A s Andy Kirsch so elegantly stated two years ago, “The Pandemic as we know it is essentially over!” While the 2020 version is certainly over, we have all seen a totally different health care system emerge on the other side. Demand for our services is at unprecedented highs and resources needed to provide these services are at unprecedented lows. Talking to many of you I have heard similar stories from across the country and world about the current struggles in health care. Still, we persevere. The good news is that we are still a tight knit community committed to moving our specialty forward. I am honored to be working alongside an outstanding group of fellow AAP members and leaders who share the vision of the AAP Section on Urology as a critical part of our identity as a surgical subspecialty.

I would like to thank specifically Greg Dean (Secretary-Treasurer) for the tireless work he has done for this section. He is the glue that has held things together for the past three years. I would also like to welcome Kate Kraft (Chair-Elect) for the energy and fresh ideas she brings. We have also had the pleasure to welcome many new members to our Section leadership including the Executive Committee (Gina Lockwood and Jason Van Batavia); Education Committee (Kathleen Kieran, Martin Kaefer, and Leslie Peard), Membership Committee (Michael Ernst); Fellows Committee (Valeska Halstead); and the newly formed Equity, Diversity, and Inclusion Committee (Elizabeth Malm-Buatsi, Albert Lee, Amanda Saltzman, Sherry Ross, and Joshua Roth). This group is already making a great impact on our section as we continue to expand our increasingly diverse membership. We all remain committed and will be vigilant in our intentionality to advance opportunities for all members. Thank you also to the past presidents – Chris Cooper, Earl Cheng, Andy Kirsch, and Nicholas Cost for their continued leadership. Finally, I would also like to welcome Melissa Marx to the team as our new SOU manager. She is a veteran of the Academy and comes to us from her previous role as Manager, First Responder & Lay Provider Initiatives, Global Child Health and Life Support. She brings an impressive record of accomplishment working with the AAP BLS and APLS Life Support Steering Committees and writing groups, convening educational programs, and managing professional publications, all foundational to the advancement of mission and margin objectives of AAP Sections. She joined the SOU in June 2022 and has already been instrumental in helping us identify new and innovative ways to utilize the AAP in our quest to care for children.

On that note, I want to reiterate the importance of the AAP and its role in what we do. I am asked constantly, “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 - our mission is not only to collaborate with and serve the urology community. We must take it a step further – our mission is 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, it also represents 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.

While in the works for several years, I am excited to finally announce that we are reestablishing a relationship with the AAP NCE (National Conference and Exhibition), which for years was considered the gold standard meeting in pediatric urology. Additional information related to the schedule and programming for the SOU is highlighted on page 5 of this newsletter. Information on how to register for the AAPs National Conferences will be forthcoming.

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Our Education Committee is also hard at work on an upcoming webinar on Medical and Surgical Management of Pediatric Neurogenic Bladder. Stay tuned for more information on the date and time for this upcoming activity and plan to attend as your schedule permits.

The AAP SOU awarded the 2022 Urology Medal to Rick Rink at the last Fall Congress Meeting. Rick is a dear friend and invaluable mentor, and I was honored and privileged to be present for that event. Our membership in the AAP is also what allows us to continue to recognize and honor the giants in our field.

The nuances in diagnosis, evaluation, and management of pediatric urology patients continue to evolve thanks to innovation, technology, and research. The ability to take this to the broader pediatric community is where the AAP helps us. Our community is made up of incredibly bright individuals and as we move into the future, it is my hope that all these great minds and talents can come together for the good of all. It is the greatest of privileges to call you all peers and colleagues and please don’t hesitate to contact me if I can be of service to you or your teams.

Finally, I would ask our members to continue encouraging your colleagues to get involved with the section. We want the AAP SOU to be the group that engages and engenders the spirit of innovation, policymaking, best clinical care of children, and collegiality amongst our peers.

Happy 2023 and I hope to see you all soon!

All the best,

John
As spring emerges and we prepare to reunite in Chicago for the 71st Annual Meeting of the Societies for Pediatric Urology in conjunction with the AUA Annual Meeting, it feels like we are finally back to a normal academic schedule. It is comforting to step away from Zoom and see our friends biannually at the Fall Congress and Spring AUA Meetings. With this slow return to normalcy, it is also time to return to the American Academy of Pediatrics Section on Urology (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. This year we are incredibly proud to be returning to the AAP National Conference and Exhibition that will be occurring October 20-24, 2023, in Washington, DC. Please read below for 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.

As the membership representatives to the AAP SOU, we also would 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.

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

Continued on Page 4
We are thrilled for the 71st Annual Meeting of the Societies for Pediatric Urology, taking place on Saturday, April 29, 2023, in conjunction with the AUA Annual Meeting at the Marriott Marquis Chicago overlooking beautiful Lake Michigan. We have assembled a diverse and dynamic, all-star cast of speakers and moderators for this meeting’s theme: “The Future of Pediatric Urology”! The agenda is crafted to hit on cutting-edge topics, timely updates on existing treatments/techniques, and a glimpse into the direction our field is going.

