Newsletter

West Zone Urology Society

December 15th, 2018

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Veltam Plus

From the desk of President & Secretary

Dr. Hemant Pathak & Dr. Ajay Bhandarkar December 15th, 2018

From the desk of the president

Dr. Hemant Pathak
Honorary President, WZ-USI,
Professor & Head, Department of Urology,
B Y L Nair Hospital, Mumbai

Dear friends,

I thank all the West Zone members for having bestowed on me this prestigious post of President of our Association.

Pediatric urology has been close to my heart and I have pursued it in Nair hospital for last 28 years. I thank my mentor Dr S.S. Joshi for his guidance and encouragement. In 1999 I was recipient of SIU Scholarship and visited Montreal Children's Hospital and Children's hospital of Philadelphia. This fellowship helped me in orienting to this subspecialty.

We have Pediatric Urology OPD in Nair Hospital for last 10 years. The OPD attendance is very good. The indoor admissions and surgeries are substantial.

Today is the era of sub-specialisation for attaining acceptable results specially in these pediatric patients who will live with that result for the rest of their life. Young urologists need to take an active interest in this subspecialty and deliver those results; or else we shall concede grounds to other specialties. The senior faculty in teaching institutions can be role models and facilitators.

In the coming year we will have academic activities of interest to all the members.

From the desk of the secretary

Dr. Ajay Bhandarkar
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Dear esteemed colleague,

Greetings from the Desk of Honorary Secretary, West Zone, USI from Vadodara !!

With great humility and sense of pride, I accept this honor of being elected as Secretary of the most vibrant zone of Urological Society of India for 2018-20. I understand that, I have accepted a huge responsibility of carrying forward the great legacy of Stalwarts of our zone, who has served this position in the past. At this point, I would only say that, I will give more than 100% to do my best.

Newly elected Governing Council of WZUSI is enthusiastic, sincere and mature to serve this society which has grown exponentially. Many of our members have achieved pinnacle of academic success globally. At the same time, large number of new full members are joining our zone, who have dreams in their eyes but have varied challenges. We need more and more innovative ideas for excellence in academics and practice of urology. Do write to me anything which crosses your mind for our zone related matters.

Saurashtra Urological Association is organizing 29th Annual conference of WZUSI at Rajkot, Gujarat on 26-29 September, 2019. It is the privilege and duty of every full member to attend annual meetings of the zone. Our new council has decided to encourage all members to register for this event early. We have negotiated special rates with Organizers of the WZUSICON 2019 at the Rajkot for early bird registration. All full members can register early for the annual conference at only Rs. 6000/- (inclusive of GST). Idea behind offering this 50% less rate is to extend the benefit to all our members who are registering for the event early. This also encourages organizing team, as it can give boost to their enthusiasm to plan for the gala event. So, just look at the First announcement from organizers of WZUSICON 2019 and register early...!!

We are working on exciting academic programs at various centers all through out the zone. Do keep an eye on each announcements and take maximum advantage. We should be able to develop new mobile application soon, for our WZUSI related activities. This should make our communication easy. Do read Newsletter and send your valuable feedbacks. I am also planning to prepare and send you Monthly Letters from the Desk of Honorary Secretary, WZUSI, so that, you are aware of all events and activities of our zone. Meanwhile keep visiting our website for more information.

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WZUSICON 2018 - Highlights

Dr. Rahul Kapoor & Dr. Lalit Shah

Local Organising Committee

Inauguration Ceremony

Hosted by Chhattisgarh Urology Society, the recently conducted 28th annual conference of West zone chapter of urology society of India (WZUSICON 2018) held at Raipur during 25th, 26th and 27th of October was attended by more than 300 delegates. The venue Hotel V W Canyon slightly at the outskirts of the city was beautiful and spacious to host multiple activities simultaneously. The conference scientific session was very well crafted by Dr. Makarand Khochikar, President WZUSI and Dr. Kandarp Parikh, Secretary WZUSI along with the organizing team.

