Next week the Societies for Pediatric Urology will hold its 67th annual meeting in Chicago in conjunction with the American Urologic Association meeting. The program looks outstanding and I’m sure all those that attend will leave the meeting having learned something of importance. In addition to the meeting program, I always look forward to catching up and with colleagues and friends and sharing stories and laughs together.

The inclusion of the SOU of the AAP along with the Society of Fetal Urology and the Society for Pediatric Urology into the Societies for Pediatric Urology has facilitated coordination and communication among its member organizations. Pediatric urologists are a small group in the world of both urology and pediatrics and surgery. Because of this, it is incredibly important for us to speak at times with a unified voice to a variety of outsider constituents. The structure of the Societies for Pediatric Urologist facilitates our ability to communicate in this manner. Importantly, each organization has been able to maintain its identity and unique focus and strengths.

One of the strengths of the SOU is its ability to communicate through the AAP to its 67,000 members. Because the AAP organization is so large, the relatively slow pace of change can be frustrating, however, when the AAP speaks many people listen. Another strength of the SOU is the many opportunities it offers for members of all ages to become involved with leadership and/or political activism. With the recent wave of state legislation proposals regarding restriction of pediatric genital operations, we have seen first-hand how important it is for pediatric urologists and their patients to have a voice and an active presence in politics and policy. The AAP maintains an active presence in each state through the state chapters of the AAP.

As many of you know, Kathy Ozmeral served for many years as the Manager of the Section of Urology. In March, Jennifer Gorlewski took over this position. I want to formally thank Kathy for her years of dedication and service to the SOU. Kathy possessed a wonderful institutional memory that will be missed. With that said, we have welcomed Jen who has demonstrated an incredible passion and efficiency in this role! She has been working closely with many members of the executive board and committees on a variety of different projects which have been moving forward in record time. Jen will be attending the meeting in Chicago and I hope everyone has a chance to meet and welcome her to the SOU- please be on your best behavior and try not to scare her off...

In closing, I encourage you all to read through the newsletter and learn what the SOU has been doing and what it has planned. I also want to thank you for your membership and contributions to this important organization. Don’t hesitate to let me know your thoughts on what else the SOU might be able to do for you and our patients.

See you soon in Chicago!

Christopher
Welcome to the third edition of the AAP SOU newsletter! Once again, we hope you enjoy reading about some of the great work being done by your fellow pediatric urologists on behalf of the SOU. From educational to advocacy efforts, AAP members are making a difference locally, regionally, and on the national level. We are also excited to continue a tradition started last newsletter, and are thankful to Dr. Arun Srinivasan, Program Chair of the 2019 Societies for Pediatric Urology Annual Meeting, for providing a sneak peek of the “What not to miss” this year as well as the new innovations planned for audience participation.

Continued on Page 3
As always, we would like to thank each contributor for taking the time out of their busy schedules to put together these articles. We are honored to serve you as Membership Co-Chairs for the SOU and appreciate all your support over the past year. We hope that each newsletter will reach a wider and wider audience and welcome any feedback and 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 submission from all SOU members. Feel free to email or talk to either of us for more details and consider contributing to our next edition in the fall of 2019.

Before we get on with the newsletter, we would like to take the opportunity to thank Kathy Ozmeral, former Manager of the SOU, for her guidance and assistance over the past years, as well as welcome Jennifer Gorlewski who has taken over that role. Lastly, we owe a big thank you to Mark A. Krajecki, production specialist with the AAP, for his help in putting this newsletter together!

Safe travels and we look forward to seeing you in Chicago!

