



Connecticut Urology Society

Annual Educational Meeting and Expo

Thursday, October 10, 2019

8:00 am - 5:00 pm

Program

Connecticut
Urology
Society

The Aqua Turf Club • 556 Mulberry Street • Plantsville, Connecticut

UROLOGY EXHIBITORS

Platinum

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Myriad Genetics, Inc.

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Mission Statement

The mission statement of the Connecticut Urology Society is to serve, represent and advance the science and the ethical practice of Urology in the State of Connecticut. Our target audience includes urologists and their staff, including, nurses, PAs, medical assistants, scribes, office managers and front office staff.

The Society promotes excellence in patient care and education in Urology through the sponsorship of an Annual Scientific meeting.

The Connecticut Urology Society is dedicated to providing communication and fellowship to the members of the Urologic Community in Connecticut through these meetings.

The programs are an opportunity for urologists to identify and discuss critical issues facing their profession and are designed to meet the clinical and educational needs of its members and the objectives set forth by the CT Urology Executive Board. Specific competency, performance and patient outcomes will be proposed by speakers and evaluated by participants.

(approved 10/11/18 Executive Committee)

8:00 Registration – Breakfast with Industry Friends

8:15 Opening Remarks

– Joseph Wagner, MD, President

8:20 Making MUSIC

– James Montie, M.D.

Objectives: 1. To describe infrastructure needs of a quality collaborative. 2. Identify MUSIC's quality initiatives and implementation tactics.

9:00 Transperineal Prostate Biopsies

– Benjamin T. Ristau, M.D., MHA

Objectives: 1. To describe infectious risks associated with traditional transrectal prostate biopsy and how these risks are mitigated using the transperineal approach. 2. Conceptualize how transperineal prostate biopsy may offer better access to certain regions of the prostate which have been historically difficult to sample. 3. Learn the technique for transperineal prostate biopsy including the local anesthetic block.

9:40 Current Evaluation and Management of Patients with Complex Urethral Stricture Disease

– Noel Armenakas, M.D.

Objectives: 1. Enhance their knowledge in the evaluation and management of patients with complex urethral stricture disease 2. Effect improved outcomes in urethral stricture patients afflicted with outlet obstructive and irritative voiding symptoms.

10:20 Coffee with Vendors - Station Sponsor-Hitachi

10:50 The Challenge of Improving Surgical Outcomes at a State Level

– James Montie, M.D.

Objective: Identify strategies to measure and modify outcomes after radical prostatectomy.

11:25 What Urologists Should Know about Testosterone Therapy

– Abraham Morgantaler, M.D.

Objectives: 1. Attendees should gain understanding of the indications for testosterone therapy 2. Attendees should gain understanding of the risks of testosterone therapy 3. Attendees will gain improved understanding of the relationship between testosterone and prostate cancer.

12:05 Lunch with Vendors - Business Meeting

12:45 A Guidelines Approach to Genitourinary Trauma

– Noel Armenakas, M.D.

Objectives: 1. To identify key elements in the evaluation and management of patients with any injury to the genitourinary tract 2. To describe outcomes in patients presenting with genitourinary tract injuries.

1:20 Prostatic Artery Embolization for Treatment of Symptomatic Benign Prostatic Hyperplasia

– Rajasekhara Ayyagari, M.D.

Objectives: 1. To identify the indications and contraindications of Prostatic Artery Embolization 2. to identify the procedural details and outcomes of Prostatic Artery Embolization.

2:00 Coffee, Tea and Delicious Pastries

2:30 An Introduction to Communication to Enhance Health Outcomes

– Mark D'Agostino, M.D.

Objectives: 1. To describe the rationale for greater openness when there has been disappointment with care and possible injury associated with medical or systems error. 2. To describe others' perceptions of the situation. 3. Identify steps to take before, during, and after a disappointing outcome 4. To describe and respond constructively to the emotional and ethical challenges in these situations. 5. To improve the practice the disclosure skills in a variety of clinical situations.

3:30 Lawsuit Against Generic Drug Manufacturers and How This 44 State Coalition Anti-Trust Lawsuit Will Affect Healthcare in CT
– William Tong, CT Attorney General

Objective: 1. To describe the alleged conspiracy to artificially inflate and manipulate drug prices. 2. Identify the schemes used to inflate prices, decrease manufacturing and fix prices.