Considering our responsibility toward the society, Pre-conference Free Health checkup camp was organized, where screened urology patients took expert advice from our esteemed faculty Dr. Makarand Khochikar, Dr. Pankaj Maheshwari, Dr. Suhas Salpekar and Dr. Kandarp Parikh.

The highlight of the conference was Day 1, which was completely dedicated to 'Surgical management of Urinary bladder cancer'. Our Honorable President Dr. Makarand Khochikar was the main pillar in conducting this master class. To grace the occasion, Professor URS Struder came all the way from Switzerland and discussed in depth about 'How do I make the neobladder – Tips and Tricks'.

The inaugural function was graced by Dr. Nitin Nagarkar. He is presently the Dean of AIIMS, Raipur. He discussed his journey and what it takes to set up such an institute. He also shared his thought about the similarity between ENT and Urology. He is a prolific orator and inspired many of us.

The prestigious 'Dr. Ajit Phadke oration' was delivered by Prof. URS Struder highlighting how to make orthotopic bladder substitution work. Dr. V V Desai oration was delivered by Dr. Vijay Raghoji on 'Designing the destiny'. The topic was especially appreciated by young urologists. Dr. Anita Patel conducted the Dr. D K Karanjawala symposium. Close to his heart, our organizing president Dr. Lalit Shah moderated panel discussion on 'Legal and Medicolegal Trap' involving Dr. Rajeev Sood, Past USI President, Dr. Shrikant Rajimwala, Registrar, Chhattisgarh Medical Council and Dr. Sunil Joshi.

The evening was thoughtfully arranged in the lush green widespread lawn at the venue. Hasya kavi sammelan by Padamshree Surendra Dubeyji was very well appreciated and enjoyed. With 11 books and 2 among them as the best seller, Anuj Dhar gave a detailed description on the mystery surrounding the death of Netaji Subhash Chandra Bose as a 'Key Note speaker' on 2nd day.

The conference received record number of support from the trade industry. Especially designed huge air conditioned dome was hosting over 250 trade delegates representing 60 companies. Blessed by beautiful weather, hot and delicious food served on the widespread lawn along with music made relaxing and memorable evenings for all the delegates.

The arrangement for the city tour was very well and meticulously organized specially by the spouses of the organizing team. People visited Shirpur, Jungle Safari, Purkhouti Muktangan and some took extra leave and effort to visit, Chitrakoot popularly known as 'The Indian Niagra Falls'.

Dr. Lalit Shah, the Organizing President and Dr. Rahul Kapoor Organizing Secretary along with the whole organizing team.

Congratulations!!!

December 15th, 2018

Prizes – West Zone Winners

Poster

1. Utility of "Stone MD :kidney stones™" Smartphone application in patients of kidney stone disease Surwase Pavan P, Ganpule A,Sudharsan B,Mohan K V,Singh A,Sabnis R B,Desai M R MPUH Nadiad
2. Substitution urethroplasty with everted sephanous vein graft - our experience Surya Nihar Seemakurthy Dr DY Patil Medical College and Hospital
3. Urological implications in management of placental adhesive disorders(placenta increta and percreta) Singh R, Talwadker NB, Cardoso A, Lawande PR, Prabhudesai MR, Oza U Goa Medical College

Podium

1. Predictors for severe hemorrhage requiring angioembolisation post percutaneous nephrolithotomy - a single centre experience over 3 years Amandeep Arora, Prakash Pawar, Ajit Sawant, Ashwin Tamhankar, Gaurav Kasat, Shankar Mundhe Lokmanya Tilak Municipal General Hospital, Sion , Mumbai
2. Comparison of athermal Hemostatic Techniques Used Following Aquablation done for benign enlargement of prostate Abhishek Singh, Ravindra Sabnis, Mihir Desai, Nikolai Aljuri, Chaitanya Deshmukh, Arvind Ganpule, Mahesh Desai Dept. of Urology Muljibhai Patel Urological Hospital, Nadiad
3. Importance of integrated approach in management of Priapism in Hematological Disorders-Our experiences of 15 cases Sheshang Kamath, Patwardhan Sujata,Patil Bhushan,Vinayak Wagaskar Seth GS Medical College and KEM Hospital, Mumbai