**Upcoming Meetings of Interest (in addition to the 2 major meetings):**

**June 28-30, 2019** – Clinical and Scientific Advances in Urinary Tract Infections Conference – Columbus, Ohio - [https://www.nationwidechildrens.org/specialties/urology/urology-conference](https://www.nationwidechildrens.org/specialties/urology/urology-conference)


**October 25-29, 2019** – AAP NCE, New Orleans, Louisiana - [aapexperience.org](http://aapexperience.org)


**Early February, 2020** – 4th Annual North American Robotic Urology Symposium (NARUS) 2020 (including adult, pediatric, and allied health tracks) – Las Vegas, NV - [https://www.narus.us](https://www.narus.us)

**September 16–19, 2020** – 5th Joint Meeting of ESPU – SPU – Lisbon, Portugal - [https://www.espu.org](https://www.espu.org)
The 67th Societies for Pediatric Urology Annual meeting will be held in Chicago, Illinois from Friday May 3rd to Sunday May 5th, 2019. Over the past months, we have been putting together a program that will not only be educational and thought-providing but will also encourage audience participation. Through use of new tools, including text based and app based live feedback and comments, our hope is to provide the most interactive meeting in pediatric urology to date. We are excited to roll out these technologies at select sessions and will monitor their use, to determine how best to use them in future meetings. In addition, we have made an effort to build a program that is both broad based and inclusive on topics discussed and personnel involved. With this in mind, we have also made a conscious effort to provide ample discussion times at the end of sessions to facilitate attendee interaction because we know how important these discussions are for clarifying points from presentations and generating critical questions for future work from our pediatric urology community.

On Friday, May 3rd, the meeting starts at 7:30AM with a scientific session on hypospadias. Being one of the busiest sessions, there will be two sets of moderators taking us through the 18 high-quality abstract presentations. Following this session, we jump right into the first prize abstract session which will focus on the basic science prize finalists. This session will be judged by Drs. John Pope, Todd Purves and Michael Hsieh. For the first time, we hope to have audience participation in selecting the prize winning abstracts. Your votes will count so please be sure to participate and express your enthusiasm for your favorite abstracts.

Following a coffee break, the meeting will resume with the Meredith Campbell Lecture. This year we are thrilled to have Dr. Alberto Pena presenting on lessons learned from a career of innovation and collaboration. No one has contributed more to surgical care of children with anorectal anomalies than Dr. Pena and the audience will be in for a treat as he shares his knowledge after a lifetime of surgical learning and education. After this lecture, the scientific sessions continue with “Testis and Sexual Development” and “Disorders of Sex Development” both of which are full of robust peer-reviewed scientific work that will undoubtedly spark interesting conversation and thoughtful discussions. At noon, Dr. Lane Palmer will provide an update on the DSD Task Force which will be followed by the SPU Presidential address and annual business meeting.

After lunch, the meeting returns with the first panel session at 1:00PM titled “Changing Career Focus” and hosted by Dr. Chris Cooper. Our esteemed participants include Drs. Steven Docimo and Steve Kim and the panel will discuss alternative careers available to pediatric urologists including leadership roles in the hospital administration, in medical/resident education through the Dean's office or in entrepreneurial opportunities with industry or a new start-up. With this panel, we hope to highlight diverse paths open to all of us and the process these surgeons went through to make their decisions to pursue these paths.

Starting at 2:00PM will be the Society of Fetal Urology programming headed by Drs. Micah Jacobs and Sean Corbett. SFU programming includes a scientific session on congenital hydronephrosis and fetal diagnosis, followed by a “point/counterpoint session” on hydronephrosis moderated by Dr. Patricio Gargollo featuring Drs. Paul Noh and Michael Ost. This first busy day ends with SFU best case presentation awards and Pediatric Urologic Oncology Working Group Spring Meeting at 6:00PM.

Saturday May 4th starts bright and early at 7:30AM with a welcome by Dr. Lane Palmer and myself, followed by the clinical prize finalist’s session. This is another session where we hope to have text/app based audience participation to help our judges Drs. Edwin Smith, Brian VanderBrink and Chris Austin decide the prize winner. May the best abstract - as judged by you and all the attendees - win this honor!!