4:00 Wine & Cheese Tasting Event

5:00 Certificates and Door Prizes

This activity has been planned and implemented in accordance with the Essentials and Standards of the Connecticut State Medical Society through the joint sponsorship of CSEP and The Connecticut Urology Society. CSEP is accredited by the CSMS to provide continuing medical education for physicians.

CSEP designates this educational activity for a maximum of 6.25 AMA PRA Category I Credit(s)[™] toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she spent in the activity.

Please note: No certificates will be handed out without completing and handing in the CME Evaluation Form suggested topics and speakers and outcome measurement questionnaire at the end of the program.

FACULTY



Noel Armenakas, M.D.

Dr. Armenakas is a board-certified urologist and is nationally recognized as an expert in lower urinary tract reconstruction. He is sought after by patients suffering from complex urethral strictures and injuries. He is an Attending urologist at Lenox Hill Hospital and Clinical Professor of Urology at Weill Cornell Medical College. He served as the Lenox Hill Hospital Urology Residency Program Director from 2009-2013. Dr. Armenakas practices General Urology with a sub-specialty interest in patients requiring reconstructive procedures.

Noel A. Armenakas, MD - standing For the past 20 years, he has taught the widely acclaimed post-graduate Trauma and Reconstruction course at the annual American Urological Association meeting each spring.

He enjoys spending time with family and has an active lifestyle of swimming, skiing, tennis and cycling.



Rajasekhara Ayyagari, M.D.

My training began in Urology, and as my career in Interventional Radiology continues to unfold, I find myself gravitating progressively towards the practice and advancement of cutting-edge urologic interventions. After taking on Dr. Robert White's active varicocele embolization practice when he retired, I was invited to run a workshop

on varicocele embolization with Dr. Jeffrey Pollak at the international Society of Interventional Radiology meeting two years in a row. My work spawned an invitation to write a chapter on varicocele embolization in a prominent IR textbook. This chapter thoroughly describes the workup, technique, and outcomes data for percutaneous embolization of varicoceles, thereby providing practicing interventional radiologists with all the information they need to perform this procedure. I then first-authored a study describing a novel technique of placing drainage catheters through the bladder to treat pelvic fluid collections that would otherwise have to be treated with open surgery. I was honored with an invitation to speak about such advances in urologic interventions at the National Medical Association annual meeting. However my career really began to take shape after the advent of prostatic arterial embolization for the treatment of benign prostatic hyperplasia. I determined to become a leader in the development of this procedure and began performing it five-and-a-half years ago. My first case was a success, and within a couple of years I was able to nurture that single referral into one of the largest prostate embolization practices in the country. As I collected my outcomes data, seeing first-hand how well the body tolerates prostate gland embolization and the success we can have with transarterial prostatic treatments, I was prompted to re-examine the locoregional treatment paradigm for liver cancer. I realized that we are on the verge of another revolution in medicine: the development of the locoregional treatment paradigm for prostate cancer. Moving

forward, I plan to shape my career as an academic interventional radiologist around the development of minimally invasive treatments for benign and malignant prostatic disease. I have teamed up with others in our department to develop MRI-guided prostate biopsy and tumor ablation, and I hope to begin investigating arterial embolization as a treatment for prostate cancer. I joined forces with a multi-disciplinary group organized by Yale urologists to help lead the effort to establish Yale as a world-class center for comprehensive and revolutionary prostate disease treatment.



Mark D'Agostino, M.D.

Dr. Mark D'Agostino graduated from the University of Health Sciences/The Chicago Medical School in 1989. He completed his residency at McGaw Medical Center of Northwestern University. He is board certified in otolaryngology/head and neck surgery and sleep medicine, and practices in Middletown and New Haven, Connecticut. Dr. D'Agostino is one of a handful of surgeons in the country who pioneered new surgical treatment for severe obstructive sleep apnea and lectures nationally and internationally on the subject. Dr. D'Agostino has been a CMIC Group Board Member since 2009 and is currently serving as the Treasurer of CMIC Group Board of Directors and Treasurer of CMIC RRG Board of Directors. He also serves as the CMIC Group Chair of the Finance & Audit committee and is a member of the Claims, Executive, Governance, Loss Prevention and Underwriting committees.



James E. Montie, M.D.

