

# DEPARTMENT OF UROLOGY

UPDATE

## FROM THE CHAIR



We are all well aware that unprecedented changes in health care and medical education are occurring in America. Academic departments and health systems face particular existential challenges as they try to preserve core missions of educating the next generation of health

care providers, providing medical care while continuing to discover and innovate. We must be more patient focused, provide greater value and shift our focus more to population health and prevention than we have in the past. Some naysayers wonder whether we can still preserve all three missions during a period of falling clinical reimbursement and shrinking government support for research. Yet I am optimistic that UVa will not only survive but prosper given our smaller size, rural refuge and a collaborative environment that allows us to rapidly pivot and adapt. Our Department's survival depends on creating new models for education, clinical care and research. My recent appointment to the Administrative Board for Faculty and Academic Societies at the American Association of Medical Schools (AAMC) provides "insider" information to help our local transformation as a Department. My confidence in our future success is bolstered by the knowledge that we have an extraordinarily talented and adaptable faculty and staff as well as some of the most sought after trainees in the U.S. Briefly I'd like to highlight just a few examples why I am optimistic that our department will weather turbulent times and come out stronger as I review this past academic year.

The most tangible example of innovation and creating new models in education is the novel leadership year in our training program during which one of our two residents will obtain a master's degree from the Department of Public Health in health evaluation sciences and have the

opportunity to audit classes at UVa's Darden School of Business, Law School, or Curry School of Education. Thus we are training leaders who will critically assess health care and research outcomes as well as the value of services delivered. Today's buzz word in resident education is "milestones" the process instituted by American College of Graduate Medical Education (ACGME) and piloted in several specialties including Urology when I was President of the American Board of Urology. At UVa we have revamped how we periodically assess our residents with more interactive conferences, topic oriented and structured journal clubs and faculty evaluations to ensure that the next generation of urologists are the best anywhere. Our residency program director, Noah Schenkman, has spearheaded this effort with numerous faculty. This year, Drs. Schenkman and Corbett received the highest scores from medical students for their structured lectures and case histories. Over the next decade medical education will experience more changes than in the past one hundred years with conversations about possible on line courses using a Coursera model, three year training or turning the fourth year into a rotating internship.

For every dollar of federal grants for research that is awarded, medical schools have an additional 24 cents in expenses. This is a money losing proposition that is unsustainable at most institutions without substantial endowments. But in our department we continue to innovate. Dr Lysiak was awarded an extremely precious and highly deserved NIH grant to further study how dying cells are cleared in the testis with implications not only for infertility but other disorders including cancer. Speaking of cancer, Dr Stephen Culp continues to collect tissue for growing patients' tumors (kidney, prostate, bladder, penile) in vivo (xenographs) in the hope of developing individualized cancer treatments or better biomarkers. His recent paper suggesting a survival benefit in removing prostates in patients with metastatic prostate cancer challenges dogma and has received international acclaim. Dr Tracey Krupski in

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## PEDIATRIC UROLOGY



The division of pediatric urology has enjoyed tremendous growth over the last year. With the addition of new clinical staff and a new satellite clinic, our practice is positioned nicely to enjoy the benefits of our transition to the UVA Children's Hospital at the Battle Building in June 2014. Clinical research continues to thrive with our

residents enjoying success with meeting presentations as well as peer reviewed publications.

With the retirement of Fern Campbell after 12 years of service and the departure of Audrey Myers who transitioned back to primary pediatrics, two new nurses have been added to our team. Susie LeRoy, a registered nurse, has a vast range of experience. Her role will be our care coordinator. Our vision is to have her pursue her nurse practitioner degree and ultimately come back to join our staff and head up our Voiding dysfunction clinic. Elizabeth Sheets, our nurse practitioner, has been a tremendous addition to our team and is heading into her second year and currently manages our voiding dysfunction program.

Our commitment to outreach continues with the addition of a satellite clinic in Roanoke. This clinic serves patients in the southwestern Virginia region and is a collaborative effort with Carillion health system. Currently, we have clinic on the second Friday of the month and appointments for this clinic should be routed directly to Kim Anderson (434-924-2590). Our other off site clinics include Crozet, Augusta and Culpeper. We anticipate a move to Zion's Crossroads in the near future as well.

