Reflections from the Chair
Section on Urology (SOU)
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It has been a privilege to serve all of you as the Chair of the Section on Urology (SOU) during the last year. During this year, we have focused on a few key initiatives and herein I will update you on what the SOU has been doing recently. We have focused on the growth of our section by adding new members and demonstrating the value of membership to our current community of members. I am proud to say that we have made great strides in adding new fellow members and have actively engaged them in the leadership of the section. Our member numbers are again on the rise, after a few years of decline and specifically after the negative impact of COVID. This growth is largely thanks to the hard work from our Membership Committee (Michael Ernst, Julia Finkelstein, Jason Van Batavia, and Bob DeFoor).

I also want to highlight the important efforts put into bringing back the SOU to the AAP National Conference and Exhibition (NCE). We are proud to say that the SOU will have a section meeting as part of the NCE in 2023, scheduled to be held October 20-24, 2023, in Washington, DC. I want to specifically thank Dr. Greg Dean for his hard work in making this a reality as he personally dedicated his time in plotting and planning the SOU’s return to the NCE. Dr. Israel Franco and Dr. Gil Rushton are the program chairs for what will be an exciting educational event. I strongly encourage all of you to make plans to attend. As you know, for many years, the AAP SOU meeting in the Fall was the pre-eminent, international, academic meeting for pediatric urology. It is with this history and tradition in mind that we plan for not only the 2023 meeting but also for many meetings to come.

Speaking of educational events, I want to highlight the extremely successful webinar in 2022 on the Management of Neurogenic Bladder Neck Dysfunction, led by Greg Dean as course director. This outstanding event comes on the heels of the previous AAP SOU webinar on Hypospadias led by Dr. Earl Cheng. Our repeated success in this realm has motivated us to continue developing regularly scheduled virtual educational events for SOU members.

Also, I am proud to say that in the last year we have developed an Equity, Diversity, and Inclusion (EDI) committee for the AAP SOU. The stated goals of this committee are to advance equity, promote diversity as well as inclusion, and combat racism in the SOU through advocacy, education, and mentorship. Dr. Elizabeth Malm-Buatsi has been selected to Chair the EDI committee and I look forward to working with her in the future to see the SOU lead the way and set an example within the realm of EDI for the whole AAP.

On the topic of mentorship, I want to recognize the hard work and success of our Fellow’s Committee led by Dr. Chris Jaeger and Dr. Michael Ernst. Chris and Michael put on a wonderful speed mentoring session at the 2021 Pediatric Urology Fall Congress. We have received such positive feedback from both mentors and mentees that we hope to make such a session a regular event. Mentorship is clearly one of the values of SOU membership and I want to thank our Fellow’s Committee for making this a tangible value to our current and prospective members.

The AAP SOU is proud to award the 2022 Urology Medal to Dr. Richard Rink, being presented at the Pediatric Urology Fall Congress in Las Vegas. Dr. Rink is an outstanding contributor to our field and so deserving of this great distinction by the

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AAP. We are also very proud to announce that Dr. Tracy Downs will be the John K. Lattimer lecturer this year and will be speaking on “Diversity, Equity, and Inclusion: Mindset and Moving Beyond the Mission Statement”. As a highly esteemed leader in the fields of urology and DEI we look forward to hearing what Dr. Downs has to teach us.”

As with any organization, the SOU is dynamic and constantly changing. Therefore, please join me as we welcome our new SOU Manager, Melissa Marx. She has recently started with the SOU, and it has been wonderful getting to know her. Also, I want to recognize Suzanne Kirkwood who served for the last 4 months as our interim section manager and did an outstanding job!

When discussing thanks and gratitude related to the SOU, I want to draw special attention to our members. Specifically, we need to call out your support of the section, the work you do, the time and effort that you put into the success of the SOU, and ultimately, the influence it has on the urologic care of children.

In conclusion, as I reflect on the last year, I want to take a moment to specifically recognize those with whom I have worked. These are leaders in our field who selflessly dedicate their time to the mission of the SOU: Secretary-Treasurer (Gregory Dean), Chair-elect (John Pope), Ex-Oficio Chair (Andrew Kirsch); Executive Committee (Stephen Canon, Martin Kafer, Kathleen Kieran, and Elizabeth Yerkes) and members of our working committees (Hans Arora, Jeffrey Campbell, Julie Cheng, Laura Cornwell, William DeFoor, Michael Ernst, Julia Finkelstein, Christopher Jaeger, Martin Koyle, Gina Lockwood, Blake Palmer, Sherry Ross, Douglas Storm, Elizabeth Malm-Buatsi, and Jason Van Batavia).

In writing that last paragraph, I do so with a heavy heart. I join all of you in mourning the recent loss of Blake Palmer. Blake was an active member of the SOU and served on our Education Committee. He was a great colleague, a master surgeon, and more importantly, a wonderful friend, husband, and father. Our pediatric urology community is a small one that is close knit and prides itself on being a group that supports each other. We would do well to honor Blake’s memory by striving to focus on our support of each other on both a personal and institutional level. I pledge to be a support to all of you in any way that I can. Please know that each of you are important, are valuable, and are loved.

Humbly,

Nicholas Cost, MD, FACS, FAAP
While those in more tropical climates may enjoy the beaches year-round, the AAP Section on Urology (SOU) membership committee knows that when the days start to turn crisp, we will soon be seeing friends and colleagues at the AAP National Conference & Exhibition (NCE) and/or the Societies for Pediatric Urology Fall Congress. In early October, the NCE will take place in Anaheim, CA and includes seminars led by pediatric urologists on “Wet Pants” and urinary tract infections as well as “Groans from the Groin.” A couple of weeks later, the Fall Congress meeting will be held in Las Vegas, NV with a comprehensive program. We would like to thank Drs. Stacy Tanaka and Molly Fuchs for their efforts in planning the meeting and providing an excellent preview that you will find in this newsletter.

This newsletter shares updates from our AAP SOU subcommittees and highlights new developments and topics of interest within pediatric urology. This Fall we are also publishing remembrances for some of the people that our small specialty has recently, painfully lost. These beloved surgeons were role models that influenced many of us professionally and personally. While these are not the first nor most comprehensive tributes, we hope that the memory of those lost continue to inspire us and lead us forward together.

As the membership representatives to the AAP SOU, we also would like to make you aware of our ongoing and continuous membership drive. We ask you to share this newsletter with others who may not be members and encourage them to join as well! Given the relatively small number of pediatric urologists, as part of the AAP we can use this larger body to support our mission and work. Additionally, as a large organization the AAP offers many resources in research funding, education, and mentorship that are available to members.

The SOU acts as an expert resource to the AAP and members contribute to policy statements, brochures, and other AAP publications. Beyond education, another critical function of the SOU is in advocating for our specialty. The AAP SOU is here to be your voice and as such we need your support. There are a few aspects of membership we would like to briefly highlight:

1) **AAP Enterprise Discount**: For each practice/division that achieves 100% membership for physicians in the AAP, each member of that practice/division will receive a 20% discount on membership fees. **(Note**: You do not need to
get 100% membership of your entire hospital or pediatric staff, just your pediatric urology practice or division)

2) **International Membership**: You no longer need to be in the USA or Canada to join. International members can enjoy all the benefits of membership at reduced prices.

3) **Fellow Membership**: Fellows can join the AAP during their training years at a discounted rate. The AAP Section on Urology Fellow Representatives host panels and mentorship events that are high yield for fellows in addition to resources through the Section on Pediatric Trainees. Please encourage your fellows to take advantage of this opportunity.

4) **Recent Graduates**: As mentioned, many fellows take advantage of the discounted membership and resources available to join the AAP as trainee members. This year we are making a drive to encourage all former members whose membership has lapsed to re-join, especially recent graduates. We know that the AAP SOU has much to offer to young pediatric urologists and can be a strong advocate for you and your young patients. Please let us know what you would most like to see from the AAP and SOU.

As always, we would like to thank each contributor for taking the time out of their busy schedules to put together the articles in this newsletter. We are honored to serve you as Membership representatives to the SOU and appreciate all your support over the past year. We welcome any feedback on the newsletter and any suggestions for future articles or focuses. We envision this newsletter as a mechanism to communicate ideas, research findings, and opportunities to our small community and welcome submissions from all AAP SOU members. Please consider contributing to our next edition in the Spring of 2023.

Safe travels and we look forward to seeing you in Las Vegas!

