



Reflections from the Chair

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As the Chair of the American Academy of Pediatrics (AAP) Section on Urology (SOU), my tenure has been marked by challenges, accomplishments, and profound growth. This statement delves into my experiences during my time as chair, highlighting key accomplishments, the evolving landscape of pediatric urology, and the initiatives undertaken by the AAP to advance the quality of pediatric urological care.

Serving as Chair presented numerous challenges, from navigating the complexities of the post-pandemic healthcare system to advocating for increased awareness and understanding of pediatric urological issues. This year was exceptionally satisfying in that it has seen the resurgence of the AAP Section on Urology as a part of the annual AAP National Conference and Exhibition and replace with National Conference and Exhibition meeting. It has been rewarding to see the parties come back to the table and work together to advance the role of the section within the Academy. A crucial point I take away from my tenure is the importance of collaboration. We brought together pediatric urologists, pediatricians, nurses, and other healthcare professionals to share their expertise and collaborate on research initiatives. Drs Israel Franco and Gil Rushton have put together a fabulous learning event that is collaborative with the sections of Pediatric Nephrology and Pediatric Surgery. This collective effort proved instrumental in developing comprehensive guidelines and protocols for managing common pediatric urological conditions. I hope you can make it to Washington, DC this fall for the event. More information regarding the programming at this conference is available in this Newsletter.

Over the past several years, the field of pediatric urology has witnessed remarkable advancements. Technological innovations have enabled more precise diagnostic methods, minimally invasive surgical techniques, and novel treatments. This progress has significantly improved patient outcomes and minimized the potential long-term effects of certain urological conditions on children's health and quality of life. The AAP SOU plays a pivotal role in fostering innovation and knowledge dissemination through annual conferences, symposia, and webinars. These platforms not only provided opportunities for professionals to share their latest research but also facilitated discussion on emerging trends and best practices.

Throughout my tenure, we have continued to emphasize the importance of addressing social and ethical concerns in pediatric urology. Our Advocacy Committee (chaired by Dr. Hans Arora) has worked to establish guidelines for complex urological cases involving ethical and social dilemmas. These guidelines serve as valuable resources for medical professionals, guiding them through difficult decision-making processes and ensuring the best interests of the children were always prioritized. Our Equity, Diversity, and Inclusion Committee (chaired by Dr. Elizabeth Malm-Buatsi) have gotten off to a great start as they work with us all to advance equity, promote diversity as well as inclusion, in the SOU through advocacy, education, and mentorship. The Education committee has continued to support public awareness campaigns to educate parents and caregivers about common pediatric urological conditions and the importance of timely intervention. The objective was to empower parents with knowledge and dispel myths surrounding urological problems, encouraging them to seek medical attention promptly. In addition, we continue to be the educators for all who care for pediatric urologic conditions.

Serving as the Chair of the American Academy of Pediatrics Section on Urology has been an immensely rewarding and transformative experience. I am grateful for the opportunity to have contributed in some small way, to the advancement of pediatric urology and the overall well-being of children facing urological challenges. There are many to thank for making the wheels turn but I would like to

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specifically thank Dr. Greg Dean, our outgoing Secretary-Treasurer, for his tireless work for our organization. Without his work and incredible commitment, none of this would have been possible. Also, thanks to Melissa Marx, our AAP Section Manager, who has been fabulous at keeping us organized and in touch.

Finally, I want to reiterate the importance of the AAP and its role in what we do. I said this in the Spring Newsletter but it's so important that I'm saying it again. "Why should I be a member of the AAP?" "I am already a member of the SPU, why should I be a member of both?" Remember that our mission is not only to collaborate and serve the urology community, but also to serve the urology community AND the pediatric community. Unlike other pediatric urology organizations, the AAP is our link to the latter. We need a face and representation among the largest group in the world advocating for children – the AAP. They advocate for our patients through health care policy, and they provide educational and academic opportunities for members. Not only does this group represent children and their families, but they also represent the massive community of pediatricians with whom we work so closely. Membership in the AAP represents a commitment to maintaining these relationships which go far beyond pediatric urology. It is our direct link to the communities we serve.

As my term ends, I am confident that the AAP Section on Urology will continue to thrive and push the boundaries of knowledge, research, and patient care. The journey has reignited my commitment to improving pediatric urological care, and I look forward to supporting the field's progress in my future endeavors. Together, as a united community of healthcare professionals, we can create a brighter and healthier future for our special patients.

All the best,

John

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From the Editors' Desk



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As the days get shorter and we transition into Fall, it is time for us to reunite at the AAP National Conference and Exhibition (NCE) in Washington, DC and Pediatric Urology Fall Congress in Houston, TX. We are proud to reestablish the Section on Urology (SOU)'s presence and programming at the AAP NCE this year. It is our hope that there will be a strong presence and ample attendance from our membership. There are several sessions designed for pediatric urologists in addition to lectures being given by our members for the general pediatric public.

With this return to the NCE, it is also time to resume our commitment to the AAP SOU. The AAP SOU has been working hard over the past years to bring our specialty back to our roots and the tremendous resources available through the AAP. The AAP is the largest professional association of pediatricians in the US and represents all those who care for our smallest patients. Please read below a description of the educational opportunities that will be available at this conference. We hope this newsletter will highlight the hard work that the AAP SOU has been doing to serve both pediatric urologists and general pediatricians. Updates from all AAP SOU subcommittees are below, including from the newly formed Diversity, Equity, and Inclusion subcommittee chaired by Dr. Malm-Buatsi.