At 8:00AM will be the Society of Pediatric Urology Lecture, given this year by one of the mavens in pediatric surgery, the true architect of fetal surgery, C Everett Koop Professor of Surgery and Surgeon-in-Chief of the Children’s Hospital of Philadelphia, Dr. N. Scott Adzick. Dr. Adzick will talk about the trials and tribulations in his innovative path in the inception of fetal surgery. We are delighted to have him here in Chicago, and know this will be an enlightening, exciting and educational lecture, with something to learn for all of us.
The morning continues with scientific sessions on “Endourology and Pediatric Stone Disease” and “Lower urinary tract pathology.” With increasing prevalence of pediatric stone disease worldwide, we were pleased to see a significant interest in terms of number of submissions to the endourology session. While this led to tougher competition, we know the quality of accepted abstracts will offer insights to all attendees. We hope to see this trend in endourology interest continue.

At 11:15AM will be the “Great Debate.” This year the topic will be surgical management of exstrophy and our panelists will revisit the arguments between the staged repair and the complete primary repair. Moderated by Dr. Douglas Canning, Dr. John Gearhart will argue for the staged approach while Dr. Pramod Reddy will present a defense of the complete repair. Between these experienced surgeons is over 100 years of exstrophy experience and this will be one debate which no one should miss.

Right before lunch will be the presentation of the SPU Research Grants and introduction of the fellows. The afternoon will then resume at 1:15PM with a scientific session on “GU imaging”, followed by the second panel discussion of the meeting on “Congenitalism.” This refreshing panel will be moderated by Dr. Rosalia Misseri and combines adult and pediatric congenitalism specialists including Dr. Edmond Gonzales from Houston, Prof. Gundela Holmjdahl from Sweden and Dr. Bahaa Sami Maleb from Michigan. This panel has become a yearly tradition with robust participation from the AUA Congenitalism panel including vigorous discussion and provides us all with crucial information about how our patients do much later in life and thus gives us a learning perspective that can help our care plan when these patients are little.

After a short coffee break, the afternoon scientific sessions continue with “Major Reconstruction and Urodynamics” followed by the second panel discussion of the day focused on diversity in our specialty. Armed with the results from a recent SPU survey this diverse panel led by Dr. Elizabeth Yerkes will look at social and cultural challenges that exist in our work environment. We feel that now is an appropriate time to address these issues in our specialty given what is happening across our country and around the world. We envision this session to be one of shared ideas for our common good. Following this panel, will be the last scientific session of the day on “GU Tumor, Trauma and Transplantation.” The day concludes with the SPU Reception starting at 5:20PM.

Sunday, May 5th, last day of our meeting, will be the joint session between the SPU and AUA. Please take note of the change in venue and that all sessions on this day will be at the McCormick Convention Center. The day begins at 7:00AM sharp with a scientific session on “Combined Congenitalism” with our partners - SUFU and GURS. Next, pediatric urology takes the plenary stage at 9:00AM with highlights of the annual meeting, which I have the honor to present, and highlights of pediatrics in the Journal of Urology presented by Dr. Julian Wan. These highlight presentations will be followed by a series of debates on controversial topics including robotic ureteral reimplant, hypospadias technique and pediatric stone disease management. This wonderful plenary programming is capped by the John Duckett Memorial Lecture which will be given this year by one of our most experienced surgeons – Dr. Stuart Bauer. Dr. Bauer will present his experienced thoughts on neurogenic bladder – its past, present and future. Last but not the least, the pediatric urology portion of the meeting ends with two more scientific sessions on “Health sciences and population research” and “UTI and VUR” moderated by talented and experienced surgeons in those fields.

I hope the program that we have put together for our annual meeting, our initiatives to get a broad based participation and the use of novel tools for audience interaction will prove successful and will lead to an exciting educational adventure for all of us. I look forward to meeting everyone in Chicago!!!! Welcome!!!!
Updates from the SOU Education Committee

Gina Lockwood, MD, FAAP
Stead Family Children's Hospital/University of Iowa Health Care Carver College of Medicine
Email: Ginalockwood83@gmail.com

Blake Palmer, MD, FAAP
Cook Children’s Physician Network, Fort Worth, TX
Email: Blake.Palmer@cookchildrens.org

Stephen Canon, MD, FAAP
Arkansas Children's Hospital / University of Arkansas for Medical Sciences
Email: scanon@uams.edu

The Education Committee has had a busy six months and, we are excited to share with you new updates since our last meeting.

