasure to ascend to the presidency of SWIU during the Annual AUA Meeting in Washington, DC. For those of you unable to attend our Annual Breakfast Meeting and our society’s other events in May, I encourage you to peruse the articles in this newsletter for summaries of the exciting events.

I was personally pleased and honored that AUA President Dr. Sushil Lacy addressed our membership during the Annual Breakfast Meeting. He gave a detailed presentation on the state of affairs for urology in the US. He applauded the increase in the overall numbers of women urologists and, in particular, the number of women presenters at this year’s meeting. He encouraged SWIU members to pursue leadership positions within the AUA, and he highlighted the AUA Leadership Program as a means for urologists to become more involved with the AUA. Traditionally, AUA members work through their sections to ascend to leadership positions within the AUA. Recently, however, an open application process has been instituted for the Secretary and Treasurer positions of the AUA in order to facilitate broader access between the AUA and its members. I encourage all of you to consider leadership positions within your sections and the AUA at large.

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During the Annual Breakfast Meeting we were also fortunate to hear an excellent presentation by Dr. David Penson on Improving the Quality of Surgical Care. Dr. Penson is an American Foundation for Urologic Disease Health Policy Research Scholar who also holds a Masters in Public Health. His particular expertise in healthcare policy and healthcare reform rendered his presentation in Washington especially salient and topical.

The three recipients of this year’s Elisabeth Pickett Research Awards were outstanding indeed, and each gave impressive presentations during the Breakfast Meeting. Please take time to review Dr. Lamb’s article on these three exceptional women.

I would also like to recognize and congratulate the members of this year’s Women Leaders in Urology Forum. Dr. Linda Shortliffe assembled an excellent panel, including Drs. Carol Bennett, Hillary Copp, Martha Terris and Ellen Shapiro. Each spoke with great knowledge and authority on the topic of Antimicrobial Prophylaxis: GU Use and Abuse.

Old and new acquaintances alike were entertained by magician Matthew Furman at this year’s Networking Reception, and I would like to thank the staff of WJ Weiser & Associates for making this possible. During the Networking Reception, our Christina Manthos Mentoring Award Winner, Dr. Steven Siegel, was recognized as an outstanding mentor to women urologists and as an outspoken advocate for the professional development of women in our field. Thank you, Dr. Siegel.

Increasing our society’s presence and impact at the Annual AUA Meetings has been an achievement of our membership of which I am particularly proud. I wish to thank each and every one of you for paying your dues and making donations to SWIU as this is how our society is able to give out our research awards and to facilitate recognition of the achievements of women in the field of urology.

I would like to thank you for giving me the opportunity to serve you as your president, and I pledge to carry out the SWIU mission statement: to support the professional advancement of women urologists, to encourage public education regarding urologic issues and to promote urologic research.

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**Women Leaders in Urology Forum – Antibiotic Prophylaxis: GU Use and Abuse**

By Melissa Kaufman

We extend gratitude to the many SWIU members present for the exceptional Women Leaders in Urology Forum at the 2011 AUA. As always, additional commitments precluded some from attending the forum, thus we hope in this brief overview to share some of the valuable knowledge offered. Linda Shortliffe, MD, chair and professor of urology at Stanford University, assembled a remarkable panel to discuss a topic of universal significance to urologists—antimicrobial prophylaxis.

The theme of this forum afforded attendees an increased awareness of the terrifying complications of antibiotic resistance and our contribution and responsibilities as urologists to understanding and controlling this epidemic. The panelists convened by Dr. Shortliffe were a remarkable assembly truly representing the current and future leaders of urology. How tremendously fortunate we are to have these women as active participants in our society. Panel members included four very dynamic and experienced practitioners spanning from pediatric urology to urologic oncology, including Carol J. Bennett, MD, professor and chief of urology, West Los Angeles VA Healthcare Center, University of California, Los Angeles; Hillary Copp, MD, assistant professor, University of California San Francisco; Martha Terris, MD, chair and professor of surgery, Georgia Health Sciences University; and Ellen Shapiro, MD, professor and director, pediatric urology, New York University. Synopses of the panel discussions are not meant to be exhaustive, but to provide the most clinically applicable session highlights.