Video

1. Holmium laser enucleation of the prostate: Tips and tricks for success. Maheshwari Pankaj N, Ashish Chaurasia, Nick Okwi, Victoria
2. Intraluminal buccal graft urethroplasty for female urethral strictures. Sanjay Kulkarni, Ayman Atawa,Amar Rawal,Pankaj Joshi Kulkarni Reconstructive Urology Center, Pune
3. Laparoscopic Radical (Robotic-assisted) Nephroureterectomy in a case of upper tract recurrence post radical Cystoprostatectomy and Ileal conduit Santosh Waigankar, TB Yuvaraja, Abhinav Pednekar, Srivathsan Ramani Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute

Dr. V R Chitale Urology Quiz for PG students:

• Dr. Parag Sonwane • Dr. Vivek Jadhao • Dr. Sheshnag Kamath

Achievements

Dr. Makarand Khochikar delivered prestigious Prof Roy Chally oration at recently conducted UAK conference at Thrissur. He spoke on his life time work on renal cancer titled ' The Journey started by Vincenz Czerny: Changing trends in the management of RCC.

It was a great honour and privilege for him to delivered prestigious SIU lecture at Indonesian Utological conference at Padang. He spoke extensively on post chemo RPLND, surgical techniques in bladder cancer and RCC at the same meeting.

He has been also invited to speak on Uro Oncology beyond Europe at upcoming EAU at Barcelona in March 2019.

It was a full house Indian Section Subspecialty meet at Paris in this year's WCE.

The 36th annual meeting of the World Congress of Endourology was held at Paris in September 2018. The Indian Section Subspecialty meeting was conducted on the 20th September. Dr Rajesh Kukreja moderated the meeting.

Global stalwarts of Urology assembled together and exchanged their experiences. Dr Mahesh Desai, Dr Kandarp Parikh, Dr Syed Ghouse, Dr Madhu Agrawal, Dr Ramalingam, Dr Anup Kumar and Dr Rajesh Kukreja were the Indian speakers. Dr Oliver Traxer, Dr Brian Matlaga, Dr Mihir Desai and Dr Micheal Grasso were the international orators. Dr Oliver Traxer's talk on Superpulse Thulium laser for stone disease was the highlight.

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Radical prostatectomy in high risk/locally advanced prostate cancer - Is it justified?

Dr Hemang Bakshi,
Urooncologist, HCG Cancer Centre, Ahmedabad

High risk prostate cancer has a high potential for progression to metastases and death from the disease. Because of its inherent aggressiveness, high risk disease needs to be treated aggressively.

What is high risk/locally advanced disease?

High risk prostate cancer has at least seven different definitions, beginning with the D'Amico classification in 1998 to the most recent EAU 2018 & NCCN 2018 guidelines.

EAU 2018 defines high risk disease as PSA>20 or Gleason score ⩾7 or cT2c and high risk locally advanced disease as ⩾cT3 / N+ disease.

The NCCN guidelines (version 4, 2018) defines high risk disease as T3a or Gleason score VIII or IX (4+5) or PSA > 20 and very high risk disease as ⩾T3b or primary Gleason 5 or >4 cores of Gleason score 8-10. Regional disease is defined as N1.