As the membership committee representatives to the AAP SOU, we would also like to make you aware of our membership drive. Since you are reading this newsletter you likely are already a member of the AAP SOU, but we ask you to share this newsletter with others who may not be members and encourage them to join as well! Tell them why you are a member and why membership in the AAP is important for pediatric care. 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. 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. 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 Education Committee hosts panels 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) APP Membership: Advanced practice providers can join the AAP at a discounted rate. This membership allows access to educational opportunities through the larger AAP that are specific to APPs as well as to contribute to the education and advocacy efforts of the AAP SOU.

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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 sections. We envision this newsletter as a mechanism to communicate ideas, research findings, and opportunities to our small community and welcome submissions from all SOU members. Feel free to email or speak with us for more details and consider contributing to our next edition in the Spring of 2024. Safe travels and we look forward to seeing you in Washington, DC and Houston!

Preview of Societies for Pediatric Urology at Fall Congress



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The 2023 Societies for Pediatric Urology Fall Congress will be held September 21-24 at the Royal Sonesta Hotel in Houston, TX. The meeting will officially begin on Thursday, September 21 at 1:00 pm following the Society for Fetal Urology meeting that morning. We developed the Fall Congress programming with audience engagement in mind – we have been committed to creating space for discussion and hopefully some entertaining exchanges between our members!

We have an excellent slate of abstracts that will be presented during the meeting, and each abstract session will incorporate a significant portion of time dedicated to questions and discussion. It is our hope that the audience will bring thought-provoking questions to the microphone, creating platforms for discussion and development of ideas that will make our field better. Interspersed throughout the scientific sessions will be a carefully curated group of panels that will be sure to make us all think about the ways we have been practicing and will touch on various parts of our practice that don't often get attention. Our first panel will include a unique exploration of surgical coding in pediatric urology, including a discussion on what does (and doesn't) work well for us about the current CPT codes used in our field. Our second panel will feature an old-fashioned, gloves-off debate about the current structure of fellowship training, and whether two years is too long – no holds barred on this debate, so please bring your opinions and participate in the discussion! Our third panel promises to bring a lively discussion about US News & World Report and its role in our field; our panelists will present the pros and cons, and you'll be invited to share your thoughts and experiences as well. Our fourth panel will surely be enlightening for all of us: several members will be sharing their hard-earned lessons and what they wished they knew back when they started practice – we will have a chance to hear what they've learned about topics like surgery, patient management, communication, and life in general, what they've changed about the way they do things, and why they've made these changes. This is the refreshing honesty and humility that will benefit all of us and help us make impactful changes without having to learn it all the hard way! Lastly, we have put together a panel on something that will be important to every single audience member – compensation in pediatric urology. We will have members discuss compensation, negotiation, and knowing your worth, and we will have perspectives from private practice, clinically busy academics, and a research/clinical hybrid. We really think this will bring a refreshing perspective where we can learn from each other and give each of us better positions in understanding the value that we bring to our healthcare systems.

In addition to the above panels, we are excited to have developed some "round table" sessions as well. The concept behind the round table circles back (no pun intended) to the commitment toward audience engagement. The round table format will be less formal than

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traditional panels and will have more conversational tones amongst the panelists and the audience. The round tables will include topics like “Global Surgery”, “Building an Oncology Component to Your Practice”, and “Advice for Participating in Meaningful Research with Limited Time and Resources.” These round tables will be filled with some of our respected members who stand ready to discuss challenges and give practical advice on how to develop components of your professional life which are not often discussed but make practice more meaningful for many of us. We are very excited about this new approach to idea-sharing, and we hope that this format serves as a platform to bring a more conversational tone and new levels of engagement to our meeting.

For the first time, we have also partnered with the AAP to coordinate “masterclasses” into the program schedule. These sessions will provide audience members with in-depth explorations into various topics such as reconstructive pediatric urology, hypospadias, and hydronephrosis. The line-up of panelists is filled with respected pediatric urologists who are prepared to share their experiences and expertise, as well as offer advice and tips to optimize patient care for all of us.

In addition to the educational fare outlined above, we are excited to partner again with the Journal of Urology and Journal of Pediatric Urology to offer “Journal Peer Review University,” which will be hosted by Christina Ching and Caleb Nelson. This seminar has been well-received previously, and we are delighted that it will be returning to the Fall Congress. Additionally, the Fellows’ Luncheon will be held on Thursday before the official start of the meeting, and the always-anticipated lectures hosted by the SPU, AAPU, and AAP will certainly be highlights of the meeting as well. We’re also excited about a special wellness event geared toward surgeons/urologists – stay tuned for details on this! Finally, we hope you will all make plans to join the SPU Reception which will be off site on Saturday evening; this event will make its long-awaited return to our scientific meeting and promises to allow for fun and fellowship amongst our membership!

As you can see, there will be a lot going on at this year’s Fall Congress, promising something of interest for everyone. We look forward to seeing you all in Houston!



Preview of the AAP National Conference & Exhibition – Section on Urology Programming

The **AAP Section on Urology** is thrilled to be returning to the **2023 National Conference and Exhibition** scheduled to take place October 20-24, 2023, in Washington, DC and we hope that you can plan to attend.

For years, this was considered the gold standard meeting in pediatric urology. Members of the SOU Executive Committee, including Dr Greg Dean, Dr Nick Cost, and Dr John Pope, have put countless hours into bringing back a urology presence at the AAP annual meeting. The Urology community has long recognized the advantage of a meeting where other pediatric sub-specialists including anesthesia, general surgery, nephrology, and endocrinology can collaborate under the same roof.