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**Preview of Society of Pediatric Urology Fall Congress**

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The 2022 Societies for Pediatric Urology Fall Congress will be held at the JW Marriott Las Vegas Resort & Spa from October 20-23. The meeting will begin at 1:00pm on Thursday, October 20th following the Society for Fetal Urology meeting from 8:00am to 12:00pm. We anticipate that our speakers and lively discussion from the audience will challenge our thinking and continue to develop the future of pediatric urology.

On Thursday, in addition to the abstract sessions, we have partnered with the Pediatric Urology Nurse & Specialists (PUNS) group, who are meeting just prior to the Fall Congress, to present a panel on different ways to integrate advanced practice providers into pediatric urology practice. The afternoon closes with a panel update on evolving management in pediatric urologic oncology focusing on renal cysts, rhabdomyosarcoma and prepubertal fertility preservation. The first of two evening receptions for the meeting will start at 5:30pm. For additional oncology content, the Pediatric Urology Working Group (PUOWG) will have case presentations from 6:00pm to 8:00pm. Otherwise, Thursday night in Vegas starts after the welcome reception.

Abstract sessions continue Friday morning at 8:00am, starting with the basic science session. At 11:45 am there will be a special memorial session for the three giants in pediatric urology we lost in 2022: Dr. W. Hardy Hendren III, Dr. Alan B. Retik, and Dr. Douglas A. Canning. The morning session concludes with the SPU business meeting.

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For lunch, there will be an industry sponsored lunch symposium. The Journal of Urology and the Journal of Pediatric Urology are also hosting an invitation-only early career manuscript review mentoring lunch, organized by Dr. Christina Ching and Dr. Caleb Nelson. Friday afternoon is free of educational sessions. Spend Friday afternoon playing golf, hiking in nearby Red Rock Canyon, relaxing at the spa, or hitting the casinos. Afternoon naps are also underrated.

Saturday morning and afternoon are packed with educational content. Abstract sessions continue at 8:00am, starting with the population health session which will be followed by a panel on quality improvement. At 9:55am, Dr. Tracy Downs will give the AAP Lattimer Lecture entitled “Diversity, Equity and Inclusion: Mindset and Moving Beyond the Mission Statement.” Dr. Downs is a urologic oncologist at UVA Health where he also serves as its Chief Diversity & Community Engagement Officer. Dr. Tony Herndon will give the SPU presidential address at 11:05am which will be followed by the APU lecture and memorial to Dr. Blake Palmer at 11:20am. Mr. J. Corey Feist will give the AAPU lecture. Mr. Feist is the CEO of the University of Virginia Physicians group. He is also co-founder and president of the Dr. Lorna Breen Heroes’ Foundation. The Foundation’s mission is to safeguard the well-being of health care professionals, in part, by reducing the stigma of seeking mental health services.

Following an invitation-only fellows' lunch, the Saturday afternoon session begins at 1:30pm. In addition to the abstract sessions, Saturday afternoon includes the AAP medal presentation to Dr. Richard Rink at 2:15pm followed by the AAP business meeting. Surgical education/mentoring is the focus of the later afternoon. Dr. Hillary Sanfey will give the SPU lecture. Dr. Sanfey is Emeritus Professor of Surgery at Southern Illinois University. She was recently awarded the Distinguished Service Award, the highest honor from the American College of Surgeons, for “advocating for excellence in lifelong high-quality surgical education” as well as “the development of equity, inclusion, and opportunity for all surgeons in the profession”. To complement her talk, there will be a panel on continued mentorship after completing training. Saturday afternoon concludes with a reception at 5:30pm.

On Sunday morning, the abstract sessions continue, starting with the neuropathic session at 8:00am. There will also be a panel update from the recent SPU research grant winners. Prizes for best clinical abstract and best basic science abstract will be awarded at the end of the meeting. The 2022 Fall Congress adjourns at 11:30am on Sunday.

We look forward to seeing you all. Ready. Set. Vegas!

Molly Fuchs and Stacy Tanaka

Upcoming Meetings of Interest:

5. January 16-20, 2023 American Association of Pediatric Urologists, St Thomas, Virgin Islands - https://www.aapuonline.org/annual-meeting
7. April 29, 2023, Society for Pediatric Urology 71st Annual Meeting, Chicago, IL - https://spuonline.org/meeting/
9. September 21-24, 2023 – Pediatric Urology Fall Congress, Royal Sonesta Hotel, Houston, TX - https://fallcongress.spuonline.org/Archives/

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A Tribute to Dr. Alan B. Retik

My fellowship with Alan Retik lasted 34 years. He never stopped teaching me and I tried to continue to learn from his example and insights. Of course, the initial formal fellowship gave me tools to evaluate and care for children with a wide range of urological conditions from the simplest to the most complex. It was often shared learning as we approached children with unusual versions of various conditions or had multiple prior operations that created unique situations. He would often make the effort to incorporate my opinions (probably only because I had previously trained with Bob Jeffs), but I have tried to continue this practice as junior surgeons have valuable insights, and it gives them confidence to make decisions. The clinical fellowship was demanding, but always rewarding and allowed us to develop our skills and knowledge in a sense of mutual respect and confidence.

The informal fellowship began as I spent two years in the lab and was given the opportunity with Jim Mandell, to build the Pediatric Urology laboratory at Boston Children’s. The opportunity was invaluable and continued as I was asked to stay on as faculty and further develop the research program at Children’s. The trust and support provided is essential to any junior faculty member embarking on a career, especially in an area that was not previously established. This was the same confidence provided in developing a minimally invasive surgery program. This was before there was much published experience and we were allowed to explore new areas, again with a sense of trust and confidence. It would be all too easy to be critical and inhibit the growth of new and innovative efforts, but there was a culture of confidence and shared exploration fostered by Dr Retik. That permitted us to be self-critical and thoughtful, which I feel enhanced the development of operative laparoscopy and later robotic surgery. Dr Retik fostered an invaluable collaboration with Dr. Lou Kavoussi at the Brigham, and we were able to teach each other new methods and explore new procedures. In reflection, I think ABR lived vicariously through what he fostered, and he delighted in whatever successes his team could achieve.

His support of the lab effort was equally valuable and as we worked to recruit a basic scientist in Mike Freeman, Dr Retik was totally behind the effort and commitment. As our productivity grew, a new research method to explore cell signaling in response to mechanical forces was identified. I asked for what I thought was a large sum of money to purchase the equipment and promised a grant in one year. With his support and John Park's efforts, we were able to secure an NIH grant in nine months.

The third aspect of my long fellowship with Dr. Retik was the very subtle aspects of academic health care leadership and organization. How to develop programs, work with hospitals and health systems, and how to effectively negotiate at all levels were some of the lessons he tried to teach. While I have only incompletely managed to learn some of those lessons, whatever I have is due to his talents and insights.

While I may be a slow learner over three decades, it was Alan's absolute commitment to teaching and inspiration that was the key to whatever successes those of us who were fortunate enough to train and work with him have had. His focus and dedication to his team and learners continues to be an example for me to strive to replicate and hopefully pass on to those I have been fortunate to train.

Dr. Craig A. Peters
UT Southwestern, Children's Health System Texas
Lessons beyond the walls of the Hospital

Dr. Alan Retik was a giant of a man. Whether it was within the operating suite or breaking bread with a patient family halfway across the world, his aptitude for mentoring and caring was without parallel.

In everything he did, Dr. Retik prioritized people. His humanity was apparent through the many deep, meaningful relationships he had within the walls of Boston Children's and far beyond the borders of the US. I remember working alongside Dr. Retik as he led a delegation from the Hospital to the Arab Health Conference in Dubai. Each morning began with a team breakfast at an ungodly hour, but according to Dr. Retik there was “a lot of work to be done so we better start early.” Every morning, he would personally check in on the delegation, helping to prioritize our goals large and small. Whether it was presenting a keynote address or hosting the thousands of people who would come through our Hospital’s booth, he was committed to our collective success. And even after multiple 15+ hour days, he always held room in his life, and his heart, for our patient families. When an international family heard he was in Dubai and emailed him questions about their son’s post-op care, he didn’t just email or call back. He got in a taxi and made a house call. He understood the family was stressed, and he prioritized the child and the family's well-being over everything else.

That level of sincere care for those around him was just a natural extension of who he was. He once asked me to swing by his office at the end of the day to discuss an urgent matter. I responded that I could only come at lunchtime because of an afternoon flight. When I arrived at his office – which some would say replicated a museum because of the hundreds of beautiful gifts he received from patient families – his round table was laden with enough food to feed a small army. He'd gone to the cafeteria and purchased an array of sandwiches, salads, and soups to ensure I wouldn't be hungry on my travels, but rather would leave our meeting having had something I enjoyed. His kindness in that moment spoke to his compassionate leadership, something I try to emulate with my team to this day.