Based on these definitions the entire population of high risk or locally advanced disease is a heterogeneous one. On one hand, we can have a Gleason score 3+4=7 disease with a PSA of 14 and minimal extra prostatic extension on MR, which can be potentially cured by surgery alone. On the other hand we have a disease with PSA of 43, disease invading seminal vesicles and bilateral pelvic nodes with Gleason scores of 4+5=9. As expected one would not consider treatment with a single modality here and would definitely not offer surgery. The prognosis, choice of treatment and outcomes would be very different in both cases. We also need to understand that high risk prostate cancer can have excellent overall outcomes after treatment. A pT3bNo disease post surgery has a BCR (BioChemical Relapse) free interval at 10 years of 25%, metastasis free survival of 70% and Cancer Specific Survival of 80% (Pierorazio et al,2011). The PSA free survival is 50% at 5 to 7 years.

Paradigm and pendulum shift in radical prostatectomy

The surgery of radical prostatectomy has witnessed two major shifts in the last 15years- the method and the indications of surgeries have changed dramatically. The shift from open or Laproscopic prostatectomy to Robotic prostatectomy has been incremental and consistent throughout the world. A randomised trial by Gardiner et al conducted in Australia in 2016 comparing open and robotic prostatectomies have shown no difference in functional and cancer specific outcomes at the end of two years. However, the trial did note short term faster recovery, reduced length of stay and less blood loss with the robotic approach (Gardiner et al, The Lancet, vol.388, No.10049, 1057-1066,Sept.2016). Regardless of the evidence, robotic approach is becoming increasingly popular in the coming years. In high risk prostate cancer, robotic approach has two major advantages: safe, deliberate and wide excision of neurovascular bundles and precise apical dissection to reduce positive margins. Also, thorough extended pelvic node dissection is possible. The other parameter to change has been the indication for Radical prostatectomy. In the 1990s to early 2000s, the patients undergoing surgery were typically having PSA <10, Gleason score <7, low volume disease-most of these patients would now be candidates for active surveillance and would not be offered surgery. Surgery now is offered increasingly in intermediate and high risk disease. In an analysis of 1,27,391 patients from 2004 to 2014 with high risk disease, the use of robotic prostatectomy increased from 26% to 42% whereas EBRT reduced from 49%to 40%, (Eggener et al, 2017). Compared to men treated in 2004, 51% patients were more likely to undergo robotic prostatectomy in 2014.

What is the ideal treatment for high risk/locally advanced disease?

There is NO consensus regarding the optimal treatment for these groups of patients and NO randomised trial comparing surgery v/s RT in this setting. Radical prostatectomy V/s radiation is one of the most widely debated therapies in high risk prostate cancer.

What do the guidelines say?

All guidelines mention multimodality approach involving one or more of radiation, surgery & hormonal therapy. NCCN 2018 version-4 guidelines list Radiation-EBRT-with 2 to 3 years of hormonal therapy as the only therapy with category 1 recommendation in high risk disease. Most high risk disease patients in western world are treated by Radiation+ Hormone therapy. It suggests surgery as an option in younger, fit patients where the tumour does not invade the pelvic wall/external sphincter.

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Radical Prostatectomy in high risk/locally advanced prostate cancer - Is it justified?

Dr Hemang Bakshi,
Urooncologist, HCG Cancer Centre, Ahmedabad

December 15th, 2018

Radical prostatectomy is a part of multimodality therapy and level of recommendations is 2B. The AUA/ASTRO/SUO and EAU-ESMO-SIOG-ESUR guidelines mention surgery as an option with a "Strong" recommendation (June 2017, EUR Urol-2017,71:618-29). As of now, Radiotherapy with Hormonal therapy remains the standard of care for high risk/locally advanced disease in most centers across the world, although the use of surgery is increasing worldwide in this setting.

Why consider surgery in high risk disease?

Evidence

In more than 11 studies with patient's sample size varying from 379 patients to 66,655 patients, outcomes favor surgery over radiation with better cancer specific survival (HR:0.64-3.2) (J.Urol 2018,196:309-11) and overall survival (HR :1.5-171).