Dr. Shortliffe initiated the dialogue with a general outline of the scope of the topic of antibiotic use and misuse. Generally, there is no aspect of urologic practice where these issues are not in question. When are antibiotics efficacious in the urinary tract? What about the growing number of antibiotic-resistant organisms? Why are there an increasing number of patients hospitalized following outpatient procedures such as transrectal ultrasound guided prostate biopsy? Where is the evidence-based medicine in the practicing urologist? Why are my patients increasingly suspicious of antibiotic use or lack thereof? What is appropriate prophylaxis for surgical and clinic procedures? The list of questions is daunting and the information provided by the panel was illuminating and often unexpected.

Dr. Bennett, an esteemed member of the Guidelines Panel responsible for creating the Best Practice Policy Statement on Urologic Surgery Antimicrobial Prophylaxis, began the considerable task of outlining the guidelines for antibiotic prophylaxis and use with catheterization and transurethral procedures. She provided an excellent review of the levels of evidence utilized to determine the evidence based guidelines which were constructed by the AUA. Source material may be accessed at http://www.auanet.org/content/media/antimicro-prop08.pdf. Dr. Bennett reviewed the general concepts of microbial pathophysiology and host response prior to embarking on a review of the AUA Best Practice Policy on Antimicrobial Use.

With regards to catheter management, Dr. Bennett recapped the AUA recommendation for no prophylaxis except for those patients with elevated risk such as advanced age, prolonged hospitalization or anatomic abnormalities of the urinary tract. The policy statement does indicate that noninfectious urinary tract disease is a risk factor for developing bacteremia in the presence of bacteriuria, thus antimicrobial treatment at the time of catheter removal following urinary tract surgery may be warranted.

Primary means of preventing catheter associated infections were reviewed including use of a closed drainage system but not including topical agents or chronic prophylaxis. Some more surprising information was the exceptional differences between the AUA and European recommendations, speaking broadly to the lack of high quality data upon which the recommendations are created.

Recommendations for transurethral procedures were also reviewed including the duration of prophylaxis. Time was short for such a protean topic, and we recommend further review of the actual guidelines at the website provided above which have been compiled into an easily accessible table encompassing the range of urologic procedures and surgeries.

Next Dr. Copp, panelist for the AUA guideline: Management and Screening of Primary Vescicoureteral Reflux (VUR) in Children reviewed current recommendations for the use of antibiotic prophylaxis these patients. First she skilfully discussed why this topic remains so important for the urologist. Up to 40% of children presenting with urinary infections have concomitant VUR with the associated risks of pyelonephritis, renal scarring and systemic disease. With a resolution rate for VUR of approximately 13% per year, recent debate regarding the risks and benefits of antibiotic prophylaxis has emerged. Dr. Copp recapped data from six randomized controlled trials which formed the basis of the AUA Guidelines and counseled on several critical evaluation and management strategies. Please refer to the source document at http://www.auanet.org/content/guidelines-and-quality-care/clincial-guidelines/main-reports/vur2010/AuthorsAndSummaryReport.pdf for further details. First, she emphasized that the guidelines were defined for populations of children less than one year of age and greater than one year of age as the risk profiles are
disparate. The major focus of the guidelines is individual assessment of the patient and therefore all children with VUR are not to be treated similarly. These guidelines recommend prophylaxis for all patients with documented VUR less than one year of age and for older children, a thorough evaluation for possible bladder and bowel dysfunction (BBD) prior to assigning treatments. In addition to risk stratification based on grade of reflux, age, sex, and BBD, the clinician must also assess potential family compliance with treatment and follow-up regimens to determine optimal therapy to decrease morbidity from this remarkably common condition.

Dr. Shapiro, another distinguished member of the AUA Guideline Panel Management and Screening of Primary Vesicoureteral Reflux (VUR) in Children, outlined recommendations for the use of prophylaxis in patients who have been diagnosed with prenatal hydronephrosis, found in 1 – 5% of all pregnancies. Although no strong evidence is present in the literature regarding which neonates are ultimately at risk for UTI, the incidence of VUR in neonates with prenatal hydronephrosis is approximately 16%. The incidence of reflux is greater in female neonates and the risk in male neonates is dependent on circumcision status. In neonates with a normal postnatal ultrasound, the panel could not determine the risk or impact of prophylaxis. The AUA guidelines recommend a thorough consultation with the family regarding the risks and potential benefits of prophylaxis and to consider voiding cystourethrogram in patients with high grade hydronephrosis or hydroureter, bladder abnormalities, or a history of urinary tract infection while on observation.