I always considered myself to be one of the “lucky ones” who Dr. Retik took under his wing. I was completely honored -- and astonished – that he chose me. In 2021, Boston Children's Hospital established the Alan B. Retik Fellowship Program and hosted a celebration over Zoom to honor his legacy and remarkable career. As one of his mentees, I assumed I should prepare a few words of gratitude to share. In hindsight, I shouldn't have been surprised that there were more than 100 other people attending who, like me, benefited from a special mentorship relationship with him. His mentees joined from across the country, from their offices, homes and even from the OR. He somehow found the time throughout his long, distinguished career to lift up young people of all walks to help advance their abilities and deepen the strength of the hospital. Whether they were a young medical student who went on to become a Chief of Urology, a seasoned global health expert, or an enthusiastic young development professional, Dr. Retik valued all of us for our skills, our promise, and our humanity.

Though Dr. Retik was a surgeon, I am personally grateful that his robust legacy goes well beyond the remarkable impact he made in the OR. He led by examples, showing everyone that hard work, tenacity, excellence, and mentorship will make the world a better place. In my role today as Chief Operating Officer at Children's National Hospital Foundation, I use the lessons from Dr. Retik every single day. Put people first. Build relationships steeped in honesty and compassion. Draw out people's individual strengths. And always, always stay focused on doing what is right and best for those whose lives cross yours.

Jessica Miley
Children's National Hospital

It is not a hyperbole to say that Dr. Alan Retik grabbed history and shook it until history looked like he wanted it to. There were less than a handful of people at the birth of Pediatric Urology decades ago and Alan Retik was there at the beginning.

He was the leader of a group that created a brand-new field. The result was that children in Boston and children around the world received care for conditions that were previously neglected and misunderstood.

There was no mystery regarding Dr. Retik's success. He was extremely intelligent and simply worked harder than everybody else. He had the highest standards and never settled for anything less than perfection.

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A Tribute to Dr. Alan B. Retik  Continued from Page 7

His impact on Pediatric Urology was immeasurable. He not only helped thousands of children himself. He trained generations of pediatric urologists who have gone on to treat thousands of children throughout the country. He led every organization, edited major textbooks, and published so many seminal papers in our field.

I watched him change the world with my own eyes. I saw many chairmen of departments beat a path to his door to see how the master ran an academic program par excellence. In my own life I will simply say that I am the doctor I am and the person I am today because of him. I’ve benefited from learning from many great surgeons, but he was simply the best. It was a revelation to see his exposure, his meticulousness, and his routines.

It should not have come as a surprise to me when he passed away as he was elderly and facing a difficult disease. But I was somewhat confused when I got the sad news. Dr. Retik always had a way of bending reality to his will, and I just imagined he would conquer this challenge too.

It was the privilege of a lifetime to train with him and have a lifelong relationship with him. He will always have the profound gratitude of those he mentored. More so, the world also owes him a debt of gratitude.

Dr. Richard Schlussel
Hackensack Meridian Health Network
Pediatric Urology Associates

Dr. Retik was mentoring me from the moment I met him. He was a visiting professor at Duke during the time I was considering pediatric urology and he told me to apply to Boston Children’s Hospital. While Dr. Retik was larger than life and seemed intimidating, once you were his fellow, he worked endlessly to make you the best pediatric urologist. Dr. Retik spent hours with the fellows discussing tough cases, he was the voice of experience at our weekly indications conference and in the OR he taught us to do things the same way, never to skip a step, to be consistent in our surgical technique. But it wasn’t just the clinical and surgical knowledge that made him the best mentor, it was also the ever-present checking in. He would come in on Saturday mornings and get coffee with me as a fellow to discuss the service, even though he wasn’t taking call anymore. His door was always open, and I would sit in his office just to hear his stories and sage advice. And when I started as faculty, he would still come to my OR to coach me and encourage me. We spent countless dinners together across Boston talking about my career, our families, and his hopes for me both personally and professionally. Nothing made me feel more loved by him than to see his joy when I became a mom not too soon before his death. He taught me, challenged me, questioned me, praised me, and celebrated my successes. To me there will never be another mentor like him. I hear his voice in my head daily and I hope to pass on his wisdom to the next generation of pediatric urologist.

Dr. Erin McNamara
Boston Children's Hospital

Alan Retik was a man of unique talents who left an unforgettable mark on those he trained and cared for. I imagine he was many things to many people, but two qualities stand out most for me when I contemplate what he has done for our profession.

He was a man who led by doing. No one outworked Alan Retik. From my early days in training, I heard legendary stories of his tenacity and endurance. There were many examples of him competing with Dr. Hendren during their early years at Children’s. They had a healthy competition in everything down to who would arrive first at the hospital. Both great men won because of this relationship. We all won because of this and saw how healthy competition can push us all to achieve our potential.

The man was a master motivator. From the moment you met him he made it clear that his department had something valuable to offer - a prize that we as trainees were to feel fortunate to be experiencing. He would often say things like “I wish I was the fellow” and “Do you realize that you are one of the most fortunate trainees in the country?” In doing this, he instilled a sense that you were someone of value. You were in pediatric urology because you had something important

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to bring to the profession. And he made it crystal clear that he expected big things from you. I feel incredibly fortunate to have spent time with Alan Retik. He was a great man. The world needs more people like him.

Dr. Martin Kaefer
Riley Hospital for Children, Indiana University Health

From the moment I started my career on an adolescent surgical floor at Boston Children's Hospital (BCH), I knew that I had a passion for Pediatric Urology Nursing. My very first patients were on the Urology Service at BCH. I was drawn to the challenges of care of children with complex anomalies. Little did I know that eight years later an opportunity to join the Department of Urology would present itself.

I was extremely impressed by my interview with Dr. Alan Retik, Chief of the Department of Urology. His dedication, devotion and drive defined the gold standard of care that I sought to be a part of. Close to thirty-five years later, I reflect on the vision and mentorship that Dr. Retik had on my nursing career. From day one, I was offered countless resources and the ability to develop my expertise. Under Dr. Retik’s leadership, I was presented with tremendous opportunities including clinic expansion and the support of programs that had a positive impact on our patients. One of the most meaningful initiatives was the development of the Bladder Exstrophy Support Group, which celebrates thirty years in existence in 2022. Dr. Retik was the keynote speaker at the first meeting and several others over the years. His connection to patients and families was genuine and sincere. In fact, his impact on the care of several patients became the topic of their college essays!

Dr. Retik was a tremendous supporter of Pediatric Urology Nursing. His vision helped pave the way for the inception of the Pediatric Urology Nurse Specialists (PUNS), a professional society dedicated to nursing education and collaboration. Dr. Retik encouraged me to maintain an active role in PUNS and lecture nationally as well as internationally.

Maya Angelou once wrote “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel,” There was not a single day in over three decades that he did not make me feel challenged, valued, and respected. I am forever grateful that Dr. Retik believed in me.

Rosemary H. Grant BSN, RN, CPN
Boston Children’s Hospital

A Tribute to
Dr. W. Hardy Hendren, III

1984, 4:30pm and the office was closing. My interview with Dr. Hendren would have to wait a little longer, “he is in the OR”. A chair was placed outside of his office, phone on the wall for updates. Little did I realize at that time what that really meant. Over the next 7 hours my thoughts went from visions of what an incredible opportunity, to what am I doing here!, back and forth and down several rabbit holes. Needless to say, I survived that interview day and the 365 days of fellowship training along with the many miracles that would eventually follow. Without question, during that one short year I learned more about the fundamentals of surgery, the true meaning of commitment, and the selfless character required when caring for children, than any other time in my medical training. My last action of each day was to complete my operative diary of what had transpired and what I had learned. To this day, I periodically review cases from the past, finding pearls on the path.

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More than once Dr. Hendren asked me what I saw, and what I thought he was going to do. I came to appreciate that speed is not a factor in surgery, a surgeon's quality and skill is defined by attention to detail and maintaining meticulous technique at hour one through hour 21. Next steps are not always predetermined, the plan is “to take them apart, and put them back together.” If you are having problems, you’re not doing it correctly and that starts with a “bigger” incision.

Boston Children's Hospital is a magical institution; my mentors were truly magicians. Their sleight of hand did create many miracles.