OTHER ARGUMENTS FOR SURGERY:

1) Clinical staging parameters like DRE, PSA and radiology evaluation are imperfect, and down grading can occur in 31% (Manoharan et al) to 61% patients (Moul et al). Over staging on clinical criteria is common in 25% patients (Von Poppel). A significant number of patients have organ confined disease and will be cured with surgery alone (MSKCC-41 to 74%) and upto 70% can avoid hormonal therapy and its complications (Urology 2011,77:946-50).
2) Accurate pathological analysis of the specimen is available after surgery to guide future progression and therapy.
3) Salvage after surgical failure by radiation is having less complication rates than salvage surgery after radiation failure.
4) Patients having large obstructive prostate would have better urinary functional outcomes and less toxicity with surgery rather than radiation.
5) Secondary malignancy occurs in 2 to 3% patients treated with RT.
6) Radiation therapy has no standardization regarding dose to prostate, approach (EBRT/Proton/brachytherapy) and role of pelvic nodal RT.

Arguments against surgery:

The major argument against surgery is the fact that most patients will require radiation and/or hormone therapy at some point of time in their disease, leading to increased toxicity from increased treatment. So, while many patients undergoing surgery will require 3 treatments, most patients undergoing radiation will require only 2 treatments. Kishan et al in a study of 1800 patients, showed brachytherapy + EBRT+ADT to have better outcomes with better metastases free survival and Cancer specific survival at 5 years over surgery or EBRT (Kishan et al, Eur Urol, July 2016)

Who should be offered surgery:

Based on recent evidence and the recent guidelines, radical prostatectomy can and should be offered to younger and fit men having a life expectancy of more than 10 years in high risk / locally advanced disease where the disease can be resected completely and safely. T4 disease and node positive disease on imaging should NOT be offered surgery. The patients most likely to benefit from surgery in high risk setting would be those having one or sometimes 2 of the three high risk parameters of gleason score more than 7, PSA more than 20 and T stage less than T3b. A gleason 9 disease with a PSA less than 20 and T2; or a gleason 7 disease with T3b and PSA more than 20 will benefit the most. (Alberto Bossi,AUA 2018)

ePLND should be done in all cases as risk of positive nodes is 15 to 40%. While LND may not have a therapeutic benefit, it certainly has a prognostic value and identifies patients needing additional therapy post operatively. Also patients with single node metastasis may be cured.

Even in Gleason 8-10 disease, surgery as a part of multimodality therapy has CSS rates of more than 60% at 15 years. Even cNo patients who have N1 disease at final histology after radical prostatectomy have a CSS (Cancer Specific Survival) of 45% and 0S (Overall Survival) of 42% at 15years. As per a recent study, in Gleason 9 or 10 disease, surgery followed by adjuvant radiation with hormone therapy (called Max RP) gave similar outcomes to treatment with external beam RT, brachytherapy and hormonal therapy (Max RT); (Derya Tilki et al, JAMA Oncol. 2018.4836).

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Urofinancecon 2018 @ MPUH, Nadiad

Dr. Rohit Joshi, Ahmedabad

Dr. Rohit Joshi,
Ahmedabad

Urofinancecon was organized by Urological Society of India on 1st and 2nd December 2018 at Jayramdas Patel Academic Centre, Muljibhai Patel Urology Hospital, Nadiad. The conference was well attended by more than 150 delegates coming from across the country. In fact, the enthusiasm towards this unique concept was so much so that after reaching a capacity, the registrations were closed down four weeks prior to the event. However in view of persistent request the USI made it a point to organize a live webcast of the entire proceedings of the conference, for which more than 1000 interested urologists logged in from various parts of country. This was a low budget, no frill conference organized by USI without any industry support. There were no stalls or pharma promotions banners. The registration fee was nominal – Rs 1,500/- which included the whole scientific session and food.