To kick off the meeting, the Society for Fetal Urology will hold the ever-popular Clinical Case Presentation Session from 5-7pm on Thursday, April 27, 2023. This intimate forum allows residents and fellows to highlight rare and interesting fetal urology cases, some with unique anatomic variants and/or management conundrums that even our most seasoned colleagues may have never encountered in their careers. This session undoubtedly leads to audience participation and lively discussion and is a fantastic opportunity for our future pediatric urologists to meet our colleagues in a smaller setting.

The pediatric program of the SPU includes an action-packed day of panels and lectures, starting with a panel on “The Future of Technology,” where we will find out if Thulium is the laser fiber of the future (Dr. Jonathan Ellison), what’s new with percutaneous tibial nerve stimulation in children (Dr. Janelle Fox), and the future of machine learning in pediatric urology (Dr. Daniel Keefe).

The second panel of the day highlights an important topic in our field, the care of gender diverse patients. We applaud the tremendous work done by our Societies in this arena, and look forward to a talk by Dr. Kelly Swords on how to navigate advocacy for our pediatric/adolescent transgender patients. Next, we will hear from Dr. Diana Bowen on how to successfully collaborate in a multidisciplinary clinic for gender diverse adults and kids. Dr. Paul Kokorowski will cap off the session with an exciting talk on a novel reconstruction option for our DSD patients: utilizing a robotic approach for peritoneal flap vaginoplasty.

Attendees will race back from a coffee and networking break for the much-anticipated announcement by Dr. Linda A. Baker on who will be the newest recipient of the highly competitive SPU Research Grant. The following session focuses on The Future of the Workforce, starting with a thought-provoking talk by Dr. Micah Jacobs on if we are training too many pediatric urology fellows. The COVID pandemic certainly altered how we delivered care in a state of national emergency, and Dr. Julia Finkelstein will enlighten us on the future of telehealth. And finally, with her unique background as both a pediatric urologist and a lawyer, Dr. Vijaya Vemulakonda will share her expertise on the future of fetal intervention after the recent Dobbs decision. Rounding out the morning, we will hear what is sure to be an eloquent Presidential Address from our esteemed SPU president, Dr. Elizabeth Yerkes.

Continued on Page 5
The Meredith Campbell lecture will be delivered by Dr. Mark Cain, a ubiquitously respected leader in our field. His talk, titled “Career Trajectory in Pediatric Urology: What Can We Do To Identify, Support and Nurture Each Stage?” will unquestionably be relevant to all pediatric urologists in the audience, as our subspecialty’s future depends on a well-trained, sustainable workforce.

Intertwined amongst the fibers of our training, clinical practice and academic endeavors is the impact of diversity on surgeons, their care teams and ultimately patient care. Leading the SPU’s newly formed Diversity, Equity, and Inclusion taskforce, we will hear from Dr. Shannon Cannon on the Future of Diversity as it relates to our field. This will be followed by an outstanding talk on how to recognize and combat Microaggressions from Dr. Denise Asafu-Adjei, one of our adult urology colleagues who specializes in Men’s Health at Loyola. Rounding out this session on Future Considerations we have the esteemed Dr. Craig Peters presenting on the solemn, yet timely, subject of Academic Misconduct as it relates to ethics and professionalism in our field. We are excited to finish the day with Power Hour, a rapid-fire session modeled after the NCSAUA meeting structure, to introduce novel concepts and hot topics. We will hear from Dr. Hatim Thaker on The Future of Fusion Toxins for the Bladder, Dr. Patricio Gargollo on Robotic Fetal Surgery, and Dr. Sarah Hecht on Harnessing the Power of the EMR. A local Chicago pediatric radiologist, Dr. Ellen Benya, will close out the program enlightening us on how contrast-enhanced ultrasound can/should/will be incorporated into the future of pediatric urology.

After mingling with colleagues at the SPU Reception, the day will conclude with the Pediatric Urologic Oncology Working Group session, where selected cases are presented and collaborative research efforts are discussed.

Sunday brings our group to the main conference at McCormick Place, where we join our adult urology colleagues for the AUA Program. The Plenary session starts with a Crossfire debate on Reflux: Observation vs Intervention, with Dr. Tony Khoury & Dr. Erin McNamara arguing the Pro side and Dr. Julian Wan and Dr. Vijaya Vemulakonda countering with the Cons. A panel on pediatric stone disease will follow, with Drs. Nicolette Janzen, David Chu, Jonathan Ellison & Ubirajara De Oliveira Barroso, Jr discussing different approaches based on size and location of stone.

Podium and moderated poster sessions throughout the AUA program will highlight outstanding work across all pediatric urology disciplines. Two dedicated, engaging pediatric urology courses will also be offered, one on Friday, April 28, 2023 on Common Problems in Pediatric Urology (Drs. Mark Cain, Richard Rink and Ben Whittam) and another on Sunday, April 30, 2023 on Current Management Paradigms and Advances in Pediatric Voiding Dysfunction (Drs. Lane Palmer, Paul Austin, and Chris Cooper).