The UVA Children's Hospital at the Battle Building is set to open in June 2014 and we are extremely excited about this transition of our outpatient clinics. The facility will bring together 41 pediatric clinics that will be inclusive of general pediatrics, surgical and pediatric sub-specialty as well as multi-disciplinary clinics. In addition, the outpatient surgery center will move to the facility as well and allow for the continued expansion of our surgical practice.

Research remains a pillar of our program and 2013 has been a huge success. Matt Mason, one of our past chief residents, is in his first year of a Pediatric Urology fellowship at Vanderbilt University. Our division was represented well at both the AUA meeting in San Diego in addition to the sectional meeting at the Greenbrier. Three other residents have enjoyed success with peer reviewed publications or book chapters over the last year including Riel Smith-Harrison (PGY-2), Matthew Timberlake (PGY-3) and Michael Burris (PGY-4). In addition, one of our medical students (Sean Yemen) gave a nice presentation at the Mid-Atlantic Sectional meeting at the Greenbrier.

We anticipate continued growth for our division and will maintain our commitment towards excellence in clinical care by maintaining our focus on the goals of providing superior patient satisfaction within an environment that consistently strives to excel in both patient safety and quality initiatives.

### **C.D. Anthony Herndon, MD, FAAP**



## FROM THE CHAIR *continued from page 1*

addition to participating in a national trial comparing open and robotic bladder removal for cancer and evaluating gene therapy for bladder cancer among other innovative projects is also a leader in researching patient focused care. Small focus groups of patients and spouses discuss expectations and outcomes from prostate cancer therapies to help us better counsel our patients. Lastly, we are fortunate to work with talented faculty who hold joint appointments in other departments pursuing the model “team science” and translational research. John Herr who holds appointments in the Departments of Cell Biology, Urology and Biomedical Engineering has developed a novel monoclonal antibiotic to target cancers including bladder and kidney cancer. His work is so promising that it has garnered financial support from angel investors along with Pfizer in providing seed capital to his company Neoantigenics. Philanthropic groups and UVA alumni are also providing capital. Given my role on Council at the NIH, funding these endeavors to help our patients and discover new cures remains a top priority as we search for new sources of revenue. Cost shifting from clinical revenue to our research enterprise is a thing of the past. This further heightens the need for philanthropy, business investment, and other creative funding models.

As for new models in delivery of high quality value based urologic care and population health, we have already explored novel small group appointments and encourage prevention with community events such as the Men’s Four Miler in Charlottesville. However this is not enough. We look forward to working with our institution to reduce costs and integrate care among stakeholders. In the meantime, to promote the highest quality with the lowest morbidity and mortality we began this year having weekly conferences that present all upcoming surgeries with calculation of 5 years survivals with and without surgery to see how we can optimally counsel and treat our patients with the benefit of more than one surgeon’s perspective. Our future challenge is how to reduce lifestyle and environmental risks in our patients contributing to urology cancers and disease such as erectile dysfunction, infertility, stone disease, incontinence, prostate growth and infections. In this regard we are developing totally new concept of a men’s performance center for risk assessment and intervention with cardiology, endocrinology, psychiatry and rehab medicine in addition

to dietician and personal trainer in a man cave environment to encourage changes in behavior. A marketing firm is being hired to do a needs assessment and a business plan is under way. While everyone talks about population health we at UVA are trying to develop innovative ways to find out what works especially in men. We are continuing to expand our outreach programs to encourage patient access and compliance with the efforts of Drs Herndon and Corbett (Pediatric Urology in Roanoke, Crozet and soon Winchester), Jenkins (Zion Crossroads), and Costabile and Smith (Culpepper).