The location for our Section’s programming will take place at the **Marriott Marquis Hotel in Washington, DC** which is connected to the Walter E. Washington DC Convention Center and will include collaboration with other AAP sections (Nephrology and Surgery). Programming is being facilitated by Course Directors Gil Rushton and Israel Franco, who have done an enormous job in putting together this fantastic schedule which includes up to **17.0 AMA PRA Category 1 Credit(s)**.

Additionally, the following **Urology General Sessions** will take place at the conference. These sessions are geared toward the general
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pediatrician and will take place at the Walter E. Washington Convention Center.

Date	Time	Session Title	Faculty
Friday, October 20	1:00 PM – 2:00 PM ET	“Groans from the Groin:” Scrotal and Testicular Pain	<i>Albert Lee, DO</i>
Saturday, October 21	7:30 AM – 8:30 AM ET	“Groans from the Groin:” Scrotal and Testicular Pain	<i>Albert Lee, DO</i>
	3:30 PM– 4:30 PM ET	Perinatal Urinary Tract Dilation in General Practice (Collaboration with Section on Radiology)	<i>Gina Lockwood, MD, FAAP; Susan Back, MD, FAAP</i>
Sunday, October 22	2:00 PM-3:00 PM ET	Enuresis, frequency, urgency, and dysuria: not dry topics	<i>Karmon Janssen, DO, MS</i>
	3:30 PM -4:30 PM ET	VUR and UTI Guidelines: What’s a Pediatrician to Do?	<i>Craig Peters, MD, FAAP</i>
Monday, October 23	2:00 PM – 3:00 PM ET	Care for the Uncircumcised and Circumcised Penis	<i>Michael Ernst, MD</i>

Please consider registering for this exciting and engaging conference! Additional information can be found at the conference website: <https://aapexperience.org/>. We hope to see you in Washington, DC this October!

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Upcoming Meetings of Interest:

1. September 21-24, 2023: Pediatric Urology Fall Congress, Royal Sonesta, Houston, TX – <https://fallcongress.spuonline.org/>
2. September 27-30, 2023 – International Children’s Continence Society – Toronto, Canada – <https://www.ics.org/2023>
3. October 11-14, 2023: 43rd Congress of the Societe International d’Urologie (SIU), Istanbul, Turkey – <https://www.siu-urology.org/congress>
4. October 20-24, 2023 – AAP National Conference & Exhibition, Washington, DC – www.aapexperience.org
5. November 16-18, 2023: International Children’s Continence Society 2023 Meeting, Bahia, Brazil – <http://i-c-c-s.org/event/2023-iccs-congress/>
6. January 15-19, 2024, American Association of Pediatric Urologists, - Kahuku, Hawaii – <https://www.aapuonline.org/annual-meeting>
7. May 3-6, 2024, American Urological Association Annual Meeting, San Antonio, TX – <https://www.auanet.org/AUA2024>
8. September 27-October 1, 2024 - AAP National Conference & Exhibition, Orlando, FL – www.aapexperience.org
9. September 26-30, 2025 - AAP National Conference & Exhibition, Denver, CO – www.aapexperience.org



H1002: Section on Urology Program: Day 1

Evaluation and Management of Incontinence in Children

Friday, October 20, 2023

Marriott Marquis: Independence Ballroom Salon D

8:00 AM	Introduction* <i>Moderator: Israel Franco, MD, FAAP</i>
8:05 AM	History and Testing in Children Who Wet <i>Walid Farhat, MD, FAAP</i>
8:30 AM	History and Testing in Children Who Soil Themselves <i>Kaitlyn Murphy, APRN, CPNP</i>
8:55 AM	Role of UI and FI in Neurodevelopmental Problems <i>Anka Nieuwhof-Leppink, MD</i>
9:20 AM	Non-Invasive Evaluation of the Wetter: Bladder Ultrasound and Uroflowmetry <i>Jose Murillo Netto, MD</i>
9:50 AM	Break*
10:05 AM	Urodynamics in the Non-Neurogenic Patient: When Should I Do It? <i>Jason Van Batavia, MD, FAAP</i>
10:30 AM	What Is the Real Meaning of Urotherapy and How to Do It <i>Anka Nieuwhof-Leppink, MD</i>
11:00 AM	Medical Management of Non-Neurogenic Wetting <i>Jason Van Batavia, MD, FAAP</i>
11:30 AM	Management of Constipation and Encopresis <i>Therese Collett, APRN, CPNP</i>
12:00 PM	Parasacral Tens and PTNS <i>Ubirajara Barroso, MD</i>
12:30 PM	Lunch (on own)*
1:30 PM	Abstract Presentations
2:30 PM	Occult Tethered Cord <i>Paul Austin, MD, FAAP</i>
2:55 PM	Urodynamics in the Neurogenic Patient: When and How To Assess Change <i>Israel Franco, MD, FAAP</i>
3:25 PM	Break*
3:40 PM	Treatment With Anticholinergics, Mirabegron, and Botulinum Toxin A for OAB and NDO <i>Paul Austin, MD, FAAP</i>
4:10 PM	Case Presentations of Non-Neurogenic and Neurogenic Patients
5:00 PM	Adjourn

*This portion of the agenda is not for CME credit.