The energy of in-person meetings is palpable, and this program promises to propel the momentum of academic pediatric urology forward with ongoing innovation and collaboration. We look forward to seeing everyone in the Windy City this spring!

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**AAP Section on Urology (SOU) Educational Program**

**October 20-22, 2023 – Washington, DC**

**Save the Date! AAP SOU Returns to the NCE Meeting**

While in the works for several years, we are thrilled to share with you that we are reestablishing a relationship with the AAP National Conference and Exhibition (NCE). 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 SOU will present programming at the AAP NCE on October 20-22, 2023, in Washington, DC. There will be two sessions put on in collaboration with other sections (Nephrology and Surgery) which is quite exciting. There will also be awards given for best abstracts.
and social events that are sure to be entertaining. Programming is being facilitated by Course Directors Gil Rushton and Israel Franco, who have done an enormous job in putting together this fantastic schedule:

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<tr>
<th>Date</th>
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<tr>
<td>Friday,</td>
<td>8 AM – 5 PM ET</td>
<td>Evaluation &amp; Management of Incontinence in Children</td>
<td>Paul Austin, MD; Ubijarra Barroso, MD; Therese Collett, APRN, CPNP; Cathy Conway, RN; Walid Farhat, MD; Israel Franco, MD; Seth Alpert, MD; Jose Netto, MD; Anka Nieuwhof, MSc; Jason Van Batavia, MD</td>
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<td>October 20</td>
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<td>Saturday,</td>
<td>8 AM – 12 PM ET</td>
<td>Laparoscopy/Robotics Course</td>
<td>Walid Farhat, MD; Patricio Gargollo, MD; Daniel Dajusta, MD; Lars Cisek, MD; Michael Grasso, MD</td>
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<td>October 21</td>
<td>1230 PM – 1 PM ET</td>
<td>AAP Business Meeting</td>
<td>John Pope, MD</td>
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<td>1 PM-230 PM ET</td>
<td>VUR/UTI Guidelines (Joint session with Section on Nephrology)</td>
<td>Craig Peters, MD; David Hains, MD; Hillary Copp, MD; Hans Pohl, MD; Christina Ching, MD; Nader Shaikh, MD</td>
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<td>3 PM-430 PM ET</td>
<td>GU Trauma (Joint session with Section on Surgery)</td>
<td>Anthony Casale, MD; Jon Groner, MD; Carmen Tong, DO; Bruce Schlomer, MD; Raj Thakkar, MD</td>
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<td>Sunday,</td>
<td>8 AM -930 AM ET</td>
<td>Surgical Alternatives in the Management of Vescicoureteral Reflux</td>
<td>Craig Peters, MD; Andrew Kirsch, MD; Patricio Gargollo, MD; Hans Pohl, MD</td>
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<tr>
<td>October 22</td>
<td>930 AM – 11 AM ET</td>
<td>GU Oncology (Joint session with Section on Surgery)</td>
<td>Jonathan Routh, MD; Brent Weil, MD; Amanda Saltzman, MD; Candace Granberg, MD; Daniel Rhee, MD</td>
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Additionally, the Urology General Sessions noted below were approved for the conference. These were submitted by our SOU Education Committee and are geared toward the general pediatrician.

- “Groans from the Groin”: Scrotal and testicular pain
- Care for the uncircumcised and circumcised penis
- Enuresis, frequency, urgency, and dysuria: not dry topics
- VUR and UTI Guidelines: What’s a Pediatrician to Do? Perinatal Urinary Tract Dilation in General Practice: Recommendations on imaging, prophylactic antibiotics, and follow-up (Collaboration with Section on Radiology)

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!

### Upcoming Meetings of Interest

- April 29, 2023 – Society for Pediatric Urology 71st Annual Meeting – Chicago, IL – https://spuonline.org/meeting/
- September 21-24, 2023 – Pediatric Urology Fall Congress – Royal Sonesta – Houston, TX – https://fallcongress.spuonline.org/
Fall 2022 SWPDC and AAP Section on Urology Pediatric Urology Device Prize

Chester J. Koh, MD, FACS, FAAP and Kara Toman, MPH
Texas Children’s Hospital, Baylor College of Medicine, and the Southwest National Pediatric Device Innovation Consortium (SWPDC.org)
ckoh@bcm.edu

We are pleased to announce the winner of the $25,000 SWPDC and AAP Section on Urology (SOU) Pediatric Urology Device Prize for Fall 2022:

Global Continence, Inc.
Dr. Andrew Kirsch
Georgia Urology, Children’s Healthcare of Atlanta, Emory University School of Medicine

Global Continence, Inc. has developed a novel technology for children, called Soluu™, that intercepts a bedwetting (enuresis) episode with transcutaneous nerve stimulation (TENS) methodology that overrides and curtails the episode with a neuromodulation signal.