I would be remiss if I didn’t mention one of this past year’s departmental awards. The Dean’s Award for Clinical Excellence went to our own Dr Tracey Krupski - a well-deserved honor. At the mid-Atlantic AUA conference our residents put on a great showing with Dr Burris taking top honors in the imaging competition. Our department seems to be an enriched environment for institutional leaders, especially given our small size. Dr Tony Herndon was named the medical director for surgery services in our soon to be completed Battle Children’s Hospital at UVA. Dr Costabile is UVA’s Senior Associate Dean in charge of outreach and community relations. And Dr Lippert continues to do a great job as Medical Director of our clinical operations (p.s. she just became a grandmother of twins! She beat out Amy and I who will be grandparents in March).

I encourage everyone to check out the UVA Urology Facebook site for up close and personal videos of faculty as well as general news of interest in medicine, urology, and UVA. It is the #1 Urology Facebook site in terms of views and “likes” in the world. We hope to use this platform to crowd fund research projects in an attempt to find new sources to fund discovery. Dr Stuart Howards has agreed to a video on our Facebook page as he transitions to Emeritus status and in typical fashion wants no fanfare.

So whatever changes are lurking on the horizon as we re-engineer medical education, health care and discovery—UVA Urology will continue to be an incubator for innovation.

**William D. Steers, MD**



## PROSTATE AND BLADDER CANCER RESEARCH



As of 2012, UVA Urology joined the Society of Urologic Oncology Clinical Trials Collaboration. This consortium allows for institutions with smaller volumes but clinical excellence to couple with pharmaceutical companies to address important research questions. Pat Battle along with Elaine Woodson worked tirelessly to navigate numerous

regulatory and administrative barriers and we successfully opened two new therapeutic clinical trials.

The first trial is sponsored by FGD Therapies Oy. This protocol is a gene therapy trial targeting BCG refractory patients whereby urothelial cells are unregulated to make interferon alpha via an adenovirus vector. Patients are randomized to one of two dosages of this intravesical instillation. The instillation is performed once every four months for one year or until recurrence is detected. The initial MD Anderson experience was featured in the September Journal of Urology. To date, we have screened 3 patients and enrolled one into the trial.

The second randomized controlled trial opened at the end of December 2013. This ARGOS trial is for metastatic renal cell carcinoma. At the time of cytoreductive nephrectomy, a piece of tumor cell is removed and sent for analysis. If several histologic criteria are met such as clear cell histology and less than 50% necrosis, the patient is eligible to be randomized into one of two arms. The first arm is tyrosine kinase inhibitors (TKI) alone while the other arm undergoes leukopheresis and creation of dendritic cell vaccine targeted against their own tumor antigen. The patient then receives standard TKI therapy plus the autologous vaccine. We have already enrolled one patient in this trial.

Both of these trials were selected because they represent novel therapies for patients with few other therapeutic options. The hope for improved quality or quantity of life offered by novel therapies should be the mission of the University Cancer Center. The goal of becoming a

Comprehensive Cancer Center is closer to being realized as clinical trials are increasingly a focus of the Cancer Center. The Department of Urology is actively contributing this effort as demonstrated by the TABLE below. Considering the number of faculty we have, this is a very strong effort. Even if Comprehensive status has not been attained, the UVA Cancer Center earned a commendation from the Commission on Cancer of the American College of Surgeons in October 2013 for exceeding 36 national quality care standards. We are proud of the progress being made in oncologic care.

MANAGEMENT GROUP	TOTAL THERAPEUTIC ACCRUALS
HITC	53
Gynecologic Oncology	27
Medical Oncology	26
Radiation Oncology	19
Neuro-Oncology	15
Urological Oncology	8
Pediatric Oncology	7
Hematologic	7
Surgical Oncology	6
Head and Neck	4
Stem Cell Transplant	2

*Reporting Period: 01/1/2013 - 12/05/2013*

The partnership with the SUO-CTC has not stifled our investigator initiated trials. We are still participating in the RAZOR (RAndomiZed Open versus Robotic cystectomy trial) and CARESS (Couples Arousal and Relationship Satisfaction Survey). In addition, Dr. Culp has opened a trial for locally advanced or metastatic prostate cancer patients. This trial follows on the heels of his European Urology publication that received quite a bit of «buzz» in the news. Not only was it featured as a Medscape Editorial but it was also part of the online journal club. I am proud to have Dr. Culp as my partner.