*CURRENT POSITION: Emeritus Professor
of Urologic Oncology
Department of Urology
University of Michigan Medical Center*

James E. Montie received his M.D. degree in 1971 from the University of Michigan. He completed his urologic surgery residency at the Cleveland Clinic Foundation in 1976 and, after 2 years in the Air Force, proceeded to Memorial Sloan-Kettering Cancer Center in 1978 to study urologic oncology. After stents at the Cleveland Clinic and Wayne State University, in 1995 he joined the University of Michigan with the rank of Professor of Surgery and was awarded the Valassis Professor of Urologic Oncology the following year. He was promoted to Head of the Section of Urology in 1997 and was Founding Chairman of the Department of Urology in 2001, a position he held until 2007. He was a co-principal investigator in the University of Michigan Specialized Program of Research Excellence (SPORE) in prostate cancer from 2000-2012. He is a founding member and past president of the Society of Urologic Oncology, a member of the American Association of Genitourinary Surgeons and the Clinical Society of Genitourinary Surgeons.

In 2005, he established the Division of Health Services Research (HSR) in the Department of Urology at Michigan. This has grown to be the largest and arguably most prominent Urologic HSR group in the world. He is a founding Co-Director of the Michigan Urologic Surgery

Improvement Collaborative (MUSIC), which has 240 participating urologists in the State of Michigan contributing prospective data on quality improvement interventions for prostate cancer care. There are now >50,000 patients in the population-based MUSIC registry since initiation in 2011.

Dr. Montie has >320 peer-reviewed publications and 81 chapters.

Dr. Montie received the John K. Lattimer Medal from the American Urologic Association (AUA) in 1998. In 2006 he received the Achievement Award from the Society of Urologic Oncology and in 2007 he received the Distinguished Contribution Award from the AUA. In 2009, he was awarded the St George National Medal from the American Cancer Society. In 2011, he was awarded the Distinguished Achievement Award from the University of Michigan Medical Center Alumni Society. In 2016, he was awarded the Lifetime Achievement Award from the AUA and the Distinguished Mentor Award, Michigan Institute for Clinical and Health Research, University of Michigan.



Abraham Morgentaler, M.D.

Abraham Morgentaler, MD was born in Montreal, Canada. He graduated from Harvard College in 1978, and Harvard Medical School in 1982. Dr. Morgentaler completed his residency in 1988 from the Harvard Program in Urology, and then joined the faculty of Beth Israel Dea-

coness Medical Center and Harvard Medical School. He is currently an Associate Clinical Professor of Surgery (Urology). In 1999 Dr. Morgentaler founded Men's Health Boston, the first Men's Health center in the US, focusing on sexual, reproductive, and hormonal health for men. Dr. Morgentaler was the recipient of the New Investigator Award in 1994 granted by the American Foundation of Urological Disease.

Dr. Morgentaler is an international authority on men's health and a pioneer in the treatment of testosterone deficiency in men. Dr. Morgentaler's research is credited for reversing the decades-old belief that testosterone therapy is risky for prostate cancer. Dr. Morgentaler has published over 170 scientific articles on testosterone, prostate cancer, male sexual dysfunction, and male infertility. His work has appeared in *The New England Journal of Medicine*, *The Lancet*, *The Journal of the American Medical Association*, *Cancer*, and *Mayo Clinics Proceedings*. He has co-chaired the popular *Clinical Controversies in Men's Health Forum* at the annual meeting of the American Urological Association for the last 15 years. Dr. Morgentaler has been an invited speaker and visiting professor in over 20 countries on five continents. He is the author of the best-selling book, *The Truth About Men and Sex, Testosterone For Life*, and *The Viagra Myth: The Surprising Impact on Love and Relationships*.

Dr. Morgentaler has been featured on many national television shows and major popular publications, including *The NBC Nightly News*, *The CBS Early Morning Show*,

CNN with Anderson Cooper, Time Magazine, The New Yorker, Newsweek, The New York Times, and The Wall Street Journal.



Benjamin T. Ristau, M.D., MHA

Dr. Ristau is an Assistant Professor of Surgery and Surgical Director of Urologic Oncology at UConn Health in Farmington, CT. After graduating from UConn School of Medicine, Dr. Ristau completed urology residency at the University of Pittsburgh Medical Center and an SUO accredited urologic oncology fellowship at Fox Chase Cancer Center in Philadelphia, PA. His clinical interests are in the surgical and multidisciplinary management of urologic malignancies. He focuses his research efforts on prostate, bladder, and kidney cancers as well as quality and value in healthcare.