SWPDC is a multi-institutional consortium that is supported by a FDA P50 Pediatric Device Consortia (PDC) grant, anchored by Texas Children’s Hospital and Baylor College of Medicine, and includes Texas A&M University, Rice University, University of Houston, and Fannin Innovation Studio. SWPDC is dedicated to improving children’s health by supporting pediatric device innovators to create novel pediatric medical devices with local, regional, and national institutional and innovation partners. The purpose of the annual SWPDC and AAP SOU Pediatric Urology Device prize is to foster the innovation of pediatric urologic devices specifically designed for children.

Of note, the award, as well as any assistance provided by SWPDC, is provided in a non-dilutive, “no-strings-attached” manner. SWPDC can provide direct device and seed funding, such as Dr. Kirsch’s prize, consulting assistance, engineering and design assistance, potential clinical collaborators, and connections to local programs and resources.

We wish to thank our SWPDC staff (Christine Luk and Kathryn Garn at Fannin Innovation Studio in Houston, Texas), the SWPDC leadership team, the SOU Executive Committee, as well as the review committee that included Greg Dean, MD, FAAP, FACS, AAP SOU Secretary-Treasurer, for their assistance with this award cycle.

We congratulate Dr. Kirsch as the Fall 2022 awardee! The next award cycle will take place in Fall 2023, and we encourage all pediatric device innovators in the AAP SOU to apply! For more information, please see SWPDC.org.
Improving Care in Children with CAKUT through a Transdisciplinary Clinic Model

Daryl McLeod, MD, MPH; Brian Becknell, MD, PhD; Anne Dawson, PhD
The Kidney and Urinary Tract Center
Nationwide Children’s Hospital, Columbus Ohio

Congenital anomalies of the kidney and urinary tract (CAKUT) account for one third of children with chronic kidney disease (CKD) on dialysis or receiving kidney transplantation. Of patients with CAKUT, posterior urethral valves (PUV) represent one of the more severe phenotypes, requiring lifelong urology and nephrology care. Although the inciting anatomic abnormality appears simple (e.g., thin obstructing leaflets just distal to the verumontanum of the male urethra), and the initial treatment is often straightforward (e.g., cystoscopy with incision), ongoing clinical management is significantly more complex. Due to this congenital abnormality, these children generally have a maldeveloped urinary tract, which can impact normal urinary storage and elimination, potentially requiring invasive testing and interventions (e.g., urodynamics and intermittent catheterization). Despite early diagnosis, aided by the era of increased access to prenatal ultrasound, 8% of these patients will progress to end stage kidney disease (ESKD) in the first year of life, with another 25% progressing by adulthood. Boys with intermediate phenotypes often manifest significant bladder and kidney dysfunction at some point during childhood, mandating close longitudinal care by a transdisciplinary team.

A transdisciplinary model expands on traditional multidisciplinary care by focusing on free-flowing communication and transfer of skills and knowledge across disciplines and with the patient/family. To achieve this level of patient/family centered information flow, it is necessary for all members of the team to be in the room concurrently, at least at the beginning of the visit, with the option of any team member(s) “hanging back” if deemed necessary. Beyond specific patient-centered benefits, evaluating patients together in a single clinical visit also improves opportunities for trainee education and encourages transdisciplinary research question development supported by the camaraderie necessary to bring it to fruition.

Although combining urology and nephrology supports can be beneficial to all children with CAKUT, PUV exemplifies many of the benefits of transdisciplinary care, and can thus act as a disease model to build such a clinic around. As an example, when caring for a young boy with PUV presenting to clinic, the urology provider can review imaging or urodynamic results, focus on voiding and stooling, assess for recent UTIs, and consider initiating pharmacological agents (e.g., anticholinergics or alpha blockers) or catheterization to improve bladder dynamics. With the nephrologist being present for the urology discussion, they can then expand the conversation to include review of laboratory values (e.g., review stability of CKD, address acidosis, vitamin D deficiency, anemia), blood pressure (e.g., assess the need for ambulatory blood pressure monitoring or a screening echocardiogram), linear growth (e.g., potential benefit of growth hormone), proteinuria (e.g., starting an ACE inhibitor or ARB), and assess fluid goals in the setting of polyuria and polydipsia. By having both providers present for this conversation, it decreases the likelihood of mixed messaging and allows the patient and family to leave the appointment with a clear and comprehensive management plan, while providers can be cautious to not overburden the family with expectations and next steps.