The faculties included eminent urologists having special interest and skills in financial management from various part of the country - Dr. M. Prabhakar from Erode, Dr. Prashant Mulawkar from Akola, Dr. Ashit Shah and Dr. Haresh Thummar from Vadodara, Dr. Rishi grover from Surat, Dr. Rohit Joshi from Ahmedabad, Dr. Arvind Agrawal from Ranchi, Dr. Ashok Sharma from Kota, Dr. Vinod K. V. from Thiruvananthapuram and Dr. Mahesh Desai from Nadiad itself. To get a broader vision beyond the horizons regarding financial and taxation aspects several experts from those field were invited, Mr. Prakash Lohana from Vadodara, Dr. Vishnu Bhandari from Latur, Mrs. Rashmi Gang from Vadodara and Mr. Pankaj Dholikya from Nadiad. Two eminent government officials namely Dr. N.B. Dholakiya (Additional Director, Health commissionarate office, Gandhinagar) and Dr. Nitesh Shah (State Nodal Officer, MA-Yojana, Health commissionarate office, Gandhinagar) were invited to present governments views on various state health schemes.

Official Inaugural ceremony was presided over by USI President Dr. Ajit Vaze, USI secretary Dr. R. Sabnis, The legend Dr. M.R.Desai, Dr. Ajaykumar and invited dignitaries Dr. N.B.Dholakiya and Dr. Nitesh Shah. The event concluded with take home messages given by USI secretary Dr R. Sabnis with a full house attendance.

Take home messages:

1. There are pros and cons of individual private practice in self owned nursing home and working in corporate hospitals. Individual practice earns you more name and fame at the expense of having to invest a lot of time in non academic and administrative work. In corporate structure the long term growth and financial security is an issue besides perils of meeting up financial goals set up by the management. Lastly your investment in your own facility should take into account per bed cost including both the capital and recurrent expenses.

2. The choice between solo and group practice is a difficult one. The group practice has several advantages in terms of shared responsibilities, shared vision, shared financial burden but there is also shared profit. The quality of life scores over monetary gains to say the least.

3. The government yojnas like Ma yojna and Ayushyaman Bharat yojna are having many limitations and compromise in terms of charges but these yojnas are voluntary and the charges structure was decided by our own fraternity. So rather than complaining to government we should recommend an amendment in the package charges on behalf of association.

4. NABH accreditation has been seen as a burden by most of us at it has been made mandatory by government via IRDA. However it definitely will improve the quality of health care and patient safety standards will get enhanced.

Dr. Rohit Joshi, Ahmedabad

December 15th, 2018

5. Instruments breakage is an inevitable occurrence in our practice. Hence insuring our equipment is a welcome idea provided we can read between the lines and understand all the conditions that apply before proposing the insurance. Moreover we need to be realistic at the time of expecting a claim settlement against any repair expenditure.

6. Welfare schemes for USI members is again a welcome thought. But we as an association need a lot of brain storming and need to carefully study already existing models like IMA or many other associations.

7. Organizing national or regional conferences is a huge task and brings a lot of financial burden on the local organizing committee. The USI can form a committee at the central level which can do all the financial negotiation with sponsors and make the job of local organizers easy.

8. The USI comes under trust act of income tax and the office bearers need to understand the dynamics of the same to utilize the funds to the optimum and reduce the tax burden.

9. Financial planning and diversification is the need of hour for every urologist for both attaining a secure future and to create a passive source of income. Asset allocation depends upon the age of the investor with more of equity at younger age and more of debt funds at older age. The previous gold standards in terms of reality sectors and commodities like gold have been gradually superseded by stocks and mutual funds as safe investment options. Goals need to be classified into short term and long term and investments planned accordingly.

10. Proper tax planning is the way to go and not the tax evasion or tax saving. There are many avenues for both salaried and professional urologists. Investing in PPF to the maximum was a strong recommendation.

BOE Mock exams for PGs

The Head of departments of all the teaching hospitals are requested to contact the honorary secretary to host the mock examinations conducted by the BOE for postgraduates.The center should send their willingness to conduct this activity in March 2019 in writing to the honorary secretary.

Pre-requisites:

1. The centre should be in a teaching institute.
2. There should be 3 halls (main with 150 capacity and 2 small with capacity of 30 each)
3. Audio-visual arrangements.