H2016: Section on Urology (SOU) Program: Day 2

Saturday, October 21, 2023

Marriott Marquis: Independence Ballroom Salon D

Laparoscopy/Robotics Course

8:00 AM	Access: Hostile Abdomen and Possible Complications <i>Walid Farhat, MD, FAAP; Patricio Gargollo, MD</i>
8:50 AM	Bladder Neck Surgery: Bladder Neck Reconstruction and Slings <i>Daniel Dajusta, MD, FAAP; Patricio Gargollo, MD</i>
9:40 AM	Break*
10:00 AM	Retroperitoneal Tips and Tricks <i>Lars Cisek, MD, FAAP; Walid Farhat, MD, FAAP</i>
10:55 AM	Skills Development and Acquisition: Lessons Learned From Adult Minimally Invasive Surgery <i>Michael Grasso, MD</i>
11:35 AM	Abstract Presentations Closing Remarks and Q&A <i>All Presenters</i>
12:00 PM	Adjourn

SOU Business Meeting and Master Class Symposium Sessions

12:30 PM	Business Meeting* <i>John Pope, MD, FAAP</i>
1:00 PM	Vesicoureteral Reflux/Urinary Tract Infection (UTI) Guidelines <i>Joint session with Section on Nephrology</i> <i>Senior Moderator: Craig Peters, MD, FAAP</i> <i>Co-Moderator: David Hains, MD, FAAP</i> <ul style="list-style-type: none">○ Recurrent UTI Management: Bladder and Bowel Dysfunction: <i>Hans Pohl, MD</i>○ Infectious Disease Perspective: Uropathogens and Community Bacterial Patterns: <i>Christina Ching, MD</i>○ Guideline and More Guidelines: Do They Really Help? <i>Hillary Copp, MD, MS</i>○ Defining UTI: Where Do We Stand? <i>Nader Shaikh, MD, MPH</i>
2:15 PM	Discussion
2:30 PM	Abstract Presentations and Q&A
3:00 PM	Break*
3:30 PM	Genitourinary Trauma <i>Joint session with Section on Surgery</i> <i>Senior Moderator: Anthony Casale, MD</i> <i>Co-Moderator: Jonathan Groner, MD, FAAP</i> <ul style="list-style-type: none">○ Blunt Renal Trauma, Evaluation, and Management: <i>Carmen Tong, DO</i>○ Lower Urinary Tract and Genital Trauma: <i>Bruce Schlomer, MD</i>○ Penetrating Pediatric Abdominal Trauma and Management of the Trauma Patient: <i>Raj Thakkar, MD</i>
4:45 PM	Discussion
5:00 PM	Adjourn

**This portion of the agenda is not for CME credit.*



H3004: Section on Urology Program: Day 3

Master Class Symposium Sessions

Sunday, October 22

Marriot Marquis: Independence Ballroom Salon D

8:00 AM	Surgical Alternatives in the Management of Vesicoureteral Reflux: Endoscopic, Robotic, and Open Surgery <i>Senior Moderator: Craig Peters, MD, FAAP</i> <i>Faculty: Andrew Kirsch, MD, FAAP; Patricio Gargollo, MD; Hans Pohl, MD</i>
9:00 AM	Discussion
9:15 AM	Abstract Presentations and Q&A
9:30 AM	Break*
10:00 AM	Genitourinary (GU) Oncology <i>Joint session with Section on Surgery</i> <i>Senior Moderator: Jonathan Routh, MD, FAAP</i> <i>Co-Moderator: Brent Weil, MD, FAAP</i> <ul style="list-style-type: none">○ Granulosa Cell Tumors and Stromal Tumors <i>Amanda Saltzman, MD</i>○ GU Rhabdomyosarcoma (Urachal, Bladder, Prostate, and Para-testis) <i>Candace Granberg, MD; Daniel Rhee, MD</i>
11:15 AM	Discussion
11:30 AM	Adjourn

**This portion of the agenda (break) is not for CME credit.*

Calling all Potential Reviewers!

Journal Peer Review University Recruits 2023 Seminar Participants



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At the 2023 Societies for Pediatric Urology (SPU) Fall Congress, the Journal of Urology (JU) and Journal of Pediatric Urology (JPU) will once again host a peer review seminar for trainees and junior faculty. First held at the 2022 SPU Fall Congress in Las Vegas, "Journal Peer Review University" is a joint venture between the two academic publications as a sign of their commitment to the longevity of the peer review process. The goal of the seminar is to support more junior members of the pediatric urology community interested in participating in peer review. It hopes to recruit new reviewers and to help less-experienced current reviewers to improve their review technique.

Peer review is crucial to the quality and integrity of scientific exploration and publication. A thoughtful and impartial review of the scientific premise, generated hypothesis, methods, analysis, and conclusions contributes to the honesty and integrity of the research being performed and reported. As a result, the quality of the science and the clarity with which it is expressed improves. In addition, the reviewers play an active role in aiding the editors to sort through the multitude of articles submitted each year. As such, the peer review process is really only as good as the quality of the reviews¹. The faces of those practicing urology are also continually changing²; peer review must similarly reflect these changes to stay representative of the increasing diversity of the field, to ensure every voice is heard and every perspective is represented. This diversity brings new insights and lines of questioning that only improves our scientific methods. Lastly, urology continually expands, with a need for diverse expertise on subspecialty topics and line of inquiry to thoughtfully be able to review the topic at hand.

In addition, there are very real threats to the resource of peer reviewers as participation is completely voluntary. The process is completely reliant on participants being willing to budget their own time to be involved. In the current climate of increasing demands placed on time, peer review must find a place of priority, or it risks being overwhelmed by competing obligations. The peer reviewer pipeline requires continual maintenance (if not restoration) to address some of these concerns, to replace senior reviewers as they step away, and not exhaust the current reviewer pool. The potential for reviewer burnout is high – and journals must be careful to not overwork high performing participants.