It has also been our experience that many, if not all our patient/families benefit from real time nutrition and psychological supports. Especially in those children with more advanced stages of CKD, the presence of a dietician in clinic aids in healthy diet counseling, and supporting fluid goals, lactation support, appropriate formula selection, and resource acquisition (e.g., insurance approval and WIC applications). Moreover, we acknowledge that patients and families experience notable stress associated with managing a complex disease process like PUV. The urology and nephrology physicians are often poorly equipped to identify or address these emotional or behavioral concerns, which may ultimately negatively impact disease outcomes (e.g., on adherence behaviors), underscoring the importance of incorporating behavioral health services into the workflow in a complex care clinic. In our clinic, we imbedded a pediatric psychologist in 2020. Not only has this addition resulted in the systematic identification and mitigation of barriers to adherence (e.g., medication administration or catheterization initiation), but over 40 children have been referred for neuropsychological evaluation and/or ongoing behavioral health therapy. As a somewhat unintended consequence of the addition of psychology, it has become clear that prior to this integration we were providing suboptimal care, particularly for our highest risk patients with concerning social determinants of health. Identifying these barriers and offering mitigation techniques has the potential to improve patient and family adherence, increase awareness of treating urology/nephrology providers, and ultimately to improve disease outcomes as a unified team. Although screening for and addressing poor social determinants of health can and should be embraced by all providers, it has been our experience that the level at which this screening is conducted by our behavioral health colleagues is far superior and can significantly aid in comprehensive patient care.
Multi-disciplinary Approach to Pediatric Kidney Stones Improves Management

Melissa Muff-Luett, MD, FAAP, Claudia Berrondo, MD, FAAP, John H. Makari, MD, FAAP, Denise Bryson, RDN, LMNT
University of Nebraska Medical Center, Children’s Hospital & Medical Center, Omaha, NE

Pediatric Nephrology and Urology have developed a close working relationship at Children’s Hospital & Medical Center in Omaha, Nebraska. We share numerous patients, particularly those with congenital anomalies of the kidney and urinary tract. With the rise of kidney stone disease in pediatric patients, we have seen more referrals to both of our services for this disease process. We realized that these patients required several appointments between the two services, with some overlap in education, diagnostic testing, and treatment. Additionally, those patients who were referred to only one of the two services were not able to benefit from the expertise that the other specialty is able to provide without an additional referral, leading to delay and additional separate visits.

In 2018, our Pediatric Nephrology and Pediatric Urology teams developed a multidisciplinary kidney stone clinic to combine the expertise of members of both teams, including physicians, advanced practice providers, and nurses, along with education from our Renal Registered Dietitian Nutritionist and Nurse Educator. Our goal was to combine all aspects of patient management, including evaluation with imaging and metabolic assessment, disease education, dietary education, and initiation of treatment (including dietary modifications, medications, and surgical intervention). We hold this multidisciplinary clinic one half-day per month. The Pediatric Urology team assesses the patient’s stone burden to determine the need for and modality of surgical intervention. The Pediatric Nephrology team assesses the child’s risk factors for nephrolithiasis and discusses measures to prevent additional stone formation, including the need for medical treatment. This format limits the duplication of work and ensures availability of both teams for interpretation of diagnostic testing.

Patients are referred to our multidisciplinary clinic through multiple avenues. Most patients are referred by either Nephrology or Urology providers. However, patients can also be referred from Emergency Medicine providers, Urgent Care providers and Primary Care Providers when the diagnosis of urinary calculi has been confirmed with imaging. Most frequently our patients have already established care with urology in the acute setting while the acute stone event is managed. After treatment of the acute stone episode, the urology team provides basic education about kidney stone disease, general dietary education, introduces the concept of the multidisciplinary kidney stone clinic, and initiates the metabolic work-up.

Prior to their appointment in the Kidney Stone Clinic, all our patients complete a metabolic evaluation to determine risk factors for kidney stone formation. This evaluation includes a twenty-four-hour urine collection to assess recurrent stone risk (typically a Litholink™ panel), blood work (including a chemistry panel, phosphorous, magnesium, 25-hydroxy vitamin D and parathyroid hormone levels) and urinalysis with microscopy. In patients who cannot complete a twenty-four-hour urine collection, a random urine collection is obtained to screen for common metabolic abnormalities that contribute to kidney stone formation, such as hypercalciuria, hypocitraturia and hyperoxaluria. Additionally, if the patient has passed a kidney stone or if it is retrieved during surgical stone management, it is sent to the lab for chemical analysis. Our clinic space includes an ultrasound suite with a dedicated ultrasound technologist, allowing patients to have renal sonography on the same day of clinic, and they can also complete additional imaging, as necessary.

Prior to clinic our team briefly discusses each patient to update both teams on the patient’s medical history and kidney stone clinical course. We review imaging and discuss our preliminary thoughts on management of existing stones (observation vs surgical intervention) and our prevention management suggestions based on preliminary labs, urine studies or stone analysis. A Nephrology or Urology nurse completes the initial clinic intake with the patient/family utilizing a standardized questionnaire including information on diet, fluid intake, medications, urinary habits, and family history of kidney stone disease. The providers then take turns seeing the patients. The nurse then discharges the patient reinforcing any education provided during the visit and instructions for follow-up.
The Registered Dietitian Nutritionist, RDN, has one of the most important roles in the multidisciplinary kidney stone clinic. The RDN provides and helps guide dietary management including fluid intake, calcium requirements and dietary sodium restrictions. Dietary modification is often the first line of treatment of pediatric kidney stones. We typically reserve medications as a secondary treatment if dietary interventions are unsuccessful. The dietary management of kidney stones is tailored to the patient based on their individual risk factors, medical problems, and stone type. For example, in patients with a calcium oxalate stone we provide education on recommended fluid intake, sodium and oxalate restriction, normal calcium intake, and high citrate intake. In contrast, for patients with calcium phosphate stones education focuses mainly on adequate fluid intake, sodium restriction, and calcium intake goals. In addition, some patients have restricted diets for unrelated medical problems which need to be taken into consideration when making dietary changes. After the patient is seen in stone clinic, the management plan is discussed amongst the providers, noting any specific dietary needs for the renal dietitian to address with the patient and their caregivers. Our nurse educator and dietitian have created patient education materials with general dietary recommendations for each common kidney stone type. This information is combined in a single After Visit Summary. Both the Urology and Nephrology providers and the dietitian document the encounter and a comprehensive letter is sent to the referring provider and primary care provider. Each provider bills their evaluation and management services individually in the single visit encounter, and the patient is charged only a single facility fee for the dual encounter.