Dr. David Joseph  
University of Alabama at Birmingham, Children's of Alabama

I was introduced to W. Hardy Hendren when I was an intern and he invited my Chief, Bill McRoberts to a party held at Hardy’s mother’s apartment in Kansas City where a urology meeting took place. I came along having no idea who I was about to meet or why. My first impression of him was shocking. He seemed so small as we walked up behind him. It was when he turned to greet us that I was first frozen by those intense blue-gray eyes. When Hardy addressed you, he didn't look at you he analyzed you, looked right through you. There was no question if he was paying attention whether you were a king or a pauper or a know nothing medical student from Greece, Ireland, or Kentucky. If you faltered in the conversation, he moved on but unlike so many highly successful people he genuinely wanted to know what you thought. His remarkable life story and myriad of accomplishments and honors are available many places and it is pointless to repeat them here. His life was legendary.

Instead, I want to express what he meant to me and many others who trained with him.

Hardy was brilliant, confident as the fighter pilot he trained to be, courageous as a surgeon and thinker, and fair to everyone. He cared deeply for his family, his patients and for the art of surgery. His devotion sucked everyone who was paying attention into his wake like a rip tide. Hardy was a force. He was combative at times and defeated at least once but this just made him more human and then he adjusted and built a career which is almost too dramatic for Hollywood. He could be curt, and he never tolerated indifference or any effort he considered incomplete. Hardy was a man from another time. Hardened by giants like Robert Gross and Edward Churchill in the crucible of surgical training of the Harvard system of the 1950's and 60’s, Hardy had to find his own way many times. I never met a man so confident yet so quick to question himself. No one who trained with him could forget the 15-hour (or longer) cases where he would revise an anastomosis again and again until it was perfect in his eyes.

When I became his fellow I was terrified of him at first, terrified of that stare, those eyes, the knowledge that seemed limitless. I asked questions and wrote down everything he said. I pestered him so much that once during surgery he stopped, put down his instruments and stared at me. I almost passed out. He asked, “Tony, do you talk all the time when making love to your wife?” After my vasovagal reaction calmed, I said no. He said, “Great, then shut up and savor this experience too”. Like many young surgeons, I came to treasure those intense cases, the office rounds at 10 pm. I came to love my time with him, Dottie, Mrs. Hendren, all people who shaped my life. We have been close friends since I left Boston 39 years ago. My wife Jan and I visited them the end of December.

What did I learn from him? In surgery, I learned to accept nothing that is not the best you can possibly do regardless of the time or effort required. I learned to be creative and courageous. I learned that a surgeon can make a difference in the lives of their patients and their students and nothing is more gratifying in medicine. I learned to enthusiastically look forward to the very worst surgical problems because that is where you can make the most difference. As George Eliot said, “What do we live for, if not to make life less difficult for each other?” I know that the most important thing we do is pass

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knowledge on to future generations. What else did I learn? Family, especially your partner in life is your treasure. Eleanor is as amazing a person as Hardy. They were a team and her light still shines bright. Hardy always made time to talk to his family and loved his time with them.

When I first met Hardy Hendren I thought he was a small man. When I was privileged to know him, I realized he was a giant. I am so proud to have been one of his students and friends. I don't believe I will see another like him in my lifetime.

Dr. Anthony Casale  
University of Kentucky, College of Medicine

I have been blessed with many masterful, wise, and patient mentors. Hopefully, this statement is true, or soon to be, for all reading this. I am honored to offer a few of my thoughts regarding mentoring, and a special mentor; Dr. W. Hardy Hendren. With Dr. Hendren's passing, much sorrow, thought and emotion, by so many. Time also for celebration and reflection! I learned so much from Dr. Hendren for which I am forever grateful. The classroom everywhere and never-ending, throughout fellowship and beyond (1996-), through years of observing, assisting, conversing with, and now re-reading, Dr. Hendren.

Availability, is perhaps, the most important quality of a mentor. Availability and time are elusive precious commodities, and their securing exquisitely challenged in this relentless-immediate-need-feedback-need “twister” of a world we navigate. I learned the importance of mentor availability during fellowship. Saturday mornings would eventually lead to Dr. Hendren's office, and a seat across his desk for patient review, and, on occasion, my choice of topic for discussion, “What's it going to be today, philosophy or surgery?” Yes, precious availability and time offered you, the mentee! Dr. Hendren once told me and he often reminded others, I paraphrase; “You are not thanking someone for their time, rather you are thanking said individual for what they did with you or for you during that time!”

I implore every mentee to accept, embrace, and exploit your mentor's availability! Help facilitate your mentor's availability. Be flexible, be honest, be open mind. Appreciate that your mentor is busy. Time? To meet? Wait-what? Remember, a busy schedule is precisely how she or he accrued and amassed their experience and wisdom. Ask your mentor questions. (I regret that I didn't ask more). Do not leave it to your mentor to wonder. Let your mentor know unmistakably that you are indeed interested and possess an insatiable thirst for their input. Do not be intimidated or afraid to query your mentor on theº– Why? How? When? Of principle or practice (philosophy or surgery?). This will stimulate, reassure, and energize your mentor, and maximize your investment return!

As much as possible, a mentor should verbalize her or his thought process; to operate or to not operate, the choice and planning of surgical approach, strategy, and specifics of technique. The close calls such as to taper or not to taper, the position and trajectory of the channel, to drain or not to drain and if yes, how? And so many other “close calls” in management, technique, and academic career. Make time for and encourage questions from your mentee. This should serve to confirm your commitment to the relationship, provide a nurturing supportive atmosphere, show appreciation for, and validate curiosity, and ignite the “inventing” potential within your burgeoning mentee!

The brilliant caring mentor follows up on and looks after his or her mentee. Dr. Hendren, did this many a time, probably more than I know, for me. On staff following fellowship, and in my own operating room, I thoroughly enjoyed (after the sweat dried and my scrubs returned to solid form) Dr. Hendren's occasional unannounced entry, with his curiosity, and much welcomed and needed, constructive criticism. A diligent mentor also sees to it that her or his mentee is given necessary opportunity, guidance, and support toward academic success and advancement.

There are countless marvelous stories. Some captured in print, as the Q and A session following paper presentation at National Meetings (such as the ASA), was published with the manuscript. On one such occasion, Dr. Hendren's mentor, Dr. Robert E. Gross opened the discussion, after Dr. Hendren gave his landmark “Urinary Tract Refunctionalization...” paper (Ann. Surg., Oct. 1974), by reflecting on younger staff, “They have accomplished things which we thought before were impossible.” Dr. Gross continued, recalling the words of Leonardo da Vinci; 'The brilliant student will certainly outshine his teacher.' I am not sure that in turn, that could ever be the case within the context of Dr. Hendren as the teacher and mentor.
For me a valuable lesson here. The mentor, just as the mentee, must always have an open mind. Everyone benefits when a mentor shares what they don't know. Areas and questions in need of answers! Our future inherently falls on the mentee, to digest and absorb the experience and the wisdom of the mentor and, in some instances, reformulate and improve upon those surgical tenets and techniques for the advancement of science and patient care, and for the benefit of the generation beyond the immediate mentee (the current mentee's future mentee). Otherwise, we never progress. Never improve.

As a mentor and a human being, Dr. Hendren, enthusiastically imparted his craft and his profession to his welcoming mentees. I must share two of my favorite Dr. W. Hardy Hendren axioms. “Sometimes the most conservative approach is a big operation.” and, “The surgeon must be the ultimate optimist.” Through the latter, Dr. Hendren promoted the concept of “surgical confidence.” To me, surgical confidence is defined as the development of a time-tested belief in one's own surgical thought process, preparedness and clarity, and technical precision. This only comes with time, mentored support, and reflection.

Per Confucius, “By three methods we may learn wisdom: First, by reflection, which is the noblest; Second, by imitation, which is the easiest; and Third by experience, which is the bitterest.” The best mentor provides copious opportunity for learning via the first two methods in preparation for the third method, your experience. Dr. Hendren was a teacher, mentor, and a gift to me as he was to many. As a faithful disciple, I use and profess his teaching and wisdom daily in my professional life. In the most important role of all, as a mentor, Dr. Hendren supported and propelled me throughout my career. Stating it simply. He believed in me! This meant and continues to mean everything!

For lessons learned, patients benefitted, and mentees aided. Thank you, Hardy!