**Tracey L. Krupski, MD, MPH**

## NEW HOPE FOR PEOPLE WITH DEADLY CANCERS



In 2013, 57,000 new cases of renal cell carcinoma will be diagnosed in the US and 13,000 people will die from the disease; 72,570 cases of bladder cancer will be diagnosed and 15,210 deaths from

bladder cancer will occur. A

recent discovery at the University of Virginia holds promise for improving the odds for patients diagnosed with these deadly urogenital cancers.

John Herr, Ph.D., Professor of Cell Biology, Urology and Biomedical Engineering, is an internationally recognized expert in the field of reproductive cell biology and has successfully translated technologies arising from basic research into commercially viable products. He is the inventor of SpermCheck, the world's first at-home test for male fertility, which is available at Walgreen's stores nationwide in the US and in Boots Pharmacies in Britain. The test was developed in collaboration with UVA Urologist Stuart Howards.

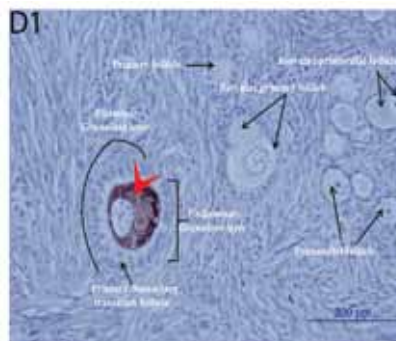
The Herr laboratory has been collaborating with Dr. Stephen Culp and other Urology Oncologists to focus attention on urological cancers after the group discovered a protein called SAS1B that is present in a large percentage of renal and invasive bladder cancers (preliminary research indicates that this protein is also present in a significant percentage of pancreatic, ovarian and uterine cancers and tests are ongoing to confirm its prevalence). SAS1B is a cell surface protein, which makes it a much more viable target than proteins located inside cancer cells. In the figure on the left the small white arrowhead points to the green signal of the SAS1B molecule in its normal location on the surface of the ovulated egg. SAS1B (arrows) is also located (left) on the surface of cancer cells.

The Herr laboratory has evidence that SAS1B can be targeted with immunotoxins at the surface of cancer cells; that SAS1B moves from the surface to the interior of cancer cells where toxic payloads are released; and that

prototype immunotoxins can arrest cancer cell growth in vitro. Tumor cells (like the cancer tissues reacting with SAS1B antibody and stained green at the cell surface above), can be killed with SAS1B-targeted antibodies that are coupled toxin molecules. This result provided proof-of-concept that a toxic warhead can be delivered to tumor cells and eliminate them via the SAS1B cell surface target. Significantly, the only place in the human body where SAS1B exists normally is in the cells of growing female eggs, called oocytes. This may be appreciated in the section of the primate ovary (right) stained for SAS1B where only the growing eggs in secondary follicles are stained red-brown, while the smaller immature eggs in primary follicles (circles) are not stained.

SAS1B's position on the cancer cell's surface, its ability to be internalized, and its absence from nearly all normal cells in the body creates a unique opportunity to develop highly-targeted therapeutics that will have minimal side-effects and preserve fertility in women. The team has developed diagnostic methods to identify which tumors express the SAS1B target. Six patents have been developed around the protein and a UVA spin-out company, Neoantigenics, has been created to commercialize technologies built around the target. Specifically, Neoantigenics is developing humanized monoclonal antibodies that will bind to the SAS1B protein and deliver toxic drug and small-molecule payloads to the cancer cells. The SAS1B technology has the potential to create a multi-billion dollar targeted therapeutic, and the hope it will bring to patients with these diseases is incalculable. The University of Virginia and Pfizer are early investors in the project.

In addition, the Herr laboratory is working on developing technologies to kill cancer cells through the direct delivery



of radioactive dosing by attaching radioactive particles to SAS1B-homing antibodies. This same approach could be utilized for diagnostic indications through radio-imaging.