Our multi-disciplinary kidney stone clinic has been successful in limiting excessive visits to our medical center and eliminating duplicated work by providers. Patients and their families appreciate the coordinated care and real-time communication between Nephrology and Urology. Due to the increased demand for kidney stone clinic visits, in the past year we have successfully incorporated Urology and Nephrology advanced practice providers into the clinic. They primarily see patients for follow-up visits to address any issues and reaffirm dietary changes.

The majority of our kidney stone patients are now seen in the Kidney Stone Clinic, allowing our providers to improve care for our patients and gain additional expertise in nephrolithiasis. During the first 3 years of this multidisciplinary clinic, we have diagnosed several patients with genetic stone conditions including primary hyperoxaluria types 2 and 3 and cystinuria. The recent availability of Invitae’s sponsored Nephrolithiasis genetic testing panel, completed at no charge to the patient, has allowed us to diagnose several patients with conditions associated with kidney stones, hypercalciuria and renal tubular acidosis, including mutations in SLC34A3 and SLC4A1.

We have made a point in our clinic to focus on systemic effects of stone formation, especially in our patients with significant hypercalciuria or hyperparathyroidism. When indicated, we obtain bone density scans and focus on targeting normal age-based serum calcium and phosphorous levels and ensure that patients have normal 25-hydroxy vitamin D levels. Patients with hypercalciuria or hyperparathyroidism are managed with thiazide diuretics to reduce calcium losses or co-managed with endocrinology if additional therapy such as bisphosphonate therapy is indicated.

The multidisciplinary team approach used in the Kidney Stone Clinic at Children’s Hospital & Medical Center has improved the care that we provide to patients with nephrolithiasis. This clinic has allowed us to better serve our patients with expedited care and education, providing earlier dietary modifications and medical management when appropriate. Following kidney stone patients longitudinally also allows for timely surgical intervention if indicated. This specialized clinic allows us to learn from the other providers and has strengthened the expertise of both our Nephrology and Urology providers in the field of kidney stone diagnosis and management.
The AAP SOU Advocacy Committee is excited to bring you updates from both the AAP and the House of Urology at-large. The American Urological Association Urology Advocacy Summit (UAS) was held February 27-March 1st in Washington, DC. The theme for this year was “Rise and Renew”, celebrating a return to in-person meetings and new beginnings as we embark on new challenges in the delivery of urologic care to our patients. The meeting was preceded by meetings of the AUA’s various policy-related subgroups, including the Legislative Advocacy Committee, the State Advocacy Committee, the Coding & Reimbursement Committee, and the Public Policy Council (PPC), which oversees all legislative and regulatory activities of the American Urological Association. Pediatric urology is well-represented on the PPC, whose members include Dr. Emilie Johnson (Ann & Robert H. Lurie Children’s Hospital of Chicago) and Dr. Candace Granberg (Mayo Clinic Children’s Center) representing the AUA North Central Section, and Dr. Hans Arora (University of North Carolina) who is Chair of the Urology Caucus at the American Medical Association House of Delegates. This year’s keynote speaker was the inimitable James Carville, renowned political strategist, and media personality, who opined on the current political climate and potential implications for healthcare. In preparation for visits to Capitol Hill to meet legislators and their assistants, there were four Congressional “asks” put together by the AUA based on its federal advocacy priorities:

1. Supporting Equitable Reforms to the Medicare Physician Fee Schedule
2. Supporting the PSA Screening for Him Act
3. Supporting the Permanent Expansion of Telehealth Benefits Following the Expiration of the Public Health Emergency
4. Supporting the Specialty Physicians Advancing Rural Care (SPARC) Act

The third and fourth items were of particular interest to pediatric urologists. As many are well aware, telehealth benefits and flexibilities were expanded greatly as part of the federal response to the COVID-19 Public Health Emergency. The Consolidated Appropriations Act passed by Congress at the end of 2022 postponed the expiration of this expansion through 2024, though it should be noted that payment parity was not included. In the previous Congress, the CONNECT for Health Act was introduced to make some of these expansions permanent, and, while it saw widespread bipartisan support, the Act was not voted upon. The AUA, along with many other medical organizations, continues to push for its reintroduction and passage to allow health care providers to continue to provide virtual care as an option for our patients.