Pediatric Urology for Primary Care

This manual published by the American Academy of Pediatrics and edited by Saul Greenfield and Chris Cooper is now available for purchase through the AAP in print as well as e-book format. This book will act as a contemporary reference for primary care physicians, Urologists, students and residents with current updates in all aspects of Pediatric Urology.

AAP National Conference and Exhibition

As a reminder, four presentations were accepted for this year’s NCE in October 2019 in New Orleans, Louisiana. In addition, a fifth joint presentation on Spina Bifida was accepted.

For the 2020 NCE, we submitted four proposals in April 2019 and collaborated with other sections for three additional joint proposals. The proposals submitted this year from the SOU are

- “Performing Successful Newborn Circumcision: Judging Patient Suitability and Appropriate Technique”
- “Evaluation and management of the acute scrotum: groans from the groin”
- “Common Problems of the genitalia in newborns and infants” and
- “Wet Pants, UTIs and Constipation: The important role of bowel function on Pediatric Urology.”

We are excited to hear which presentations will be given in 2020! If you have future ideas for AAP NCE presentations don't hesitate to communicate to us and we can help you through the submission process for 2021.

Choosing Wisely

The Section on Urology was asked to participate in the Choosing Wisely project by selecting “5 things physicians and patients should question.” Choosing Wisely is an organization with the mission to promote conversations between clinicians and patients by helping patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.

Five topics have been accepted by the campaign for publication. These include:

1. Do not perform routine diagnostic imaging including sonography, computed tomography or magnetic resonance imaging to establish diagnosis of cryptorchidism.
2. Do not treat asymptomatic bacteriuria in patients who perform clean intermittent catheterization.
3. Do not perform newborn clamp circumcision in boys with hypospadias, chordee, significant penile torsion, or
penoscrotal webbing without first consulting with a Urologist.

4. Do not perform a bagged urine specimen for urine culture in a non-potty-trained child.

5. Do not treat daytime urinary incontinence with medication management before a trial of behavioral modification and evaluation/treatment of constipation.

These topics will have explanations that focus on rationale and the importance of minimizing interventions that add cost, could be harmful, and are of low value.

Healthychildren.org

Since September 2018, two additional articles authored by SOU fellow members have been published on healthychildren.org. These include “Recurrent Urinary Tract Infections in Children” and “Ureteropelvic Junction Obstruction.” An article on Voiding Dysfunction is the next slated to be published, and an update on Nocturnal Enuresis for the website has been co-authored by our section as well as the Section on Nephrology.

We hope to have fellow members submit updates and new articles for submission to the editors of the website this summer.

AAP News “Focus on Subspecialties” Column

Dr. Canon has drafted his manuscript on Telemedicine utilization in Pediatrics and Pediatric Urology which was included in the last AAP SOU newsletter. He is currently working with the Telemedicine Committee on a reformatted version of this article to include in an upcoming AAP News.

We want to thank the members of the SOU Executive Committee for continued input and willingness to assist with review and editing for patient education books, manuals, and brochures as they come across our table!
The Annual American Academy of Pediatrics Legislative Conference was held in Washington, DC, from April 7-9. Over three hundred and fifty general pediatricians, pediatric subspecialists, advanced practice providers, residents, and fellows attended two days of informational sessions and training before traveling to Capitol Hill to meet with lawmakers. Along with me, pediatric urology was represented by Dr. Richard Sutherland of North Carolina and Dr. Audrey Rhee of Cleveland Clinic.

The AAP Legislative Conference is a welcoming environment for novice and seasoned attendees. The first day introduces attendees to the basic “ins and outs” of advocacy: identifying the most pertinent public health issues for our nation's children, coaching on how to deliver the AAP's message to lawmakers on the third day, and advice on how to act locally to build coalitions and engage with local legislators and special interest groups. This year, attendees were treated to talks from Lydia Kuykendal of Gifford's Courage (speaking on the impact of gun violence on America's youth), Dr. Michael Warren (the associate administrator of the Maternal and Child Health Bureau of the Department of Health and Human Services), and Dr. Marsha Griffin, director of Community for Children (discussing the care of immigrant children).