Dr. Martha Terris, recently profiled in the SWIU Newsletter upon her ascension to chair of the Department of Urology at Georgia Health Sciences University, proceeded to provide an invigorating discussion regarding use of antibiotic prophylaxis in transrectal ultrasound (TRUS) guided prostate biopsy. Current guidelines recommend a fluoroquinolone or second/third generation cephalosporin, but expanding antibiotic resistance patterns in addition to recent data describing increased hospitalizations following TRUS biopsy raises concern that these recommendations do not provide adequate therapy. She reviewed the mixed data regarding pre-procedure enema as well as the rapidly increasing fluoroquinolone resistance profiles seen in antibiograms throughout the country.

Dr. Terris then described how common antimicrobial products which are currently aggressively marketed may actually be significantly contributing to the marked antibiotic resistance increase most prominently encountered by urologists. The offending agent she described as Triclosan (2,4,4’-trichloro-2’-hydroxydiphenyl ether), a chlorinated aromatic compound used as a synthetic broad-spectrum antimicrobial agent and present in a wide variety of antimicrobial soaps. Triclosan is currently under investigation by the FDA due to concerns of strain selection for resistance to fluoroquinolones and tetracycline among other antibiotics. Fortunately, Dr. Terris described how these Triclosan tolerant strains actually have an increased susceptibility to aminoglycosides. Currently in her practice, the agent of choice to cover patients undergoing prostate biopsy is 160 mg gentamicin. Also discussed was the critical information that the commonly employed alcohol-based hand sanitizers are not subject to these resistance concerns.

Dr. Shortliffe then directed several case presentations focusing on cardiac and orthopedic prophylaxis, neonatal prophylaxis and use of antibiotics in adolescents. Highlights included the panel recommendations to utilize cardiac prophylaxis primarily for patients with artificial valves, cardiac transplant or prior episodes of endocarditis. Additionally, when evaluating the adolescent with urinary infections, assessment for sexual activity and BBD as well as febrile infections is prudent prior to initiating extensive radiologic evaluation. An exceptional opportunity for attendees to directly question the panel then produced valuable clinical pearls regarding antibiotic use in mesh implants, urologic prosthetics, recurrent UTI, and complex reconstructions such as bladder augmentation.

We are extremely grateful to Dr. Shortliffe and all the panel members for graciously sharing their cumulative expertise on this critical topic. Please plan on attending next year’s Women Leaders in Urology event at the AUA and we encourage you to share any ideas for topics of particular interest by contacting us at info@swiu.org with your comments and suggestions.
Congratulations to This Year’s SWIU Award Winners:

From left: Tamra E. Lewis, MD, Elizabeth Anne Williams, MD, Steven W. Siegel, MD, Alok S. Desai, MD, Sneha S. Vaish, MD, Aimee L. Wiltz, MD.

Christina Manthos Mentoring Award:
Steven W. Siegel, MD
By Tamra Lewis and Elizabeth Williams

The 2011 Christina Manthos mentoring award was awarded to Dr. Steve Siegel. Dr. Siegel earned his medical degree from the University of Michigan and completed his urology residency at the Cleveland Clinic in Cleveland, Ohio, in 1986. He then established and served as the head of the Section of Female Urology and Urodynamics at that institution until 1993 when he moved to St. Paul. Dr. Siegel is the director of Metro Urology’s Center for Continence Care in St. Paul, MN. He is also the director of a Metro Urology’s fellowship program in female urology and voiding dysfunction, and has trained and been a mentor to many women urologists. In his nomination letters, Dr. Siegel was credited for his humor, his common-sense approach in treating patients, and for creating relationships and opportunities for younger women urologists with urological societies and industry. Upon receiving the award, Dr. Siegel thanked SWIU and stated that it was a great honor to be recognized by his peers in this capacity.