The SPARC Act we described in detail in our previous update. Briefly, it would create a loan repayment program up to $250,000 in loan repayment for specialty physicians (such as urologists and pediatric urologists) in exchange for six years of practicing in a rural

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community, akin to participating in the National Health Service Corps (which is primary care focused). At the time of the Summit, the SPARC Act had yet to be re-introduced however the following week it was introduced as Senate Bill 705 by Senators Jacky Rosen (D-NV) and Roger Wicker (R-MS), along with a number of other bills aimed at addressing the physician shortage (https://www.rosen.senate.gov/2023/03/08/rosen-introduces-package-of-bipartisan-bills-to-address-doctor-shortage-in-nevada/).

One of the true meeting highlights, was a presentation by Dr. Larissa Bressler, the AUA's Chief Diversity officer, who discussed the importance of diversity, equity, inclusion in advocacy, who was able to expertly weave her own personal story into a presentation that encompassed how DEI is interwoven into the aforementioned Congressional asks and its critical to consider these principles as we consider the future of healthcare for all of our patients.

In non-AUA news, the AAP held one of its first Subspecialty Advocacy Meetings, designed to create a connection between the subspecialty sections of the AAP as they work to address various advocacy issues specific to the care of children. Topics of discussion at this meeting included the AAP Advocacy Conference, which was held March 26-28 in Washington, DC (https://shop.aap.org/2023-aap-advocacy-conference/) as well as discussion of involvement with State AAP Chapters – an excellent opportunity to get involved in organized medicine at a local level for pediatric urologists. For the first time ever, the AAP National Conference & Exhibition will have an abstract topic dedicated to advocacy, and the winner of this category could receive complimentary registration to the following year’s AAP Advocacy Conference. Finally, James Baumberger, Senior Director of Federal Advocacy for the AAP, gave an update on the Pediatric Subspecialty Loan Repayment program, for which applications will be made available this summer for medical and surgical specialists who work in underserved communities.

Coding/Billing Committee Update - Mailbag Questions

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In this edition of the AAP SOU Newsletter, we dig into our mailbag to answer some coding questions that we have received on common pediatric urology conditions.

1. *I performed a distal (coronal) hypospadias repair using the TIP technique. I did an artificial erection test but did not need to correct any chordee, as he had a straight penis. We did though create Byers flaps for ventral penile shaft skin coverage. How should I code this? There doesn’t appear to be a specific code for the TIP hypospadias repair.*

Great question, and you are correct, there is no specific code for the TIP repair. Referencing the AUA 2015 Policy and Advocacy Brief regarding “Pediatric Hypospadias Repair: A New Consensus Document on Coding”, we would recommend using 54324 [1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (e.g., flipflap, prepuce flap)] to code the hypospadias portion of this case. Interestingly, if you had needed to perform a chordee correction in this case, no additional codes should be added, as 54324 includes “with or without chordee or circumcision.” Although not specifically addressed

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in the Consensus Document, an artificial erection test, 54235 [Injection of corpora cavernosa with pharmacologic agent(s) (e.g., papaverine, phentolamine)] is also considered to be inherent to the repair. As Byers flaps were created, the secondary code 14040 (Adjacent tissue transfer or rearrangement, genitalia; defect 10 sq cm or less) can be added.

2. **I recently had a case where I performed an inguinal orchiopexy on a 3-year-old boy. The patient had a huge hernia (patent processus vaginalis) that also needed to be repaired. Should I code for both the orchiopexy and an inguinal hernia repair?**

   Here, we would use code 54640 (Orchiopexy, inguinal or scrotal approach) to code the inguinal orchiopexy portion of the procedure. Until 2020, code 54640 used to read “Orchiopexy, inguinal approach, with or without hernia repair.” As this code included the language “with or without hernia repair”, it was unclear if one should include an additional code for an inguinal hernia repair, in addition to using 54640. Now that this language has been deleted from the 54640 code, you can include hernia repair codes (49495-49525) in addition to the orchiopexy code. In this case, it would be appropriate to use 49500 (Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy) in addition to 54640.

3. **How should I code a meatotomy? In younger boys, in the office, I usually just incise the stenotic ventral portion of the meatus/glans. In older boys, I may do a meatotomy in the operating room and usually place some stitches to evert lateral edges of the urethral meatus after incising the stenotic portion. Should I use different codes for these different approaches?**

   Great question. The code 53020 (Meatotomy, cutting of meatus) should be used if you are only incising the stenotic portion of the meatus and no additional work is performed. However, if you are performing a more “complex” meatotomy where, for instance, sutures are placed, then 53450 (Urethromeatoplasty, with mucosal advancement) would be more applicable. It is important to note that 53450 includes both the meatotomy and the meatoplasty. As such, 53020 should not be reported in addition to 53450, as 53020 is bundled into 53450.