On Tuesday, it was off to Capitol Hill! As last year, the AAP asked those of us at the Legislative Conference to focus on firearm violence and its public health impact on children. In the United States, 46 children aged 1-17 per day are either killed or injured by a firearm; including those up to age 19 raises this number to over 80. The AAP is asking legislators to direct $50 million to the Centers for Disease Control in the next fiscal year for CDC-based research into the public health aspects of firearm safety, and to endorse universal background checks. While on the surface these messages are not readily congruent with the interests of pediatric urologists, the Legislative Conference offers an unparalleled networking opportunity, extensive training in advocacy, and the potential to partner with multiple pediatric specialists on issues pertinent to all children.

The Legislative Conference is the premier advocacy activity for the American Academy of Pediatrics, emphasizing the actionable social and public health issues that will improve the health of children. Getting involved is easy: sign up for next year’s Legislative Conference at [www.aap.org](http://www.aap.org), and call and write your senators and representatives!
Coding Dilemmas

Jeffrey Campbell, MD, FAAP  
Co-Chair, AAP Socioeconomics/Coding Committee  
Children's Hospital Colorado/University of Colorado Dept. of Surgery  
Email: Jeffrey.Campbell@childrenscolorado.org

Douglas Storm, MD, FAAP  
Co-Chair, AAP Socioeconomics/Coding Committee  
Stead Family Children's Hospital/University of Iowa Health Care Carver College of Medicine  
Email: douglas-storm@uiowa.edu

In this edition of the AAP Section on Urology Newsletter, we hope to illustrate proper coding for two common coding dilemmas in pediatric urology: 1. When to use codes for meatotomy versus meatoplasty 2. When to code for removal of the appendix testes/epididymis. Herein, we provide the applicable codes for the procedures, as well as their related Work RVU's. In addition, we have included vignettes to help clarify correct utilization of these codes. We hope that this helps clarify when these codes may be utilized. As always, if there are any questions related to these codes or other codes used in pediatric urology please feel free to contact us – Jeff Campbell (Jeffrey-Campbell@childrenscolorado.org) and Doug Storm (douglas-storm@uiowa.edu).

Coding For Meatotomy and Meatoplasty

Applicable CPT Codes:
53450 – Urethromeatoplasty, with mucosal advancement (Work RVU 6.77)
53020 – Meatotomy, cutting of meatus (Work RVU 1.77)

CPT code 53020 should be utilized if a simple meatotomy is performed, where only the ventral stenotic portion of meatus is incised sharply. An example of where 53020 would be applicable includes: A patient was brought to the procedure suite or the clinic, where after ensuring adequate anesthesia, the ventral stenotic portion of the meatus was clamped with a hemostat for hemostatic purposes. After this, the stenotic portion of the meatus was incised sharply, creating a patent urethral meatus.

CPT code 53450 should be utilized for a more complex procedure, where additional procedures are performed in addition to incising the stenotic portion of the meatus. Such additional procedures include placing sutures to advance the urethral mucosa. An example where 53450 would be applicable includes: A patient was brought to the procedure suite, where after ensuring adequate anesthesia, the stenotic portion of the ventral meatus was incised. After ensuring that the urethral meatus was patent and no longer stenotic, absorbable sutures were then places at the 3, 6 and 9 o’clock positions around the meatus, advancing the urothelium distally and reapproximating the urothelium with the glandular epithelium.

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.