Dr. Joseph Borer
Boston Children's Hospital

My first day of surgery with Dr. Hendren was running a little late and he asked me to start a simple open nephrectomy for hypertension in a girl in another room, at about 5 pm with Dorothy his nurse. He had told me to make sure I removed as much of the ureter as possible as she might have refluxed. I had just completed a 6-month chief residency as an independent attending at Hopkins so this was straightforward. I thought – wrong, of course. Dorothy indicated that my positioning was not what Dr. Hendren preferred, even though I had been given different instructions. We were struggling to find this small kidney and when Dr. Hendren (it was many years before I could call him Hardy) joined us he proceeded to clearly convey that he really didn't care if I thought I was a reasonably competent surgeon. I had to relearn it his way. And, even more importantly, the lesson was always listen to Dorothy. I was also made to learn to tie knots with my other hand and so at a PGY 7 was practicing knot tying on doorknobs at home. Six months later, Dr. Hendren let me do the anastomosis on a boy having a pyeloplasty. He was standing on the opposite side from his usual and as I was about the start the anastomosis, he indicted I had the ureter twisted. I questioned this only gently and so we put the ureter and pelvis together the way he thought it should be. At completion of a very tedious anastomosis with each stitch commented upon, he declared “Dorothy, it’s not right” and proceeded to take it apart and acknowledged that he had the ureter twisted. His lessons that day were several. If he could be disoriented after doing hundreds of pyeloplasties just because of where he was standing, anyone could. The fact that he would readily admit that it wasn't right and not talk himself into it being acceptable is also key and reflects what I think was his most important teaching point for the time I worked and knew him. The absolute necessity of discipline in surgery was always foremost in his performance and teaching of surgery. Never accept “good enough” when it should be better. This mind-set has stuck with me, and I have always tried to channel Dr. Hendren's thoughts and words when challenged in the operating room and teaching surgery and I hope it has served my patients well.

Dr. Craig A. Peters
UT Southwestern, Children's Health System Texas
A Tribute to Dr. Douglas Canning

Dr. Canning had a profound and lasting impact on my life as a physician, urologist, father, husband, and human being in general. Every time I would describe the ideal physician or mentor, Dr. Canning would be the first name I would think of and I’ve tried to model my life after the lessons that he taught. He was focused, sincere, humble, and kind amongst other additional traits.

The first and probably most important lesson was to always do the right thing for the patient. No matter whether in clinic, on call, or in the OR, it is our duty to keep the utmost focus and attention to the patient and task at hand. I frequently think of this “always on” attitude and try to think through every problem with the patient’s best interest at heart. I try not to make rash decisions, but rather take the time to make thoughtful and detailed plans for my patients because of Dr. Canning’s teaching.

The other lesson was continued personal improvement. I spent many times meeting with Dr. Canning as he challenged me to think of specific ways I could improve as a physician and in my life in general. He would force me to write down specific details that I could tangibly work on and improve upon. This has led to significant personal growth and personal insight. He taught everyone how to be humble. Here is one of the most world-renowned urologists introducing himself every time he walked into the operating room and always welcoming those around him. He always answered a phone call no matter the time of day and would always come into the hospital to help on a difficult case. Lastly, Dr. Canning always went out of the way to help me reach my goals. When I was applying for fellowship, Dr. Canning asked me where I wanted to go. The next day I received a call from the fellowship director letting me know that I had been accepted (Dr. Canning called that evening to provide a recommendation). That is the type of guy that he is, always going out of his way to support and boost up those around him.

I will miss Dr. Canning dearly. While I didn't see him frequently since I graduated, he was always a presence in my life in the background and I’d always think about the lessons he taught. There is no doubt I will continue to think of these lessons daily and continue to live my life by his teachings and by his example.

Dr. Matthew Sterling
MidLantic Urology, Pennsylvania

I began my Pediatric Urology journey at the Children’s Hospital of Philadelphia in 2002, a novice nurse practitioner. Friends and family often questioned my decision to begin my advanced practice career in Urology, and each time I was asked, I provided the same response: “the surgeons are some of the most talented, compassionate and humble doctors I have ever encountered in all of my bedside nursing experience.” Our chief, Dr. Douglass Canning, was the driving force behind these feelings and what shaped this legacy.

My tribute to Dr. Canning is not solely based on our professional collaboration—the knowledge that he shared, many co-authorships and presentations—rather, it is inspired by the positive environment he cultivated among our staff. Not one day would go by that he wouldn’t offer a genuine “thank you” and praise us for the children we helped, the families we reassured and the outstanding care our practice provided. Dr. Canning invited us into his family. He opened his home for our annual holiday parties where we were greeted by his children taking our coats and his warm smile welcoming us to his home. Each year, he would ask us to “look at our spouses, partners and family and thank them for allowing us to work longer days to provide the utmost care to our patients.” He always asked about our spouses, children and families, and was truly interested in our responses. In fact, Doug rarely forgot a name or a face, always calling out a greeting to a colleague that he might not have seen in a while, sometimes taking a few minutes to reconnect during a busy day at the hospital. The happiness that resonated from these exchanges was palpable. His presence is truly missed in the workplace.

My most treasured memory of Doug was on September 5, 2004; my wedding day. The Urology team had become a part of my family. Doug and his wife Annabelle were invited without hesitation. That day, I had the usual jitters that occur the moment you know the church is packed, the doors are closing, and you are about to walk down the aisle for one of the biggest moments of your life. All the deep breathing and pep talks from my dad couldn’t alleviate the circus of butterflies that were occurring in my stomach. As soon as the classic Bridal Chorus began to play and the church doors opened, the first set of eyes I made contact with was Doug’s. His famous gap-tooth smile beaming with pride was exactly what I

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needed at that very moment. He wasn't just my boss, he was family, which is why the void created by his tragic absence will remain empty for a very long time.

Dr. Canning you were my leader, my teacher and my mentor. Our Urology family, along with the entire Children's Hospital of Philadelphia community, will never be the same without you. Your unique spirit endures in every person who had the good fortune of knowing you. I promise to continue to care for our patients with your same dedication, compassion, and empathy as you gave every single day.

Jennifer Kirk, NP
Children's Hospital of Philadelphia

In a word, Dr. Douglas Canning epitomizes every definition of an inspiration. He inspires fellows to come to Philadelphia for the privilege of training under him. He is, and has always seemingly been after hearing innumerable stories shared, a courteous, respectful, and honorable person. He is reliably there when you need him. He is somehow always available when you need to chat, and spending just 5 minutes talking with him makes you feel like the best version of yourself. He is slow to anger, but quick with praise. Yet he does not let success go to your head, but challenges you to achieve even more, to aim even higher. "Jump into every pond you can, try on every outfit you can, throw it all against the wall and see what sticks". He does not just set an example - he leads through hard work and by lifting up his team. He reminds us with his meticulous planning prior to every case that you are never too far along in your career or too great a figure to cut corners. Or to laugh at yourself ("Canning suture poisoning" named for the excessive number of Prolene holding sutures during a case.). He truly loves his job, and reminds us to take a step back when your day-to-day thoughts become negative, saying instead to yourself about the privilege of taking care of children, “now, how great is that??” He inspires us not just to be the best pediatric urologist we can be, but he inspires us to be the best people we can be. The best partners. “Don't forget to thank your spouse every single day.” The best friends and family we can be to our loved ones. The best colleagues. In this way, his legacy lives on through us. We still think of Dr. Canning on a daily basis, no longer with as much grief, rather with more determination to pass on his example, to embody the ideals he taught us. To inspire.

Drs. Diane Bowen and David Chu
Lurie Children's Hospital of Chicago

There are few people in a person's life whose influence can be transformational. Change the very way you interact with the world and its people, how you prioritize things and how you model your life. Dr Douglas Canning was that person to a lot of us. Doug was the consummate surgeon scientist who never stopped learning and/or improving care for his patients. He was an adoring husband and dad so proud of his family. And he was the most supportive and guiding mentor/"boss" to his colleagues who worked alongside him. Doug was chief of urology division in CHOP for 25 years and I was fortunate to share the last 10 years with him. I had the opportunity to observe him closely, learn from him and be guided by him in my early career years. I call these lessons “DACisms” and some of them are so ingrained in me that I find myself repeating them to my example, to our residents and fellows. Here are a few of his quotes:

- Respect all positions however contradicting they may be to your own. Listen to all ideas – the day you stop listening you stop learning.
- Relationships are built on trust and respect – honesty and humility will see you through
- Solutions to your problem are within yourself – my job as your friend and mentor is to hold that mirror so that you can see it for yourself
- Pause before you speak – choose your words wisely
- If you want to grow something, invest time and energy, think about it constantly, seek counsel and build a team
- I know you love your dog – I can trust you with the care of my child!

Dr Canning left an indelible mark on all who he came across and will remain forever in our thoughts and hearts. As a wise man once said (I am paraphrasing): “great men leave a light behind for many men to follow.” No one's light shines brighter in our path forward than Dr Canning's and we will continue to bring that light and spread it to everyone we meet. That is his legacy.