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# RESEARCH CORNER

## NEW HOPE *continued from page 5*

The discovery of SAS1B by Dr. Herr and his Urology colleagues opens up a completely novel arena for identifying new and promising therapeutic avenues. Oocytes are at the very genesis of human life, and the Herr laboratory believes that some of the very qualities that enable them to give life can, in cancers, be transformed into mechanisms that promote cancer cell survival and proliferation. The Herr laboratory is poised to be the world leader in this new approach to fighting cancer. They are opening an entirely new field called oocyte-associated cancer targets.

The cancer research collaboration in Urology is creating opportunities for both philanthropy and direct investment. Angel investors are partnering along with Pfizer in providing seed capital to Neoantigenics. Philanthropic groups and UVA alumni are recognizing that the new insight into cancer gene expression that has been gained and the recognition that cancers may revert to take on characteristics of the “mother cell” has potential to create new generations of selective diagnostics and targeted therapeutics, distinguishing UVA in the arena of cancer innovation.

**William D. Steers, MD**

## LYSIAK LAB HAPPENINGS

My laboratory continues to investigate the mechanism by which dying/apoptotic cells are cleared and how their clearance impacts the physiology and pathology of the male urogenital tract. The seminiferous epithelium of the testis is a unique model system to study apoptotic cell clearance,



and lessons learned from these studies will have important relevance in urogenital tract development and homeostasis.

The proliferation and differentiation of germ cells is intimately tied to the death and removal of ‘unfit’ germ cells. My lab is interested in the problem of cell clearance within the male tract and how this relates to the male gonadal function. We

have previously reported a critical role for the engulfment protein ELMO1 and the Sertoli cell-mediated clearance of dying/apoptotic germ cells in the seminiferous epithelium (Elliot et al., Nature 2010). And we recently uncovered that perturbation of cell clearance in mice deficient in the mitochondrial protein UCP2 worsens the pathologic outcome of testicular torsion (Park et al., Nature 2011). This work defines the importance of cell clearance within the seminiferous epithelium and also underscores the need for further understanding the physiologic consequences of cell corpse clearance in the male urogenital tract. The overall hypothesis in the lab is that specific signaling pathways critically regulate the removal apoptotic cells, and impacts normal testicular development, physiology, and pathology of the urogenital tract. Results from our studies will provide mechanistic insights governing cell corpse clearance and homeostasis in the male urogenital tract. Additionally, these studies could point toward enhancing cell clearance as a potential therapeutic modality for certain pathologies of the urogenital tract. We have been very fortunate this past year to receive funding from the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the NIH for these studies.

**Jeffrey Lysiak, PhD**

# FACULTY NEWS

## PERSPECTIVES ON MEN'S HEALTH

Dr. Raymond Costabile and Dr. Ryan Smith specialize in male reproductive and sexual medicine as well as reconstructive urology. Dr. Smith is the most recent addition to the faculty at UVA and recently completed a fellowship in Male Reproductive Medicine and Surgery at the Baylor College of Medicine with Dr. Larry Lipshultz. Dr. Smith was a former resident at the University of Virginia and now returns as an assistant professor. Dr. Costabile continues to serve as Senior Associate Dean for Clinical Strategy and is involved in the outreach mission of the University of Virginia Health System. His efforts have contributed to the establishment of several large, multispecialty clinics in Augusta County, Western Albemarle, Zion Crossroads, and Culpeper. This has led to the presence of Urology staff at multiple locations which were previously underserved and has allowed UVA to extend its reach to many communities in need. Dr. Costabile and Dr. Smith are also currently involved in multiple research pursuits and continue to work actively in promoting all aspects of men's health.