Excision of Appendix Testis/Epididymis

Applicable CPT Codes:
54512 – Excision of extraparenchymal lesion of testis (wRVU – 9.33)
54830 – Excision of extraparenchymal lesion of epididymis (wRVU – 6.01)

An appendix testis and/or appendix epididymis is not uncommonly encountered when performing an orchiopexy (54640). These are often removed prophylactically, in an effort to avoid torsion of the same. Although there is an NCCI edit precluding billing both 54640 and 54512 (excision of appendix testis), there is not an edit precluding billing 54830 (excision of appendix epididymis) with 54640. Regardless, we are of the opinion that these codes were not implemented for this purpose (prophylactic excision of the appendix testis and/or appendix epididymis). In the rare case where a patient is taken to the OR for an acute scrotum and subsequently found to have torsion of the appendix testis or appendix epididymis, it would seem reasonable to use one of these codes.
Membership Committee Report

Chester J. Koh, MD, FACS, FAAP
Newsletter Co-Editor, Membership Co-Chair, AAP SOU
Texas Children's Hospital / Baylor College of Medicine
Email: cxkoh@texaschildrens.org

Jason Van Batavia, MD
Newsletter Co-Editor, Membership Co-Chair, AAP SOU
Children's Hospital of Philadelphia/University of Pennsylvania
Email: vanbatavij@email.chop.edu

Greetings from the AAP SOU Membership Committee!

Chester and I are honored to serve as the Membership co-Chairs for the Section and we thank you for the opportunity. Each year brings more and more opportunities for SOU members to participate in local, regional, and national events that leverage the resources of the AAP to fulfill the ultimate goal of advancing the care of children. Those of you reading this newsletter are likely SOU members, and we rely on your help to recruit others to become members of the Section. AAP membership ensures that we have a strong advocacy voice in the urologic care of children.

Welcome New Members

Welcome to the following individuals who have joined the AAP Section on Urology from September 2018 to April 2019.

Candidate Member
Edward Bayne      Gainesville, FL

Post Residency Training Members
Natalia Ballesteros      Miami, FL
Julia Finkelstein      Old Greenwich, CT
Joan Ko      Philadelphia, PA
Alexandra Rehfuss      Columbus, OH
Jennifer Reifsnyder      Glen Oaks, NY
Kunj Sheth      Houston, TX
Anja Zann      Columbus, OH

Specialty Fellows
David Chamberlin      Loma Linda, CA
Casey Seideman      Portland, OR
Ming-Hsien Wang      The Woodlands, TX
Zachary Zuniga      The Woodlands, TX

The AAP Committee on Membership invites Pediatric Urology Training Fellows to join the 67,000 members of the American Academy of Pediatrics who represent your pediatric colleagues dedicated to the health and well-being of children. By joining the AAP Section on Urology, you can:

• **Advance your career** by taking advantage of opportunities to serve on section committees of the AAP alongside veteran pediatric urology colleagues

• **Lend your voice to the voice that is heard!** We are seeking younger colleagues to assist in writing pediatric urology content for healthychildren.org – the AAP parenting website that receives over 3 million page views per month!

Continued on Page 11
• **Tap into AAP resources** – join the Section on Early Career Physicians which provides valuable guidance and resources for those who are transitioning out of residency and fellowship, as well as those in their early years in practice.

• **Be a powerful advocate for children** – apply for a Scholarship to attend the AAP Legislative Conference taking place in Washington, DC. (The 2019 conference will take place April 7-9.) Or become a Key Contact -- AAP members who receive regular e-mail communications from the Department of Federal Affairs with legislative updates and specific requests for action. Armed with the most up-to-date knowledge on federal legislation affecting children and pediatricians, Key Contacts speak up to our nation's leaders during critical decision points in the legislative process.

• **Interact with the pediatricians who will soon be referring their patients to you** – Membership in the Section on Urology as a Fellow of the Academy (FAAP) allows you to work closely with and provide tangible support to the pediatric colleagues who treat and refer your patients at the state and national level.

**And now – the Section will pay half the cost of membership ($62.50) for trainees currently in their program!**  
(Maybe your Program will pay the remaining $62.50!)

Enrollment is easy – visit https://membership.aap.org/Application/FellowshipTrainee

1. Create a shopAAP account/login/password
2. Fill out the application. Check the box for “Section on Urology” -- and any other Sections or Councils that interest you.