SWIU/SBUR Award for Excellence in Urologic Research: Linda A. Baker, MD
By Dolores J. Lamb, PhD

This award is designed to recognize the contributions of superb female scientists with established achievements in urologic research. This year’s awardee is Dr. Linda Baker, professor of urology and pediatric urology at UT Southwestern Medical Center. Dr. Baker trained at the University of Louisville where she obtained her MD and at the University of Virginia where she did her residency training in urology. She was an American Foundation for Urological Disease Research Scholar for two years at the University of Virginia and then trained at the Johns Hopkins Medical Institution in Baltimore for her pediatric urology post-doctoral fellowship. Dr. Baker is a urologist whose clinical and research interests focus on congenital genitourinary abnormalities such as hypopapigeas, cryptorchidism and the other intersex disorders. She has been honored with several awards, including a research award from the AAP section of urology and the Merck Young Investigator Award from the Society for Basic Urologic Research. She has been a prolific basic and clinical researcher funded by the NIDDK Institute of the NIH and has over 81 publications spanning many aspects of pediatric urology and basic urologic research.

SWIU Travel Award:
Gina M. Badalato, MD

Dr. Gina Badalato received this year’s SWIU Travel Award for her abstract presented at the AUA entitled, “Immediate Radical Cystectomy versus Conservative Management of High Grade cT1NOMO Bladder Cancer: Is there a Survival Difference?” 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. Congrats to Dr. Badalato!

Elisabeth Pickett Research Award:
Cynthia See-Ming Fok, MD; Kathleen Hwang, MD; Stacy Loeb, MD

The SWIU 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. Cynthia See-Ming Fok, Kathleen Hwang, and Stacy Loeb.

Dr. Cynthia S. Fok is a fellow at the Loyola University in Chicago, IL. She received her MD from the University of Wisconsin and her residency training at Loyola University. Her studies, under the mentorship of Dr. Kimberly Kenton, associate professor of obstetrics and gynecology, will focus on overactive
bladder and the urinary microbiome. Currently, researchers are attempting to identify all of the microorganisms found in both normal and diseased individuals (microflora or community of microbes). Studies of the microbiome of the bladder reveals significant biodiversity in the bacteria found in women’s bladders and perturbations in these bacteria may be associated with the development of irritative symptoms or overactive bladder, even in women with a normal bladder culture. If successful, the approach is expected to provide novel insights into the etiology of lower urinary tract conditions in women.

Dr. Kathleen Hwang is currently a fellow in the division of male reproductive surgery at Baylor College of Medicine in Houston, Texas. Prior to joining the program in 2009, she was a resident in the department of urology at the University of Virginia School of Medicine in Charlottesville, VA. She received her MD in 2004 from New York Medical College. Dr. Hwang, working under the mentorship of Drs. Larry L. Lipschultz and Dolores J. Lamb, is working on the regenerative potential of adult Leydig progenitor cells in the testis. She will test the hypothesis that the Leydig cell progenitors share common characteristics with other tissue adult stem cells as well as with mature Leydig cells and these characteristics can be used to enhance purification. The goal of this work is to define the relative purification of these stem cells achieved by flow cytometry and other methods, the conditions to enhance or optimize repopulation of the interstitium following transplantation and the conditions for long-term storage of the progenitors. Her long-term goal is to develop these regenerative medicine techniques to restore androgen production to aging hypogonadal men with low circulating levels of testosterone due to andropause.

Dr. Stacy Loeb is a Resident at the Johns Hopkins School of Medicine in Baltimore, MD. She received her MD from Northwestern in Chicago, IL. Her studies, under the mentorship of Drs. Patrick Walsh, William Catalona and Fritz Schroder, will focus on identifying and characterizing the ‘excapees’—those men who develop metastases or die of prostate cancer despite screening. She will test the hypothesis that earlier and more frequent screening would result in fewer patients who die from prostate cancer. To test this hypothesis, she will examine the populations from two different screening strategies with different ages of screening initiation and different intervals of PSA testing. The goal is to identify an improved screening algorithm, which will hopefully result in greater PSA specific mortality reduction without leading to over diagnosis. Dr. Loeb believes that to achieve this goal, she will have to identify the cancers that rapidly and aggressively progress despite current diagnostic efforts.

Over the last 10 years, the Elizabeth Pickett Research Award Program has supported the research investigations of 16 promising urologic researchers at an early stage of their career.

Networking Reception
By Elizabeth R. Mueller

The 2011 SWIU Networking reception followed the exceptional forum on urinary tract infections that was led by Dr. Linda Shortliffe and her co-faculty Drs. Carol J. Bennett, Hillary L. Copp, Martha K. Terris and Ellen Shapiro.