## UPDATE ON RESEARCH

Over the last year, Dr. Smith and Dr. Costabile have presented several abstracts at the mid-Atlantic AUA sectional meeting, the national meeting of the Sexual Medicine Society of North America, the AUA national meeting and the Men's Health World Congress. Highlights of a few of these abstracts include the impact of the 2012 AUA guidelines on post-vasectomy outcomes, the role of transition clinics in pediatric urology, the influence of testosterone use on vasectomy reversal outcomes, and the effect on anterior urethroplasty on ejaculatory function. In addition, several textbook contributions have been made including an update to the Campbell-Walsh Urology chapter on Surgery of the Scrotum and Seminal Vesicles by Dr. Costabile and Dr. Andrew Celigoj, the current andrology fellow. Dr. Costabile also continues to direct the andrology fellowship with Dr. Smith assisting in this capacity. Multiple journal articles have been published this year evaluating the expanding role of testosterone therapy in men's health, outcomes of vasectomy reversal, updates on the current management of male infertility, examination of the effects of advanced paternal age on male fertility,

and fertility preservation in young men. We also continue to work in collaboration with Dr. Jeffrey Lysiak, Ph.D. on many basic science projects including those examining the roles of vascular disease and diabetes in a mouse model of erectile dysfunction and clearance of dead or dying cells within the testicle and its implications on male endocrine function and fertility. Dr. Smith and Dr. Lysiak have recently applied for institutional funding and plan to pursue an NIH K-award to further these research pursuits.



## FUTURE DIRECTIONS

UVA Urology continues to solidify itself as a center of excellence in men's health. Collaboration is a strength which has provided new opportunities for growth in the treatment of male reproductive and sexual health as well as reconstructive urology. We continue to expand on our investigative and clinical research as well as educational goals through the Andrology fellowship program. We are now one of the few institutions in the United States which can offer the services of two fellowship-trained urologists specializing in male infertility. This provides a substantial platform to serve our regional community while expanding our national presence and allows us to make meaningful and innovative research contributions to men's health.

**Raymond Costabile, MD**  
**Ryan Smith, MD**



## DEVELOPING UROLOGY ACADEMIC LEADERS OF THE FUTURE: THE ACADEMIC ENHANCEMENT TRACK (AET)

The University of Virginia (UVA) has a long and distinguished history of training academic urologists. Over the past 15 years, 70% of our graduating residents have completed a fellowship and attained academic positions across the country. Most urology programs have abandoned a dedicated year of research due to changing financial conditions, professional attitudes, and incorporation of a research year into fellowship training programs. Some fellows and junior faculty pursue additional academic training, pursuing an M.B.A or M.P.H., during or after fellowships to enhance a successful academic career. To accommodate residents wishing to pursue an academic career and attain leadership skills in a changing health care environment, we developed an advanced academic track during residency. Our standard track consists of one year of pre-urology training in general surgery and four years of urologic training for a total of five years. Beginning July 1, 2010 we initiated a second track, entitled Academic Enhanced Track (AET), which supplements the traditional five year program with an additional year of research and classwork. Currently, we are accepting one standard program and one AET program resident per year. Current second-year resident, Karen Wheeler, M.D.,PhD., is designing a research program with Jeff Lysiak, PhD in our Andrology Basic Science lab and will be the first AET pioneer. Karen will be taking advantage of immunology training from her PhD program to work on a project titled "Sertoli cell clearance of apoptotic cells". She prepared a competitive grant application for the Urology Care Foundation Resident Research Grant Program to fund her project.

The AET is a one year academic training program that begins after the second year of residency, between the R-2 and R-3 clinical years. Current urologic residencies provide excellent clinical skills training, and a basic education in research methodology and evidence-based medicine, but they provide only rudimentary exposure to scientific method, business practices, and statistics. As a consequence, residents trained today lack skills crucial for growing into independent researchers or leaders. Many of

our former residents and most current urology luminaries attain dual degrees such as an MBA, MPH or MS. We believe this training is best initiated early in the education trajectory, freeing time during fellowships to focus on advanced specialty training.