The SPU Fall Congress peer review seminar has arisen as an intentional outreach to more junior faculty and trainees to try and address these concerns. In a prior query of junior staff and trainees regarding their willingness to participate in peer review, respondents reported minimal formal training with concerns regarding preparedness, and thus low confidence in performing peer review. Interest was expressed in better mentorship. As a result, "Journal Peer Review University: A Seminar for Budding Reviewers" was born as the brainchild of the JU and JPU and first held October 21, 2022 at the SPU Fall Congress in Las Vegas, NV. The hour-long seminar consisted of an initial 20-minute panel of senior editorial board members from both journals answering questions about the peer review process and then 40 minutes of break out group work where participants performed a mock review of a previously assigned paper. A total of 40 individuals attended: 30 junior staff/trainee participants and 10 mentors. Small groups consisted of 3 participants paired with one more senior reviewer mentor who gave feedback and guidance.

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The feedback after the session was overwhelming positive with many crediting the format of the program to its success. As a result, the JU and JPU plan to repeat the seminar at this year's 2023 SPU Fall Congress in Houston TX. The same format is planned with about 30 participants and 10 mentors in an hour-long seminar held at lunch time on September 22nd. It will similarly start with a panel group discussion with subsequently breaking into smaller groups to discuss a preassigned article. This seminar will also target junior faculty and trainees again. Current mentors who have agreed to participate include the organizers of the seminar who are the authors of this article as well as Drs. Christopher Bayne, Luis Braga, Christopher Cooper, Tony Herndon, Kate Kraft, Rosalia Misseri, Jonathan Routh, Douglas Storm, and Dana Weiss.

The hope is to continually increase the reviewer pool with the next generation of pediatric urologists. Future seminars may target other aspects of peer review and the editorial process to broaden to whom in the peer review process the journals reach. The JU and JPU are invested in the future of peer review and hope to more widely target reviewers to improve on this process. So, stay tuned! And hope to see you in Houston!

References:

1. Kovanis M, Porcher R, Ravaud P, et al. The Global Burden of Journal Peer Review in the Biomedical Literature: Strong Imbalance in the Collective Enterprise. *PLOS ONE*, 11(11), e0166387. 2016.
2. 2021 The State of the Urology Workforce and Practice in the United States on <https://www.auanet.org/research/research-resources/aua-census/census-results>

AAP SOU Spring Webinar – “Medical and Surgical Management of Pediatric Neurogenic Bladder”



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The AAP SOU hosted its spring webinar on “Medical and Surgical Management of Pediatric Neurogenic Bladder.” The subject was selected based on input from current fellows and recent graduates and highlighted practical tips for patient care. Neurogenic bladder is a condition seen in virtually all pediatric urology practices, but it can present in various ways and throughout different stages of a child's growth and development. While there are universal principles of neurogenic bladder management, many elements are not always seen during training. Rare events like augment perforation or ileovesicostomy prolapse may not be encountered during a two-year fellowship, but patients with these issues may very well end up in your clinic or ED. Ultimately, our goal with the webinar was to provide current and relevant tips for the pediatric urology practitioner.

Dr. Jonathan Routh kicked off the evening with a great presentation on the evaluation of neurogenic bladder. He started with a great reminder of goals of urologic care in this patient population (Fig 1) and discussed the primary tools of evaluation: renal ultrasound, DMSA, urodynamics, and renal function testing (serum creatinine for all ages and cystatin C \geq 1 year of age). While a variety of guidelines exist (e.g., SBA, EAU, ICCS), proactive and frequent monitoring is generally recommended. Dr. Routh shared the importance of urodynamics as well as its difficulties and potential inconsistencies. Discussion then followed regarding the importance of standard technique and interpretation and consensus definitions to optimize accuracy and reproducibility of these critical studies.

Fig 1

Goals of urologic care:

- Protect Kidneys
- Prevent Infections
- Keep them Dry (if they want to be)
- Facilitate Social independence and Sexual function

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Dr. Evalynn Vasquez shared her expertise on the medical management of neurogenic bladder. Cases were discussed to present various treatment options. The benefits of CIC were reviewed, along with helpful tips and tricks regarding different catheter types, CIC technique, and patient considerations. Dr. Vasquez provided an overview of the medication options, including the various anticholinergics (Fig 2) beta-agonists, and botulinum toxin. Participants shared experiences with tolerability and efficacy of medications, as well as the importance of maximizing medication options prior to surgery. Overnight catheterization was highlighted as a useful tool for patients with polyuria, and to allow caregivers/patients to sleep without waking to catheterize. Finally, she shared strategies for managing recurrent UTIs. Antibiotic prophylaxis should be reserved for infants with severe vesicoureteral reflux, severe hydronephrosis, and should not routinely be used in all patients on CIC.

Fig 2

Medication	Uro-select	Dose	Form
Oxybutynin	No	0.2mg/kg/dose	Liquid/Pill/Gel
Oxybutynin Patch	No	3.9mg/day	Transdermal
Tolterodine	Yes	0.2mg/kg/day	Pill
Darifenacin	Yes	7.5mg-15mg/day	Pill
Solifenacin	Yes	5mg/day	Liquid/Pill

Dr. Micah Jacobs presented his experience and expertise with the surgical management of neurogenic bladder. He discussed indications, risks, benefits, and techniques of augmentation cystoplasty, and continent catheterizable channel creation. He also incorporated an overview of robotic approaches to bladder reconstruction, recognizing that this approach is not suitable for all patients. Factors that make robotic appendicovesicostomy more challenging include VP shunt, scoliosis, older age, small bladder, and prior surgery, suggesting that this approach may be better suited for the posterior urethral valve population rather than the spina bifida population. Regarding channels overall, data from Riley Children’s Hospital were shared, showing that appendicovesicostomy is the first choice for channel, followed by a Monti, then spiral Monti. For Monti channels, a right lower quadrant or non-umbilical location had the best long-term outcomes. He shared data regarding the dangers of bladder outlet surgery without augmentation; at 4.9 years, 73% had upper tract changes or had undergone an additional

continence surgery. An important take-home point was that if bladder compliance pre-operatively is <30, there’s a higher risk for needing an augmentation in the future if only a bladder outlet procedure is performed.