Following the excellent updates and case discussion, the participants and faculty walked next door to start the networking reception, which was sponsored by Pfizer, American Medical Systems, Astellas Pharma US, Inc., and Uroplasty. There were 83 participants representing residents, AUA members and our industry sponsors. The highlight of the evening was the presentation of the Christina Manthos Mentoring Award to Dr. Steven Siegel. We were particularly honored to host many of Dr. Siegel’s current and former residents and fellows who had come to honor his role in their career.

Christina Manthos, MD, was a woman urologist, who developed breast cancer in her residency and who later died of the disease at a young age. The award was started to honor her memory and the faculty mentors who were consistently supportive of her throughout her residency and her fight with breast cancer. Dr. Siegel has always exemplified this level of support and mentoring for all of the residents and fellows who have interacted with him.

Dr. Penson’s Talk at Breakfast Meeting
“Improving the Quality of Surgical Care”
By Leslie M. Rickey

We were honored to have David F. Penson, MD, MPH, professor of urology and director of the Vanderbilt Center for Surgical Quality and Outcomes Research, as our keynote speaker at the annual SWIU breakfast at the AUA on Sunday, May 15. The topic of his talk was “Improving the Quality of Surgical Care.” As physicians, we should be invested in improving the quality of care we deliver in order to achieve better patient outcomes. In addition, as surgeons, we should pay attention to the Quality Improvement (QI) Initiative as one third of healthcare costs are attributable to surgery. Reducing excessive surgical complications will not only benefit our patients, but lower healthcare costs as well.

Most of us would admit that while we are doing well, there is always room for improvement. So, how do we become “the best?” Some of the issues are: What measures do we use? How do we evaluate change? How is feedback provided to hospitals and surgeons? Finally, how to pay for it? An ideal system not only has measurable outcomes to evaluate the effect of processes that are implemented, but also has a feedback component for individual hospitals and surgeons which can be imported from one hospital to another. One could start at the local level, for example with surgical checklists, which have been shown to reduce complications and mortality. However, checklists developed at a particular institution may not be transferable to outside healthcare systems. There are also national and regional QI databases such as the National Surgical Quality Improvement Program (NSQIP) developed in 1992. NSQIP follows patients undergoing inpatient surgery at the associated institutions and tracks pre-, intra-, and post-op data. Hospitals are provided with ratios of observed/expected events, but the feedback mechanism is not standardized, which may limit the ability of the institutions to effect change. The Centers for Medicare and Medicaid Services sponsored Surgical Care Improvement Program (SCIP) uses reportable performance measures, however there are no outcome measures. Therefore, it is impossible to know whether the implemented processes have any impact on QI or benefit to patients. The Society for Thoracic Surgery database is an example of a specialty-specific registry and logs an enormous amount of data. This system seems to work well if there are a limited number of cases performed, but is labor intensive and costly. In addition, it is unclear whether surgeons get feedback on their individual performance. One innovative program, the Michigan Surgical Collaborative, is funded by Blue Cross/Blue Shield and is administered by the individual hospitals. There are quarterly meetings among hospital administrators and surgeons to review data and discuss ways to improve quality, and hospitals share their experience and processes. This cooperative program has resulted in decreased morbidity and mortality across all involved hospitals.

When quality measures are used to assess physician performance, the definition of “quality” indicators becomes challenging due to the variety of medical
specialties and healthcare delivery systems. The pay for performance model represents a shift from payment for services to payment for results and meeting certain performance measures. Medicare’s Physician Quality Reporting System (PQRS) currently gives bonus payments for reporting on QI measures, but starting in 2015 there will be a penalty for not reporting. Some of the general measures, such as timing of antibiotic administration, VTE prophylaxis and use of EHR are applicable to urology, but improved, more specific measures are needed.

The quality and success of a surgery cannot always be measured by morbidity and mortality. Process measures must be validated by outcomes in order to identify successful programs, and performance measures will not only vary between specialties, but also from case to case. Who better to create and implement specialty and surgical specific measures but the surgeons themselves? Our experience and expertise is vital to the creation of practical and useful measures of surgical performance, and AUA members have already become part of the process. Nine prostate cancer performance measures were developed with AUA input and recently approved by PQRS and 5 stress urinary incontinence measures are up for approval as well. As we all strive to be “the best,” it is essential that we, as surgeons, lead the effort to improve QI measures or we risk being policed by alternative cost-based performance programs based on somebody else’s rules.