These are just a few of the great questions that we have received regarding coding conundrums. It is important to remember that coding is not an exact science. As always, we are available to help answer any coding questions that you may have and encourage you to keep the questions coming! Please don’t hesitate to send any queries our way. We can be reached at Jeffrey.campbell@childrenscolorado.com or douglas-storm@uiowa.edu
Education Committee Update

It has been a productive and rewarding period for the education committee, with numerous new publications and proposals to report since our last newsletter. Firstly, we have welcomed three new committee members including our newest fellow, Dr Leslie Peard of Vanderbilt, and two senior members who previously served on our Executive Committee: Drs Martin Kaefer and Kathleen Kieran.

Our committee has been working hard to organize the AAP SOU’s Spring webinar, anticipated to be in May 2023. This upcoming webinar will focus on medical and surgical management of neurogenic bladder and is being planned by this year’s course director Dr Jennifer Ahn. Be on the lookout for the promotional email for this exciting CME event!

In the fall, we completed a submission celebrating the 75th anniversary of the Journal of Pediatrics by selecting three landmark articles of pediatric urology that were published in the flagship journal. We chose between dozens of articles with high citation rates, the most popular of which were regarding vesicoureteral reflux and circumcision. The publication date for this submission remains to be announced.

Our annual Focus on Subspecialties article is currently in development and anticipated to be published later this year. The accepted topic is on the pediatric urologists’ role in the care of genitourinary malignancies and will feature our Executive Committee Ex-Officio Chair Dr Nicholas Cost and the second annual Pediatric, Adolescent and Young Adult Urologic Oncology Conference hosted by Children’s Hospital Colorado.

Two new HealthyChildren.org articles have been published, both written by AAP members. Each article was a revision of a prior publication: “Scrotal Swelling in Children,” contributed by Drs Campbell Grant and Christopher Jaeger, and “Hypospadias,” written by Dr Julie Cheng. On a similar note, the 8th edition of the AAP’s “Caring for Your Baby and Young Child” is in process and multiple chapters were reviewed by our committee members to ensure optimal advice will be given to families seeking education on genitourinary concerns.

Finally, it will be an excellent year to attend the NCE in Washington D.C. In February, we had five topics accepted for general session presentations. These are in addition to the subspecialty section programming being spearheaded by our Executive Committee leaders. Our topics will include multiple previously popular choices as well as some less common selections: evaluation and management of an acute scrotum, bowel and bladder dysfunction, foreskin care, urinary tract infections, and vesicoureteral reflux. We will also be collaborating with the Section on Radiology for another previously popular topic: the management of antenatal hydronephrosis. It will be an excellent year for our section.

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Sprng is an exciting time in the academic year, with renewed energy and opportunities on the horizon. Many fellows are approaching graduation and anxiously anticipating the transition into independent practice. First year fellows are beginning to navigate their job search and are seeking professional growth avenues in the final year of training. A new cohort of fellows eager to join the pediatric urology community will soon receive the results of the match in June. We would like to extend a warm early congratulations to the graduating fellows and newly matching fellows!

Programming at national academic conferences this past year provided tremendous learning opportunities with a focus on personal development. We were able to plan two programs this past calendar year. There was a panel discussion at the American Urological Association (AUA) 2022 Annual Meeting in New Orleans, LA titled “Coping with Complications.” This program was designed to provide fellows with tools on how to navigate this difficult aspect of the attending role. Panelists shared honest insight on this sensitive subject, which allowed for open dialogue. During the Societies for Pediatric Urology (SPU) 2022 Fall Congress in Las Vegas, NV we hosted the 2nd annual fellow speed mentoring event, which was attended by 20 fellows and 20 attending physicians. This year we were able to extend the time with each mentor and mentee pairing, integrating feedback received from last year’s event. In selecting panelists and mentors for these events, we aimed to have diverse representation in personal background, career stage, geographic location, and academic/career interests. Both events were a huge success, and we thank the support of the AAP for these programs! We are looking forward to the AUA 2023 in Chicago, IL where we are preparing a panel on “Surgical Mentorship at All Stages” to be sponsored by the SPU. This topic was inspired by recent presentations at our national meetings, as it has shed light on an important topic. Normally we think of formal surgical mentorship concluding with fellowship training, but the conversation is challenging that notion. To continue to grow and refine our surgical skills to better care for our patients, it may help to have some form of surgical mentorship throughout our careers and understand how to most effectively incorporate this.

Chris Jaeger will be graduating this June with plans to begin his career as an assistant professor at Corewell Health (formerly Beaumont Hospital) in Royal Oak, MI and will be expanding on his work in medical education. Valeska Halstead will continue as the senior fellow representative next academic year. Following a formal selection process in the fall, a new junior fellow representative will be joining the team. As a reminder to fellows, there are two representatives to the AAP Section on Urology and the SPU Executive Board. Please do not hesitate to reach out if you have any questions or would like anything discussed with these organizations. The AAP’s mission is focused on the health and well-being of our pediatric patients and there are so many valuable ways we can help each other support this mission. We strongly encourage all fellows to get involved!
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).

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
# SOU Executive Committee Roster

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