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As all of you, I have trouble justifying this tragic loss of Doug. I can only imagine that God must have had a very difficult re-do bladder exstrophy up in heaven that he needed help with.

We have lost a leader in our field, someone who made a difference in so many ways. His self-less character and willingness to engage with anyone – rookie or veteran – made him a “best friend” to so many. At the Celebration of Doug's life on August 13 in Philadelphia, a longtime friend from Dartmouth put it best when he said, to the effect, that 'Doug seemed more interested in what I was doing than I was.' And whether you cycled, played squash, fished, sailed, or skied with Doug, or even just enjoyed his famous morning protein shake, his passion for life was always so evident with his infectious smile and laugh.

Doug had incredible vision. Obstacles that would derail most of us were seemingly effortless for him to overcome. He always focused on making a difference in the lives of others.

Personally, Doug was my role model in bringing people together. He was the ultimate connector. Whenever I needed advice or a door opened to get me to someone else, I most often would call Doug, who was always willing and effective in making those connections.

Considering all his accomplishments, it was clear that he was always most proud and thankful for his family. When he spoke of anyone of them, he did so with a big smile. In spite of all his roles, clearly his family was most important.

Life is so unpredictable and uncertain, but one thing that is certain is that Pediatric Urology, and each of us who had the good fortune to spend time with Doug, are all the better for it.

Dr. Arun Srinivasan
Children's Hospital of Philadelphia

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Dr. Anthony A. Caldamone
Brown University, Rhode Island Hospital and Hasbro's Children's Hospital

SOU Representatives Appointment to AAP UTI Guidelines Subcommittee

The AAP is proud to announce that Dr Craig Peters and Dr Caleb Nelson have been approved to participate as representatives to the Section on Urology on the AAP Urinary Tract Infection Clinical Practice Guidelines Subcommittee, a group who will oversee the revision of the Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months. The SOU is pleased to have two very qualified members of our section as contributors to this very important update.

Craig Peters, MD, FAAP is a Professor in the Department of Urology at UT Southwestern Medical Center. He serves as Chief of Pediatric Urology at Children's Medical Center in Dallas, TX.

Caleb Nelson, MD, MPH, FAAP is Associate Professor of Surgery and Pediatrics at Harvard Medical School. He serves as Director, Clinical and Health Services Research, and Director of Education, in the Department of Urology at Boston Children's Hospital in Boston, MA.

Dr Peters and Dr Nelson were selected to participate on this Subcommittee for their unique perspective and valuable expertise to this evidence-based publication. The AAP anticipates a two-year timeline for publication of this guideline. The selection of these candidates reflects the ongoing importance of SOU membership in providing input to AAP guideline development relevant to the urology patient population.
The AAP SOU Advocacy Committee has been working hard to keep abreast of the various issues affecting both the practice of urology and the care of pediatric urologic patients. Over the past year a number of issues relevant to our membership have continued to move forward irrespective of the evolution of the COVID-19 pandemic, which we are delighted to share with you in this update.

S. 4330 Specialty Physician Advancing Rural Care (SPARC Act)

Any discussion of physician workforce issues starts with one of two issues: the impending physician shortage and the increasing burden of educational debt. The demand for physicians is projected to exceed supply, with estimates varying from a shortfall of between 37,800 to 124,000 physicians by 2034. Of those, 21,000 to 77,100 are expected to be in non-primary care specialties.\(^1\) While the rural physician workforce has remained relatively constant at 12 per 10,000 people over the early part of the 2000s, we are expected to see a 23% decrease of that ratio by 2030.\(^2\) Urologists in particular are in short supply, as 60% of U.S. counties do not have a practicing urologists (data on pediatric urology specifically is not readily available). Meanwhile, according to the Association of American Medical Colleges, for the graduating class of 2021 the median medical student debt was $200,000 ($194,280 and $217,746) for public and private schools respectively.\(^3\) According to a recent study in Urology Practice, amongst practicing urologists, almost half continue to carry educational debt 5 years into practice, and 10% are still paying off loans after 16 years, factors which were more pronounced for Black and female urologists.\(^4\)

Currently, the National Health Service Corps (NHSC) administers a Loan Repayment Program (LRP) for primary care clinicians (family medicine, general internal medicine, general pediatrics, obstetrics/gynecology, and geriatrics) who choose to enter practice full- or half-time clinical practice at an NHSC-approved site located within what is known as Health Professional Shortage Area (HPSA). HPSAs include things like federally qualified health centers, rural health clinics, the Indian Health Service, correctional facilities, or other areas (including geographic areas, populations, or facilities) in which there has been an identified shortage of primary, dental or mental health care providers. Loan repayment amounts are up to $50,000 for an initial two-year contrast, renewal annually for up to $25,000 per year for qualifying loans. Unfortunately, specialty physicians, including urologists, are excluded from this program.

In response to this disparity, the American Urological Association (AUA) has led the charge in creating and championing the Specialty Physician Advancing Rural Care (SPARC Act). Officially introduced in May of this year as Senate Bill 4330 by United States Senators Jacky Rosen (D-NV) and Roger Wicker (R-MS), the SPARC Act seeks to amend the Public Health Service Act to create a program for specialty physicians that parallels the NHSC LRP. Specifically, the program would allow

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specialty physicians who choose to practice in rural areas for up to six years the opportunity receive forgiveness of eligible student loans up to $250,000. This bipartisan legislation seeks to alleviate the access gaps in rural and underserved parts of America by incentivizing specialty physicians to take up practice where the need is greatest. Thus far, the bill has been endorsed by the American Medical Association, the American Academy of Allergy, Asthma, and Immunology, the American College of Rheumatology, and the American Gastroenterological Association, to name a few. The SPARC Act is currently referred to the Senate Committee on Health, Education, Labor, and Pensions, and the AUA and its partner are continuing to seek additional Senate cosponsors for this vital piece of legislation.

**Pediatric Specialty Loan Repayment Program**

In similar news, the Pediatric Specialty Loan Repayment Program, was approved as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act and received $5 million in funding for Fiscal Year 2022, in large part due to advocacy led by the AAP. Unfortunately, this was significantly less than the $50 million originally requested and advocacy efforts by the AAP and others are pushing for a higher level of funding for 2023. This initial funding limit is expected to fund approximately 50 initial two-year awards. The PSLRP seeks to offer loan repayment options for pediatric medical and surgical specialists working in health professional shortage (e.g. rural) or medically underserved areas at a rate of $35,000 per year for at least two years.

**Additional Federal Advocacy Issues**

While not necessarily specific to our specialty of pediatric urology, the AAP continues to be active at the federal level on a number of issues relevant to all providers involved in the care of pediatric patients.

- **Gun Violence.** Earlier this year, President Biden signed into law the Bipartisan Safer Communities Act, which is the first major legislation passed specifically addressing the scourge of gun violence in decades. Included in the BSCA are $750 million in funding support for states’ crisis intervention orders, enhanced protections for victims of domestic violence by including convicted abuses in the National Instant Criminal Background Check System, clarifications on the definition of ‘federally licensed firearms dealer’, a more thorough review process for buyers under 21 years of age, federal penalties for ‘straw purchasing’, in which an individual may purchase a firearm for someone else is unable, and $250 million for community-based violence prevention programs. Additional components of the BSCA include expansion of behavioral and mental health programs for children and families, including telehealth, community and first responder training, and support after traumatic events, as well as increased funding for schools. The AAP continues to push for additional measures to combat gun violence including universal background check legislation and federal funding for gun violence prevention research to the tune of $35 million for the U.S. Centers for Disease Control and Prevention and $25 million for the National Institutes of Health.

- **Protecting Immigrant Families.** Since 1996, federal law has restricted the ability of lawfully-present immigrants to access federal assistance programs such as Medicaid, the Children's Health Insurance Program (CHIP), the Temporary Assistance for Needy Families (TANF) program, the Supplemental Nutrition Assistance Program (SNAP), that directly affect the health of pediatric patients for a period of five years after immigration despite paying taxes during that same time, often referred to as the “five year bar”. Furthermore, existing law allows states the freedom to adopt more severe restrictions while hindering the ability of states who would otherwise seek to establish more inclusive state-based programs. The Lifting Immigrant Families Through Benefits Access Restoration (LIFT the BAR) Act (H.R. 5227/S. 4311), supported by the AAP, would remove the five year barrier as well as additional barriers to receiving vital federal resources for immigrant families.