Dr. Rosalia Misseri concluded the evening with her insights on the complications of these surgeries. For bladder augmentation, stones are the most common complication, occurring in about 30% of patients in the first several years with a high recurrence risk. Those with channels are at higher risk due to urinary stasis at the base of the bladder and performing intermittent urethral drainage/irrigation is one management option. There was no difference in recurrence risk based on whether the stone had been fragmented or removed whole. The feared complication of augment perforation was also discussed, including the importance of obtaining a CT cystogram for diagnosis, and expedient treatment (Figs 3, 4). She reviewed malignancy risk in the augmented bladder, with higher risk associated with smoking, immunosuppression, gastric augments, neuropathic bladder, and bladder exstrophy. While studies suggest routine surveillance cystoscopy may not be cost-effective, it should be considered or performed in patients with >4 UTIs/year, gross hematuria or > 50 RBC/hpf, chronic pain, colonic augments >50 years old, or immunocompromised status. For catheterizable channels, stomal stenosis is common, more so with appendicovesicostomies, while subfascial revisions occur more with Monti channels. For the common early complication of stomal stenosis, Dr. Misseri recommended dilation with catheter placement, topical steroids, and steroid injections.

Fig 3

- Act quickly
- Resuscitate
- Broad spectrum antibiotics
 - Consider prior cultures and therapies
- Neurosurgery consult if shunted
- To operating room

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Fig 4

In the operating room...

- Communicate with anesthesiologist, clearly and often
- Broad spectrum IV antibiotics
- Place catheters in all channels and urethra if patent
- Laparotomy
- Evaluate bladder
 - Open the bladder
 - Excise tissue around area of perforation
- Culture fluid and urine
- Place large suprapubic tube
- Place pelvic drains
- Admit to ICU

The webinar speakers shared valuable insights which were well-received by the audience. The chat was rife with questions and great discussion and everyone's participation was much appreciated. Many thanks to the AAP education committee for their support, and especially to Dr. Julie Cheng and Melissa Marx! The recorded webinar is available to view for AAP members through the Section on Urology collaboration site.

Enriching Education for Pediatric Urologic Oncology Through a Novel Continuing Education Curriculum



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There is a growing commitment to oncology care within pediatric urology in recent years.¹ Collaborative leaders in pediatric urology dedicated to advancing care for patients with genitourinary cancers formed the Pediatric Urologic Oncology Working Group (PUOWG) in 2013. This group aims to develop, support, and promote oncology initiatives, including education and research, among pediatric urologists.

In 2017, PUOWG surveyed all members of the Societies for Pediatric Urology inquiring on volume of oncology referrals; institutional experience with management of various genitourinary tumors; and opinions on the state of pediatric urologic oncology. Among other findings, the workforce study found that pediatric urologists are oftentimes not involved in the care of patients with genitourinary cancers at their institutions, despite having relevant skills to offer the team of medical experts. It also showed a strong desire for increased oncology education among pediatric urologists so that they may be better able to contribute to the oncologic care of children.²

Conclusions from this study and others inspired Dr. Nicholas Cost, co-director of the surgical oncology program at Children's Hospital Colorado, to organize the Pediatric, Adolescent and Young Adult Urologic Oncology Conference hosted by Children's Hospital Colorado. This 2-day course aimed to help practicing pediatric urologists and pediatric urology fellows better understand and assess the management of pediatric genitourinary cancers in clinical practice. It also was designed to review standards of care according to current guidelines published by the National Comprehensive Cancer Network, American Urological Association, and Children's Oncology Group.

The 1st annual conference was held in June 2022. The course consisted of 3 main sessions led by guest faculty Drs. Rodrigo Romao, Margaret Shnorhavorian, and Jonathan Routh covering kidney, bladder/prostate, and testis/para-testis pathologies, respectively. Each session started with lecture-based reviews of current and evolving management recommendations, followed by interactive case-based presentations and panel discussions intending to foster active dialogue. Sessions included participation by both guest faculty as well as planning committee members Drs. Kathleen Kieran, Amanda Saltzman, Jonathan Ross, and Dr. Nicholas Cost himself.

The inaugural course was well-received by participants. In a post-course survey, 96% of attendees reported the course was "excellent," and 92% reported information provided in the course would change their practice. As stated by participants, "this was by far the most organized, well taught, and evidence-based activity despite being the first of its kind," and "all speakers were clearly experts on their assigned topics."

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A 2nd annual conference was hosted in June of 2023. An updated course curriculum was presented with the goal of maintaining a core overview of pediatric genitourinary malignancies while considering additional discussions on oncofertility, surgical complications, and concrete practice management strategies for pediatric urologists to use at local institutions. One exciting change to this year's program included the introduction of scientific abstracts, which were presented as either podium or poster presentations during the meeting. To encourage trainee participation, hotel and registration were covered for current pediatric urology fellows.

Organizers stated that future meetings will plan to incorporate other integral pediatric specialties such as pediatric oncology and radiation oncology, as well as potentially integrating practical skills labs and video presentations. Dr. Cost states, "Our goal with the course is to provide an opportunity for pediatric urologists and fellows to expand their understanding and education in this relatively niche area of pediatric, adolescent, and young adult urologic oncology. We hope to equip our community with the tools to care for this population of patients and their complex needs."