The Section on Urology is exploring ways to further enhance the Training Fellow experience – research opportunities, mentorship, leadership training, enhanced social media presence – and we welcome your input in shaping the AAP Section on Urology.

**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.

*Continued on Page 12*
Education

Thank you to the following members who educated their pediatric colleagues at the 2018 AAP National Conference and Exhibition, November 2 – 6, in Orlando:

Dr Douglas Clayton -- The Acute Scrotum: Evaluation and Management
Dr Douglas Clayton -- What is That? Interlabial Masses
Dr Michael Keating -- Common Problems of Genitalia in the Newborn
Dr Yves Homsy -- Wet Pants, UTIs, and Constipation: The Important Role of Bowel Function on Pediatric Urology Problems
Dr Tony Herndon -- Prenatally Diagnosed Hydronephrosis: Managing the Newborn

If you or any potential members have any questions about membership, please contact Jason (vanbatavij@email.chop.edu) or Chester (cxfoh@texaschildrens.org) or our Section Manager Jennifer Gorlewski (jgorlewski@aap.org)

Fellow’s Corner

Jennifer E Reifsnyder, MD
Cohen Children’s Medical Center/Northwell Health, New Hyde Park, NY
Email: jreifsnyder@gmail.com

Julia B Finkelstein, MD
Harvard University/Boston Children’s Hospital, Boston, MA
Email: Julia.Finkelstein@childrens.harvard.edu

Each year, two fellows act as representatives to the AAP and the SPU. As the fellow representatives, we provide a voice for you during your training as well as a resource beyond your home institution. We reach out to you directly to highlight opportunities of interest to fellows. We also hope to bring current fellows closer together, both to increase camaraderie among those of us training at the same time and to help unify our voices regarding challenges that we may face. Lastly, we participate in AAP and SPU council meetings in order to advocate for fellows. We would love to hear your ideas on changes that you hope to make!

With the support of both societies, we host semiannual fellows’ luncheons to connect speakers with current fellows in order to provide a forum to discuss topics that we need to understand, or which may not be formally covered during training. In recent years, we have invited speakers to discuss topics such as academic and private practice job opportunities and expectations, contract negotiations, the various societies involved in pediatric urology and their relevant histories, as well as the administrative roles for pediatric urologists. At this past Fall Congress, Dr. Jeffrey Campbell from the Children’s Hospital Colorado gave a very informative talk on “Billing and Coding for Pediatric Urologists.”

The next fellows’ luncheon will occur in Chicago on Saturday, May 4th from 12:15 – 1:00 pm in the Analysis Room at the Marriott Marquis McCormick Convention Center. Dr. Julian Wan, the Medical Director of Children’s and Women’s Pediatric Urology Clinic at the University of Michigan and Editor of the Journal of Urology Pediatrics Section, will be discussing the review process – including what has changed over the past several years, what he hopes you (the reviewer) get out of the process, and much more. We hope that you will join us!

Finally, we are seeking one new fellow representative to start this summer, as the senior representative steps down. If you are interested in this two-year position, please reach out to us before the SPU Annual Meeting. We look forward to seeing many of you there!
AAP Section on Urology Executive Committee

Christopher Cooper, MD, FAAP  
Chair

Mark Cain, MD, FAAP  
Ex-Officio Chair

Executive Committee Members
Stephen J. Canon, MD, FAAP  
William DeFoor, MD, FAAP  
Rama Jayanthi, MD, FAAP  
Kathleen Kieran, MD, FAAP  
Armando Lorenzo, MD, FAAP  
Edwin A. Smith, MD, FAAP

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Benjamin Whittam, MD, FAAP

Socioeconomics/Coding Committee
Jeffrey Campbell, MD, FAAP  
Douglas Storm, MD, FAAP

Fellow Representatives
Julia Finkelstein, MD  
Jennifer Reifsnyder, MD

Staff Manager
Jennifer Gorlewski  
345 Park Blvd  
Itasca, IL 60143  
Ph: 630/626-6789  
Fax: 847/434-8000  
jgorlewski@aap.org  
www.aap.org

Journal Production Specialist
Mark A. Krajecki