- **Vaccines.** Over the course of the COVID-19 pandemic, we have seen a dramatic decrease in childhood vaccination rates which is attributed to the politicization of the pandemic and COVID vaccinations, and a subsequent trickle down on vaccination rates for preventable communicable diseases for which administration had been largely routine for most of the population up until this recent change. The Strengthening the Vaccines for Children Program Act (H.R. 2347/S. 2691) would augment the Vaccines for Children (VFC) program by extending eligibility in the Children's Health Insurance Program, ensuring Medicaid can pay for the administration and counseling of vaccines, allow the VFC program to administer childhood vaccines in the child’s medical home, and require new CDC reporting requirements that would allow identification of disparities in vaccination rates.
Advocacy Committee Update  Continued from Page 17

More information about AAP advocacy issues can be found on the AAP advocacy website: https://www.aap.org/en/advocacy.

For those interested in deepening their involvement in pediatric-specific federal advocacy issues, save the date for the AAP Advocacy Conference, March 26-28, 2023 in Washington, DC. Further details forthcoming.

References:

Coding/Billing Committee Update - A Deeper Dive into 2021 Office/Outpatient E/M Guidelines

In 2021, new guidelines were established for office/outpatient coding. At our institutions, various questions have occurred regarding the nuances of using these new guidelines. As we are certain similar questions have occurred at other organizations, we would like to share conclusions that have occurred secondary to audits performed by our institutional Joint Office of Compliance and after seeking direct clarification from the AMA. As this relates to the Medical Decision Making (MDM) within the outpatient setting, this will pertain to codes 99202-99215. For reference, the revised 2021 AMA MDM Table can be found at https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf.

1. Procedure/ Patient Risk Factors:
Patient or procedure risk factors are referenced in the risk element of the medical decision table (Fifth column of the MDM Table) and describe either the decision regarding patient or procedure risk factors at a moderate (99204/99214) or high (99205/99215) level of MDM.

In March 2021, the AMA added a definition for surgery risk factors. Specifically, the AMA clarified that the risk factors they are referencing are those that are relative to the patient and the procedure. To document the risks relevant to the patient and procedure, the AMA recommends documenting the relevant risk factors of a given procedure that relate to a patient's specific conditions and comorbidities. If the specific risk factors that correlate to the procedure and patients condition(s) are not included in the documentation, it will be considered insufficient to be counted toward the "Risk” MDM in determining the level of care.

A. An example of acceptable documentation of risk would be: “The patient is at increased risk from anesthesia and increased risk for oxygen requirements after surgery due to his obstructive sleep apnea, poor wound healing and obesity.”

B. Examples of unacceptable documentation of risk would be: “All alternatives, benefits and risks of bladder

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augmentation were discussed with the patient and his family without any apparent barriers to learning or understanding” or “Discussed the procedure risks with the patient”.

2. **Documentation of Ordered Tests**

The ordering of each unique test is referenced in the Data Element of the MDM Table (Column 4). This is used to give credit for tests that are deemed medically necessary, are ordered and are subsequently reviewed. The AMA defines a test as imaging, laboratory, psychometric or physiologic data. In order to receive MDM credit for ordering and review of tests, the documentation needs to support the medical necessity for the order. The official guidance is that documentation within the patient note must include mention of the test(s) ordered if they are to be counted in the Data element for the MDM table. The documentation should support the medical need for the test and best practice would include indicating the specific test that was ordered (i.e. Chem-7, renal ultrasound, CT scan, etc.). It may be best also to add context as to why a test was ordered, by documenting the ordered test under the diagnosis within the Assessment/Plan.

A. An example of acceptable documentation would include: “Diagnosis: History of Hydronephrosis Plan: Renal ultrasound ordered”

B. Unacceptable documentation would be no mention of the test anywhere in the clinic note.

3. **Discussion of Management with an External Physician or Qualified Health Professional**

Discussion of management is referenced in the Data Element of the MDM Table (Column 4) and is found at the moderate (99204/99214) and high (99205/99215) levels. The AMA provides specific guidance related to this, stating that to qualify as “discussion”, it requires an interactive exchange that is direct. The discussion may be asynchronous and while it does not need to occur on the date of the encounter, it should fall within 1-2 days of the visit in order to be included in the MDM for the encounter. Sending of chart notes or written exchanges within progress notes does not qualify as such a discussion. Stating that a discussion will occur at a later date also does not count. As such, documentation that a direct, interactive exchange has occurred must be present to count toward MDM.

A. An example of acceptable documentation would include: “I have spoken with the patient’s nephrologist who recommended increasing the dose of the ACE inhibitor due to the history of poor blood pressure control and after discussion, we will proceed with these changes”.  

B. An example of unacceptable documentation would include: “I will discuss the patient at our upcoming multi-disciplinary DSD conference to review management options”.

4. **Order/Review of Unique Test versus Independent Interpretation**

Both the ordering and review of each unique test as well as interpretation of tests are found in the “Data” column (Category 1 and 2) of the Elements of MDM Table (Column 4). The AMA states that the order and performance of the interpretation of the test are not included in MDM when the same provider (or someone from the same specialty in the same group) is separately reporting the professional interpretation. Tests that do not require a separate interpretation (such as tests that are results only, like a laboratory test) and are analyzed as part of MDM for that encounter should only be counted as the “order” of a unique test and not “interpretation”. If a test has a professional interpretation component and the provider does review the raw data (i.e. the imaging), documents their interpretation within the note and the professional interpretation is not being separately reported by that provider or someone from their same specialty in the same group, then it can be included as “Independent Interpretation” for the “Data” MDM category. If a test is ordered and independently interpreted by the provider reporting the E/M service, they (or someone with from their same specialty in the same group), must choose to count this as either the order of the unique test (Category 1) or interpretation of the test (Category 2), but not both.

A. An example of acceptable documentation includes: If a provider ordered a renal ultrasound and then interpreted the study independent of the radiologist, that interpretation of the ultrasound should be documented within the note, but the provider may only use Category 1 (the ordering or the test) or Category 2 (the independent interpretation of the test) to help determine MDM, but not both Categories 1 and 2.

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5. **Review of Tests/Documents from an External Source**

   Review of external notes and records is found as part of Category 1 within the Data MDM (Column 4). The AMA states that “external” applies to records, communication and test results from an external physician, other health care professional or health care organization. An “external physician or provider” is one who is not within the same group practice or is of a different subspecialty. Review of all materials from any unique source counts as one element toward MDM. This would mean that even if materials include a combination of tests and clinical notes, that all of these that are from the same source (i.e. the same external hospital) are only counted once.

A. Examples on how to count external tests/documents in MDM are as follows:

1. Clinic notes from hospital “A” and a renal ultrasound from hospital “B”. Since the materials came from two unique external sources, this would count as 2 MDM bullets.
2. Labs, x-rays and clinic notes all from Clinic “A”. Since all materials reviewed were from a single unique external source this would count as only one MDM bullet.
3. Labs and clinic notes from a different specialty within your same hospital and labs and clinic notes from hospital “A”. Since a different specialty within your same group/hospital counts as “external”, all the materials reviewed would be from two unique sources and would be counted as two MDM bullets. Some institutions may not count a different specialty within your same hospital as “external”, so a discussion with your individual compliance office may be necessary.

These are some of the guidance that our institutions have received from the AMA regarding level of MDM with the new CPT E/M guidelines that occurred in 2021. WE are certain that our experiences are not unique, and we hope this provides some insight into how the AMA intends for MDM to be utilized and the requirements for proper documentation needed to support one’s MDM, so that proper credit can be received for our outpatient encounters.
Education Committee Update

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The education committee assists with providing oversight and coordination of educational and programming contributions to AAP publications and activities on behalf of our Section.

In preparation for the Fall Congress AAP Lattimer lecture, we opted to highlight a leader in the improvement of diversity, equity and inclusion (DEI) in our field and invited Tracy Downs who serves as co-chair of the AUA DEI Taskforce. Our AAP member and own pediatric advocate for DEI, Casey Seideman, will be introducing him at the Saturday morning lecture.

We contributed edits for relevant chapters for the upcoming 7th edition of “Caring for Your Baby and Young Child: Birth to Age 5” released by the AAP, as well as a review of “Health Supervision for Children with Sickle Cell Disease” for the Section on Hematology/Oncology. In June, a new “Focus on Subspecialities” AAP News article was co-written by our fellow member Christopher Jaeger on the role of speed mentoring for pediatric urology fellows.

For the upcoming 2022 National Conference & Exhibition (NCE), our accepted sessions for the general pediatrics audience include “Evaluation of the Male Newborn Genitalia,” “Groans from the Groin: Evaluation and Management of an Acute Scrotum,” and “Wet Pants, UTIs and Constipation; Important Role of Bowel Function for Management of Pediatric Urology Problems.” The conference will be taking place on October 7-9 in Anaheim, CA. Planning has begun for the 2023 NCE conference amongst both the executive and education committees.