In response to conclusions from a published workforce study, Dr. Cost and colleagues effectively launched educational programming aimed at improving patient care through the continuing education of providers. This model can be replicated by other pediatric sections within the AAP to address gaps in providers' knowledge and members' desire for further education.

For more information regarding this course please visit:

[2nd Annual Pediatric, Adolescent and Young Adult Urologic Oncology Conference | Children's Hospital Colorado Continuing Education \(childrenscolorado.org\)](https://www.childrenshospitalcolorado.org/continuing-education)

References:

1. Cost NG, Stock JA. Current and Future Issues in Pediatric and Adolescent Urologic Oncology. *Urology*. 2016;91:174. doi:10.1016/j.urology.2015.10.001
2. Cost NG, Ferrer FA, Lorenzo AJ, et al. A Society for Pediatric Urology Workforce Survey on the Current Perceptions of Oncology Care by Pediatric Urologists: A Report from the Pediatric Urologic Oncology Working Group of the Society for Pediatric Urology. *J Urol*. 2017;197(3 Pt 2):892-897. doi:10.1016/j.juro.2016.08.012

Advocacy Committee Update



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As the summer closes, our legislative advocates continue to work on a variety of issues related to the practice of urology and the care of pediatric patients. While most of these issues are not directly related to pediatric urology specifically, they may still be of general interest to our membership.

First, as many recall, the AAP has been working tirelessly to shepherd the passage of the Pediatric Subspecialty Loan Repayment Program, which offers up to \$100,000 over a 3-year term for 3 years of service in an approved program site including Health Professional

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Shortage Areas, Medically Underserved Areas, or Medically Underserved Populations. The program is open to medical, surgical, and behavioral health specialists who provide care to pediatric patients. In July, the first ever award application cycle closed – for those who applied we wish you the best of luck in this inaugural program! For those who are considering submitting an application in the future, more information can be found here: <https://bhw.hrsa.gov/funding/apply-loan-repayment/pediatric-specialty-lrp>

In general pediatrics advocacy news, the AAP Advocacy team has been working tirelessly on behalf of children across the country. Several child health bills have been the subject of AAP Advocacy interest, including the *Kids Online Safety Act (S. 1409)*, the *Children and Teens' Online Privacy Protection Act (S. 1418)*, and the *Strengthening Efforts to End Violence Against Children Act*. For more information on AAP advocacy, visit federaladvocacy.aap.org and learn about how you can support the AAP's legislative efforts on behalf of our patients!

On the urology side, the American Urological Association has been actively engaged both on Capitol Hill and as a member of numerous other coalitions. In June, the AUA participated in the American Medical Association House of Delegates, collaborating with the AAP to advocate on such issues as protecting physicians and patients who provide and receive evidence-based gender affirming care from criminal or other legal penalties; addressing the increasing issues of pharmacists diagnosing and treating urinary tract infections – which was broadened to include other medical conditions such as strep throat; and fully evaluating the potential unintended consequences of the proposed National Institutes of Health Public Access Plan. In July, the AUA participated in the Alliance for Specialty Medicine Fly-In Capitol Hill Advocacy Day. While many of the issues discussed were more directly related to Medicare beneficiaries – Medicare reimbursement sustainability, prior authorization reform, and developing an exception process to step therapy requirements – major reforms to the Medicare system have direct downstream implications on both commercial and other payors, as changes to Medicare often precede major changes to other payor policies.

Finally, one issue affecting all physicians is the sustainability of the workforce. The re-introduced bipartisan *Resident Physician Shortage Reduction Act (S.1302/H.R. 2389)* has been on the radar for every major medical society – AAP, AUA, AMA and others, which would increase GME residency slots by 14,000 positions over the next seven years. Additionally, the *Resident Education Deferred Interest Act (S.704)* would allow trainees to defer student loan payments until the completion of their programs, partially alleviating some of the financial burden of medical training so residents and fellows can focus on learning how to best care for their current and future patients.

Finally, we want to alert you all to an incredible new resource from the AAP. For general information about advocacy, including how to become a more effective child health advocate, the AAP has developed an outstanding new resource – the AAP Advocacy Guide (<https://www.aap.org/advocacyguide>), free to all AAP members. It is an interactive tool that covers a large variety of topics, from developing advocacy skills, to crafting your advocacy message or engaging the media in advocacy issues. The tool is designed to be useful for those new-to-advocacy as well as seasoned advocates.

Coding Updates for Percutaneous Nephrolithotomy



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Recently there have been updates to the CPT codes used to document the operative steps to perform a percutaneous nephrolithotomy. The following article provides updates to these revised codes.

Changes to the codes used to document the dilation of a nephrostomy tube tract to accommodate endoscopic instrumentation have occurred. CPT code 50395 (Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous) has been deleted. To replace 50395, two new CPT codes were introduced:

- 50436 [Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with post procedure tube placement, when performed] has been introduced.
- 50437 was also introduced. This includes all portions included in 50436 [Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (e.g., ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with post procedure tube placement, when performed], but also includes new access into the renal collecting system.

It is important to note that both 50436 and 50437 include all imaging guidance, and all associated radiological supervision and interpretation.

In addition, codes 50080 and 50081 have been updated. These codes needed to be revised to improve granularity on what is and is not included. For example, the old descriptor included “dilation” (of the tract) and “ureteroscopy” (without specifying antegrade or retrograde). The updated code descriptors exclude the outdated terms nephrostolithotomy and pyelostolithotomy. In addition, they are also more specific by annotating the inclusion of antegrade ureteroscopy and are no longer differentiated only by stone size and instead include the terms “simple” and “complex”, as well as examples included within the code descriptor of what conditions would satisfy these qualifications.