The aim of this additional training year is to expose the resident to basic principles of clinical research, and health policy, taking advantage of UVA Schools of Business, Law, Government and Public Health. The program is flexible to meet personal goals, which may include bench research, translational research, or outcomes studies. The core of the academic coursework is a 32 credit curriculum with courses in Statistics, Epidemiology, and Public Health Policy resulting in a Masters of Clinical Science degree through the School of Public Health. The resident will be allowed to pursue an individualized curriculum with coursework in the UVA School of Law or Darden Business School, but this year is not intended to result in a JD or MBA. A basic introduction to topics or skills in such programs could offer benefit to academic leaders. Highly motivated residents may want to pursue additional coursework to obtain a Masters of Public Health instead of the standard Masters of Science in Clinical Research. We are excited as Karen Wheeler begins this new phase in residency training and carries on the academic rigor that has always been associated with the Urology Residency at UVA.

### Noah Schenkman, MD





## CHIEF RESIDENTS PLANS



Kasey Morrison is a 5<sup>th</sup> year resident who claims Newport News, Virginia as his home. He grew up in a military family and traveled from country to country when he was younger. He settled on the east coast in the early 1990s and has remained here since. He went to Howard University in Washington, DC for undergraduate studies, the University of Virginia for medical school, and is in the process of completing his residency at the University of Virginia. After completing his residency, he plans on going into a community-based practice in the mid-Atlantic area.



Jules Manger is a 5<sup>th</sup> year resident who grew up in the small town of Bow, New Hampshire. He went to University of Virginia for undergraduate studies. He then worked in a pharmacology lab at UVA prior to attending medical school at Boston University. He is in the process of completing his residency at the University of Virginia. After completing his residency, he will move with his wife and three sons to Tucson, Arizona to join a group urology practice.

## MEET OUR NEW RESIDENTS

We would like to wish a warm welcome to our new residents! The following individuals joined our Department this summer and we are excited about the additions to our strong clinical program.



### **Riel Smith-Harrison, MD**

*University of Virginia  
School of Medicine*



### **Karen Wheeler, MD, PhD**

*University of Virginia  
School of Medicine*



### **Rebecca Zee, MD, PhD**

*Boston University  
School of Medicine*

## IN MEMORIAM

Eric Paul Blum, a nurse at the University of Virginia Medical Center, died June 9, 2013 in Charlottesville. He was 48. A native of Walnut Creek, Calif., Blum spent his professional life as a registered nurse at the Medical Center, most of the time as a Urology operating room nurse. He received his Bachelor's of Science degree in nursing from the Orvis School at the University of Nevada in Reno. Eric was an Eagle Scout and a longtime staffer, director and volunteer at Frost Valley YMCA camp in the Catskill Mountains. He was presented with the Frost Valley Volunteer of 2012 award on June 8 by a delegation from Frost Valley.

Eric was one of the most committed operating room nurses UVA has ever had the privilege of employing. During his time at the Medical Center, Eric was also a director of

robotic surgery training for the nursing staff and resident physicians acclimating to robotic surgery. He was passionate about education and was a substantial influence on the training of countless UVA Urology residents. His attention to detail and his concern about the quality and safety of the operating room environment improved the lives and surgical experience of many patients. His commitment to the well-being of our patients was inspiring and it was an honor for all of us to work alongside Eric.

Memorial contributions can be made to the School of Nursing toward a scholarship fund in Blum's name, through the University of Virginia School of Nursing Alumni & Development Office, P.O. Box 801015, Charlottesville, VA 22908.

## RESEARCH PROJECT

Congratulations to **Dr. Jennifer Mason & Dr. Tracey Krupski** for their acceptance of their innovative proposal titled “Renal Cell Carcinoma Surveillance: Economic Excess” selected by The Urologic Diseases in American project’s review committee.

The proposed research project is concerned with studying the surveillance strategies that are implemented in practice after partial nephrectomy to identify cancer recurrence, the cost of different surveillance strategies in terms of monetary, radiation exposure and cancer control.

The proposal is designed to identify, and determine which specific patient risk factors may influence the choice of strategy. The specific aims are as follows:

- Aim 1:** Determine current practice patterns for surveillance after renal sparing surgery
- Aim 2:** Identify cost implications for each surveillance strategy from observational data.
- Aim 3:** Determine associations between patient risk factor and treatment patterns.

We look forward to their productive collaboration over the next 30 months!

## AWARDS AND HONORS

### Stuart Howards, MD

- Keyes Award – American Association of Genitourinary Surgeons. One of their highest honor and most prestigious awards in Urology!