SWIU Meets at Southeastern Section
By Melissa R. Kaufman

For some unknown reason, much of my experience at the SESAUA meeting, which was held adjacent to the bustling French Quarter in New Orleans, is a bit hazy. However, one event does indeed stand out as an exceptional experience. SWIU hosted a lovely reception at the NOLA Marriott lounge on Friday evening prior to the Resident's Night Out. With generous support from American Medical Systems, we enjoyed the company of 12 women members and residents, representing superior attendance for our inaugural event. In addition to discussion of the scientific content of the meeting and general introductions, the residents and practicing urologists shared in a candid conversation regarding capitalizing on our SWIU connections and developing these resources to their fullest potential. We discussed at length expanding the opportunities for mentorship and involvement at the sectional level perhaps with a lunch or dinner meeting to facilitate discussion and plan strategy. As we have been counseled on multiple occasions by colleagues, one of the foremost mechanisms to gain involvement at the national level is participation at the sectional level. We certainly envision this to also be the case with our SWIU sectional meetings, as these grassroots collaborations can generate unanticipated alliances in a remarkably refreshing environment. Many thanks to all who participated and we hope to preserve this momentum by formalizing the event for next year’s sectional meeting March 22 – 25, 2012 at The Ritz-Carlton in Amelia Island, Florida.

Members Corner

SWIU would like to congratulate Lori Lerner, MD, for her appointment to Associate Professor at VA Boston Healthcare System in October 2010.

Congratulations to SWIU Resident Representative Vannita Simma-Chiang, MD on the birth of her son, Ryan Jarukiat Chiang born on July 3, 2011.

Do you have any professional or personal achievements you would like to share with SWIU? Please send information to info@swiu.org. SWIU is proud of its members’ achievements and would like to recognize them through the Members Corner in the SWIU Newsletter.

SWIU at the Residents Forum
By Leslie M. Rickey

President Nancy Huff and I were fortunate to be able to give a short presentation at this year’s AUA Resident Forum on Saturday, May 14. We highlighted SWIU events at the AUA as well as the benefits of SWIU membership such as networking opportunities, mentorship and research awards. We hope to see the residents at the sectional meetings where we are increasing our visibility by holding informal gatherings. Finally, I learned of the incredible growth of women in urology when I was provided with the following statistics: while 5% of board certified urologists in the US are female, 23% of US urology residents are female! SWIU looks forward to continuing its role as a resource for women in urology while we look for innovative ways to meet the needs of our increasing number of members.

SWIU Gatherings at Section Meetings

Plan to Attend SWIU at NCS...

North Central Section Gathering
Date: Thursday, October 20, 2011
Time: 6:00 p.m. – 7:00 p.m. (before Theme Night)
Location: Hotel Lobby Bar
Hosts: Elizabeth Mueller & Tamra Lewis
1st Annual Meeting
SAVE THE DATE!

This is an exciting time for our society as we are currently planning our first stand-alone meeting. Your board has been working with WJ Weiser & Associates over the last few board meetings to strategize on hosting an Annual SWIU meeting. Our aim is to provide important and unique educational and networking opportunities for our members that exceed what is currently available to us at the sectional and general annual AUA events. We’re excited to offer a three day program featuring a male reconstructive cadaver lab, a robotics surgery video session, a hands-on simulation and procedural training session, as well as lectures on female sexual dysfunction and refractory OAB.

Hope to see everyone there!

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Resolve to start your new year at the
Society of Women in Urology
Inaugural Clinical Mentoring Conference
January 13 – 15, 2012
JW Marriott Camelback Inn
Scottsdale, Arizona

- For program information, please see the SWIU website: www.swiu.org
- Residents scholarships available!
- Registration information available soon!

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Residents Corner
By Marina Cheng

The SWIU gatherings this year provided an opportunity for residents to discuss pertinent and controversial issues in antibiotic use with experts in urology during a very intimate and relaxed atmosphere. The cocktail party and other presentations highlighted the activities, recognitions and support that SWIU provides to up-and-coming female urologists. The annual AUA meeting is always an exciting venue, especially for urology residents in training. There are many opportunities available to meet and talk with well-known names in urology, learn about new technologies and educate oneself in the latest topics that are discussed in our field. A meeting of this magnitude continues to provide an inspirational reminder to upcoming urologists from around the globe of why they chose such an intriguing field. 📚
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