These updates are as follows:

- 50080: Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement, and nephrostomy tube placement, when performed, including imaging guidance; simple (e.g., stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)
- 50081: Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement, and nephrostomy tube placement, when performed, including imaging guidance; complex (e.g., stone[s] >2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)

With these changes, codes 50436 and 50437 can now be billed with 50080 or 50081, provided the dilation procedures are performed by the same surgeon at the same setting. It is also important to note that codes 50080 and 50081 include the placement of any stents of drainage catheters as well as the imaging needed to perform these procedures.

As always, coding is an art and not a science. It is always encouraged that practitioners check with their individual coder and institution, as well as individual carrier and private payors, to confirm the ability to include various codes.

Education Committee Update



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It has been a great season for the education committee. Highlights include a successful spring webinar, work on several upcoming publications, and preparations for the upcoming AAP NCE.

This year's AAP SOU spring webinar took place in May and focused on the medical and surgical management of neurogenic bladder. We appreciate the hard work of Dr. Jennifer Ahn as course director as well as the contributions of the other course participants, Dr. Mark Cain, Dr. Jonathan Routh, Dr. Evalynn Vasquez, Dr. Micah Jacobs, and Dr. Rosalia Misseri. Feedback on the webinar was very positive, and we have selected some potential topics for next year's session. We are currently working toward an application and nomination process for next year's course director.

We have also continued working on multiple publications this season. A Focus on Subspecialties article about pediatric genitourinary oncology is in progress for *AAP News*. Additional HealthyChildren.org articles are also in development. We hope to share news of these publications in upcoming newsletters.

Finally, we are looking forward to the upcoming AAP NCE in Washington, DC in October. In addition to the strong subspecialty program organized by our Executive Committee leaders, the education committee submitted five topics that were accepted for the general session. These include "Groans from the groin: scrotal and testicular pain," led by Dr. Albert Lee; "Care for the uncircumcised and circumcised penis," led by Dr. Michael Ernst; "Enuresis, frequency, urgency, and dysuria: not dry topics," led by Dr. Karmon Janssen; "VUR and UTI guidelines: what's a pediatrician to do?" led by Dr. Craig Peters; and "Perinatal urinary tract dilation in general practice: recommendations on imaging, prophylactic antibiotic, and follow up," a collaboration with the Section of Radiology led by Drs. Gina Lockwood and Susan Bock. We hope to see many SOU members at the upcoming meeting, as it will be a great year for our section.

Equity, Diversity, and Inclusion Committee Update



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AAP SOU Equity, Diversity and Inclusion Committee was formed to reflect our organization's value and commitment to promote and facilitate Diversity, Equity, and Inclusion within the AAP Section on Urology. Our committee includes members from various backgrounds who are committed to ensuring all our members have opportunities that enable them to succeed and thrive and ensuring quality medical care for all our patients regardless of race, ethnicity, religion, gender, or sexual orientation.

We had a productive inaugural meeting. The overall framework of the committee, including mission and vision, was developed. Additionally, the committee had undergone review of SOU bylaws to ensure its content and texts are unbiased and inclusive, does not promote structural bias, and sensitively addresses disparities in disease incidence, prevalence or outcomes based on race, ethnicity, or gender. The committee commended and celebrated the recent passage of proposed bylaws changes that will allow admission of osteopathic physicians to our society as a fellow. Furthermore, the committee recognizes the importance of the impact of engaging the future of our society, current pediatric urology fellows in training. The committee has plans to collaborate with the fellow's luncheon at the SPU fall congress to highlight culture and diversity and empower fellows of various backgrounds to explore roles in academia. Lastly, the committee will work with award committees to ensure the award selection process is fair and equitable, by identifying any potential unconscious bias. We recognize there is a lot more work ahead and we look forward to continuing working on this important

Fellows Corner



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This time of year is marked by new beginnings. Recently graduated fellows have transitioned into attending roles as newly minted pediatrics urologists. Meanwhile, senior residents have taken the plunge into fellowship and are being welcomed into our vibrant community. We understand that transitioning into new roles can present new challenges, but we know that our specialty consistently supports its own who have devoted their career to caring for children. We would like to congratulate all those who recently graduated from fellowship this past summer and we wish everyone great success in this new academic year. For all new fellows - you have representatives to the AAP Section on Urology and the SPU Executive Board. Please do not hesitate to reach out to your representatives if you have any questions or needs that you would like discussed with these organizations.

This past year there were excellent conferences held in Las Vegas, NV and Chicago, IL. We were privileged to be able to organize events for fellows at both conferences. The 2nd annual "speed mentoring" event was held at the Fall Congress and a panel on surgical readiness in early career practice was held at the AUA23 Annual Meeting. Both events were attended by most current fellows and were well-received. We thank all the pediatric urology faculty who continue to support mentorship opportunities for fellows at our national conferences! This academic year, we are eagerly awaiting the chance to reconnect in Houston for the Fall Congress and San Antonio for the AUA24 Annual Meeting. With the support of the AAP and SPU, we are planning to organize the 3rd annual speed mentoring program as well as a panel at the spring annual meeting.

Chris Jaeger has rotated off as a fellow representative and Valeska Halstead will remain the senior fellow representative. We are in the process of selecting the junior fellow representative who will be announced soon. As always, we invite you to 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 to help advance these missions. 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 Certificate of Added Qualification
- 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).

**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**

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