Our leadership is in flux on our committee. After serving many years as a productive member and leader, Gina Lockwood will be ascending to an executive committee position. In addition, we have gratefully welcomed our new Section on Urology Manager Melissa Marx, who has been assisting with our leadership transition by creating a log of our committee's historical activities to reference in future planning. These logs will be added to the AAP SOU member website for general member reference as well.

We have numerous pending HealthChildren.org articles to look forward to share in future newsletters contributed by recent fellow members of the AAP, most scheduled to be published by the end of the year. We look forward to sharing our updates in the next seasonal update and we extend gratitude to our AAP members for their continued support of the AAP.
A Tribute to Dr. Blake Palmer

Our small pediatric urology community lost a dear friend and colleague, Blake Palmer, in June of this year, a year in which it feels we have lost too many friends and colleagues.

The mission of the AAP is to attain optimal health and well-being for all infants, children, adolescents and young adults. There is no doubt that Blake dedicated his career and working life to the care and well-being of children. As a pediatric urologist and transplant surgeon in Oklahoma City, OK and Fort Worth, Texas, he cared for many children, notably those with complex conditions. Words used to describe him by patients, families, and colleagues include “kind,” “joyful,” “patient,” “innovative,” “funny,” “compassionate,” and validating.”

Blake’s quick wit, ready smile, and humble nature immediately disarmed those around them and put them at ease. He was effortlessly funny, sent the best Christmas cards and had the worst Movember mustaches. Blake always had time for others, making colleagues and trainees feel important and heard. He was described as “the glue that brought people together but not afraid to stand up for what was right.”

To say that Blake was a dedicated member of the AAP SOU is an understatement, as he had served as Vice Chair for our Education Committee for the last five years. It was a joy to attend monthly early AM meetings with him. He did much for our group including organizing our NCE presentations every year for years, reviewing and editing countless documents from other subspecialty societies, and contributing to parent education via healthychildren.org.

More important than these contributions, he had genuine curiosity about his colleagues’ lives outside of pediatric urology, and he was an easy friend to make and keep. He was a loving husband to Dr. Andrea Hibbard Palmer, and dedicated father to Lorelei and Wiley. Please continue to keep his family in your thoughts and prayers.

As Blake's death undoubtedly leaves a hollowness in our hearts, please know that your friends in the AAP SOU are here for support always. If you would like to make a donation in Blake's memory, his family has asked for them to be forwarded to:

https://drlornabreen.org/
https://giving.cookchildrens.org.main.aspx

Click on "other" and write Blake’s name and “Camps for Kids.”

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Arkansas Children's Hospital

Elizabeth Malm-Buatsi, MD, FAAP
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**Fellows Corner**

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Fellowship training is a time for focused growth and rapid development. We are nearly a third of the way through another academic year where fellows across the country are refining clinical and research skills in preparation for a successful career in pediatric urology. We would like to congratulate all of the recently graduated fellows who have recently started new jobs or will soon be entering into practice. We also welcome the new pediatric urology fellows who started in July! For incoming fellows, you will have a representative to the AAP Section on Urology and the SPU Executive Board. Please do not hesitate to reach out to your representative if you have any questions or needs that you would like discussed with these organizations.

This past year we saw a return to in-person meetings with excellent conferences held in Miami, FL and New Orleans, LA. We offered events for fellows at both conferences highlighted by the “Speed Mentoring” event at the Fall Congress and a panel on “Coping with Complications” at the AUA22 Annual Meeting. The speed mentoring event pairing a diverse set of 18 attending mentors and 20 current Pediatric Urology fellows was a success. The description and evaluation of this speed mentoring program was published in the AAP News as a highlight of the many offerings from the AAP Section on Urology. This academic year, we are eagerly awaiting the chance to reconnect in Las Vegas for the Fall Congress and Chicago for the AUA23 Annual Meeting. With the support of the AAP and SPU, we are planning to organize another speed mentoring program as well as a panel at the spring annual meeting.

Michael Ernst has rotated off as a fellow representative and Chris Jaeger will remain the senior fellow representative. We are in the process of selecting the junior fellow representative and will announce that individual soon. As always, contact the fellow representatives if you have a specific topic that you would like us to highlight here or if there are training-related issues that you would like to be brought to the attention of the AAP or SPU. We strongly encourage all fellows to join the AAP Section on Urology. There are excellent opportunities for fellows to become involved in the section that actively participates in advocacy efforts, publishes educational materials for pediatricians, and contributes to websites for children such as HealthyChildren.org.
Why Join the AAP Section on Urology?

- Membership in the academic group (section) most influential in the development of pediatric urology as a true specialty with a separate CAQ
- Support for the group (AAP) that recognized our development as true specialists long before the AUA, ABU, or anyone else did so

Individual Benefits
- Identification, with a degree of legitimacy, as a specialist in the care of children
- Tangible support for local pediatricians who are the source of most patient referrals
- Opportunity to serve on the Section's Executive Committee and sub-committees
- Opportunity to serve on national AAP committees that draft clinical policy and guidelines
- Access to Section and AAP websites and educational information
- Opportunity to shape and implement child health policy at a local and regional level

Who Can Join? (membership criteria can be found online)
1. AAP Members
   Membership in the section is open to Board Certified Pediatric Urologists, Board Eligible Pediatric Urologists, Fellowship Trainees, and National Affiliates (nurse practitioners and physician assistants).

2. Other Allied Health Providers – Section affiliate members who are physicians, osteopathic physicians, nurses, research scientists, and nephrologists who advance the care of pediatric urology patients but who are not eligible for membership in the Academy.

How To Join?
1. Go to https://membership.aap.org and create a shopAAP login and password.
2. Choose a membership type (see above)
3. Fill out the application. Check the box for “Section on Urology” -- and any other Sections or Councils that interest you.

Questions? - If you or any potential members have any questions about membership, please contact Dr. Julia Finkelstein (julia.finkelstein@childrens.harvard.edu), or our Section Manager, Melissa Marx (mmarx@aap.org).

Call for Nominations for SOU Subcommittees

The American Academy of Pediatrics is seeking nominees for open positions for the Section on Urology (SOU) Education, Membership, and Equity, Diversity, and Inclusion Subcommittees.

Education Committee (1):

Eligibility
- Be an active member of the AAP and SOU

Term length
SOU Education Subcommittee members are appointed to serve a 2-year term by the SOU Executive Committee.

Meetings
The SOU Education Subcommittee meets virtually monthly.

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Call for Nominations for SOU Subcommittees  Continued from Page 24

Membership Committee (1):
Eligibility
• Be an active member of the AAP and SOU

Term length
SOU Membership Subcommittee members are appointed to serve a 3-year term by the SOU Executive Committee.

Meetings
The SOU Membership Subcommittee meets virtually monthly.

Equity, Diversity, and Inclusion Committee (3):
Eligibility
Be an active member of the AAP and SOU

Term length
SOU Equity, Diversity, and Inclusion Subcommittee members are appointed to serve a 2-year term by the SOU Executive Committee.

Meetings
The SOU Education Subcommittee meets virtually monthly.

Submission Requirements
Interested members should submit a current CV and a letter of interest for the role to Melissa Marx at mmarx@aap.org.

Any interested candidate selected must be members in good standing of both the AAP National and the Section on Urology.

Introduction to New AAP SOU Staff Manager

Melissa Marx
Manager, Committees and Sections
American Academy of Pediatrics
Email: mmarx@aap.org

Please welcome Melissa Marx, SOU’s new Section Staff Manager, who will be overseeing and supporting the SOU members and their respective activities and initiatives.

While new to the SOU, Ms Marx has 16 years’ experience with the American Academy of Pediatrics, most recently serving as Manager for the AAP’s prehospital and emergency-medicine continuing education training programs. She has also acted as lead staff to the American Heart Association (AHA) Advanced/Basic Pediatric Life Support Writing Groups who produce the guidelines for CPR and Emergency Cardiovascular Care that are the foundation for the AHA and AAP’s training programs. In her previous role, Ms Marx was integral in implementing new innovative learning modalities into her training programs which included a flipped classroom/hybrid approach, as well as simulation and virtual reality.

Ms Marx is thrilled to work with the SOU and can be reached by email at mmarx@aap.org.
We welcome contributions to the newsletter on any topic of interest to the pediatric urology community.

Please submit your idea or article to:
Dr. Julia Finkelstein, Julia.Finkelstein@childrens.harvard.edu