William Tong, Attorney General

William Tong is the 25th Attorney General to serve Connecticut since the office was established in 1897. He took office on January 9, 2019 as the first Asian American elected at the statewide level, in Connecticut.

Before his election as Attorney General, Tong served for 12 years in Connecticut's General Assembly representing the 147th District, which includes North Stamford and Darien. Most recently, Tong served as House Chairman of the Judiciary Committee. In this position Tong was

responsible for all legislation related to constitutional law, criminal law, civil rights, consumer protection, probate, judicial nominations and the Judicial branch, and major areas of substantive law.

During his service in the legislature, Tong helped lead passage of landmark legislation, including the Connecticut Second Chance Act, Domestic Violence Restraining Order Act, Lost and Stolen Firearms Act, the Act Protecting Homeowner Rights, and the Act Protecting Schoolchildren.

A Connecticut native, Tong grew up in the Hartford area and attended schools in West Hartford. He graduated from Phillips Academy Andover, Brown University and the University of Chicago Law School. He has practiced law for the last 18 years as a litigator in both state and federal courts, first at Simpson Thacher & Bartlett LLP, in New York City and for the past 15 years at Finn Dixon & Herling LLP, in Stamford.

Tong is the oldest of five children, and grew up working side-by-side with his immigrant parents in their family's Chinese restaurant. He and his wife, Elizabeth, live in Stamford with their three children and too many pets. Elizabeth is Vice President of Tax for North America for Diageo Corporation.

Connecticut Urology Society
Financial Interest Disclosure Report October 10, 2019

<i>Speaker</i>	<i>Financial Interest Received</i>
Noel Armenakas, M.D.	None
Rajasekhara Ayyagari, M.D.	None
James E. Montie, M.D.	None
Abraham Morgentaler, M.D.	AYTO, Antares, <i>Consultant</i> ; Entto, <i>Research Grant</i>
Benjamin T. Ristau, M.D.	None

Financial disclosure forms available upon request.

Pre-Competency Questions

Physician's Name _____

Making MUSIC – *James Montie, M.D.*

Question 1. The primary motivation for Urologists' participation in MUSIC was to increase payments for value based reimbursement. True or False?

True

False

The Challenge of Improving Surgical Outcomes at a State Level – *James Montie, M.D.*

Question 1. Name three pillars of surgical outcome improvement activities. _____

What Urologists Should Know about Testosterone Therapy – *Abraham Morgentaler, M.D.*

Question 1. There has been a longstanding contraindication against testosterone therapy in men with any history of prior prostate cancer. This prohibition is based on:

- A. Prospective controlled clinical trials
- B. Large observational studies based on insurance claims information
- C. Studies of autopsy series
- D. Inference from results of androgen deprivation therapy

Question 2. The Testosterone Trials were a coordinated set of studies performed in 790 men 65 years and older

with serum testosterone concentrations 275 ng/dl or less on two occasions and characteristic symptoms. Subjects were treated with topical testosterone gel or placebo gel for twelve months, followed by a second year of follow-up for safety monitoring. Results showed:

- A. Men treated with testosterone compared with placebo demonstrated significant greater improvement in bone mass, mood, and physical activity, but no difference in libido or sexual activity
 - a. Men treated with testosterone compared with placebo demonstrated significantly greater improvement in libido and sexual activity, but no difference in mood or bone mass.
 - b. Men treated with testosterone compared with placebo demonstrated numerically fewer major adverse cardiovascular events (MACE) over two years
- B. There were minor numerical improvements in several areas for men treated with testosterone compared with placebo, however none of these achieved statistical significance.

Transperineal Prostate Biopsies

– *Benjamin T. Ristau, M.D.*

Question 1. What is the infectious risk for transrectal biopsy compared to transperineal prostate biopsy? _____

Question 2. Is it possible to do a fusion biopsy with transperineal approach? _____

Officers

President – Joseph Wagner, M.D.

President Elect – Tim Siegrist, M.D.

Secretary – Guy Mannetti, M.D.

Treasurer – Michael Fasulo, M.D.

Executive Committee Members

Milton Armm, M.D.

Thomas Buckley, M.D.

Notes:

SAVE THE DATE
Wednesday,
October 30, 2020

Connecticut Urology
Annual Scientific Program