### Tracey Krupski, MD, MPH

- 2013 Faculty Recognition – Dean’s Award for Clinical Excellence

*“All you have to do is watch the faces of post-op patients when they return to clinic and Dr. Krupski enters the room to know how special she is to them . . . UVA needs more ambassadors like her”*

~Referring Physician

### Kasey Morrison, MD

- 2013 Mulholland Teaching Award – School of Medicine for teaching excellence in Foundations of Medicine.

### Noah S. Schenkman, MD

- 6th Annual Excellence in Urology Award – Intermountain Healthcare, Park City, Utah. First prize as a presenter at one of the premier medical education events in Urology.

## MAKE A DIFFERENCE TODAY

Patients thrive under the care of physicians and nurses who are specialists in their fields. They also benefit from having access to the latest treatment and research options available. This is exactly the kind of care the UVA Department of Urology strives to offer all our patients. We also search for new and innovative treatments and cures, some of which come from our own laboratories.

During the next few years, the Department of Urology will undertake a period of building, expansion, and innovation. There are many ways you can help. You may make a gift for clinical and programmatic support, allowing us to deliver care in new and more collaborative ways. Perhaps you would like to consider supporting Tracey Krupski’s new survivorship program. Or, you may help advance our groundbreaking research program, with gifts designated for different types of cancer like prostate or bladder. You can actually customize exactly how your gift will be utilized.

For more information on ways to get involved, please contact Debbie Ryan at the UVA Health Foundation at 434.982.3803 or by email at [dryan@virginia.edu](mailto:dryan@virginia.edu).

**Deborah Ryan**

# EVENTS

## SAVE THE DATE! VEST MEMORIAL LECTURE SERIES

April 4, 2014

University of Virginia Lithotripsy Auditorium, Department of Urology

GUEST SPEAKER

**Roger Dmochowski, MD**

Professor, Vice Chairman for Surgical Quality, Safety, and Professionalism  
Vanderbilt University Medical Center

*Participate in in-depth discussions about urologic diseases and management in an intimate setting.  
New this year– We look forward to our one-day format!*

CME Credit: 6 AMA PRA Category 1 credit™

## DIGITAL FOOTPRINTS

**The Urology Department is pleased to announce that we are #1 in Social Media.** The Department of Urology stands for excellence in Urologic Care of patients, teaching and research. These three pillars of excellence are achieved by providing people with the resources to achieve their potential. Our investments today allow us to achieve our current success and the attainment of even greater accomplishments in the future.

Please check us out on Facebook or other social networks such as –

- New YouTubePage - [http://www.youtube.com/channel/UCq\\_-2GRoUOoWNbAveBr4XTQ](http://www.youtube.com/channel/UCq_-2GRoUOoWNbAveBr4XTQ)
- Urology Wikipedia Page - [https://en.wikipedia.org/wiki/Department\\_of\\_Urology,\\_University\\_of\\_Virginia](https://en.wikipedia.org/wiki/Department_of_Urology,_University_of_Virginia)
- Dr. Steer's Wikipedia Page - [https://en.wikipedia.org/wiki/William\\_D.\\_Steers](https://en.wikipedia.org/wiki/William_D._Steers)
- Urology Vimeo Catalogue - <https://vimeo.com/album/1859871>

We look forward to your support!





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## HOW TO GIVE

Contributions to the University of Virginia Department of Urology support research programs and assist our faculty in continuing to make discoveries and advances in both basic science and clinical research in urologic oncology, kidney and infertility. You can make a gift to the department through contacting our department chair at [wds6t@virginia.edu](mailto:wds6t@virginia.edu) or sending directly to:

UVA Department of Urology  
P.O. Box 800422  
Charlottesville, VA 22908-0422

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A large, stylized graphic of a building facade in shades of orange and white, featuring a pediment, columns, and stars, positioned on the right side of the page.

## DEPARTMENT *of* UROLOGY

UPDATE

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DEPARTMENT CHAIR  
*William D. Steers, MD*