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Editors Column - Recommended Reads

West Zone Urology Society

Dr Rajesh Kukreja

Dr. Amit Satish Bhattu
(M.S., DNB Urology)
Fellow in Urological oncology and robotic surgery,
University of Miami- Miami, USA

As the year comes to an end, it's time to review researches and publications likely to impact our clinical practice and lay basis for future researches. Dr Amit Bhattu selects articles have significantly impacted management of Urological problems and have potentials to modify practice patterns.

High impact Urology Researches in 2018

1. **CARMENA** (Cancer du Rein Metastatique Nephrectomie et Antiangiogéniques) trial. Méjean A, Ravaud A, Thezenas S et al. **Sunitinib Alone or after Nephrectomy in Metastatic Renal-Cell Carcinoma.** N Engl J Med. 2018 Aug 2;379(5):417-427.

   In metastatic renal cell carcinoma (RCC) the cytoreductive nephrectomy has been standard of care. This trial randomized patients with confirmed metastatic clear cell RCC to undergo nephrectomy and then Sunitinib or to receive Sunitinib only (no cytoreductive nephrectomy). The randomization was stratified according to prognostic risk (intermediate and poor risk) in Memorial Sloan Kettering Cancer centre prognostic model. The primary end point was overall survival. This study found that in intermediate and poor risk metastatic RCC patients; the Sunitinib alone was non-inferior to cytoreductive nephrectomy followed by Sunitinib.

2. **PRECISION study =** Kasivisvanathan V, Rannikko AS, Borghi M et al. **MRI-Targeted or Standard Biopsy for Prostate-Cancer Diagnosis.** N Engl J Med. 2018 May 10;378(19):1767-1777

   This trial randomized patients with clinical suspicion of prostate cancer who had not undergone biopsy previously to undergo MRI with or without targeted biopsy (without standard biopsy cores) or standard transrectal ultrasound guided (TRUS) biopsy. MRI with or without targeted biopsy protocol led to fewer men undergoing biopsy, more clinically significant cancer being identified, less over detection of clinically insignificant cancer, fewer biopsy cores being obtained, greater percentage of cores being positive compared to standard TRUS biopsy group. Among the men with positive MRI results, the percentage of men with clinically significant cancer was highest among the men with PIRADS 5 lesions followed by PIRADS 4 lesions followed by PIRADS 3 lesions. This trial concluded that use of risk assessment with MRI before biopsy and MRI targeted biopsy was superior to TRUS biopsy in biopsy naïve patients.

3. Comparative Effectiveness of **Radical Prostatectomy Versus External Beam Radiation Therapy plus Brachytherapy in Patients with High risk Localized Prostate Cancer.** Sebastian Berg, Alexander P. Cole, M J. Krimphove et al. Eur Urol. 2018 Nov 9. [Epub ahead of print]

   This study compared overall survival (OS) of external beam radiation therapy (EBRT) plus brachytherapy (BT) versus radical prostatectomy in young (<65 years) and healthy men (Charlson Comorbidity index =0) with high risk localized prostate cancer. In these patients, radical prostatectomy showed statistically significant OS benefit compared to EBRT+BT.

4. **SPARTAN** (Selective prostate androgen receptor targeting with ARN-509) trial = Smith MR, Saad F, Chowdhury S. et al. **Apalutamide Treatment and Metastasis-free Survival in Prostate Cancer.** N Engl J Med. 2018 Apr 12;378(15):1408-1418

Dr. Amit Bhattu, MIAMI, USA

December 15th, 2018

It was a double blind, placebo-controlled phase 3 trial of patient with non-metastatic castrate resistant prostate cancer with PSA doubling time of 10 months or less. Patients were randomised in 2:1 ratio to receive Apalutamide (240mg /day) vs. placebo. All patients continued to receive the androgen deprivation therapy. Primary end point was metastasis free survival. Median metastasis free survival was 40.5 months in Apalutamide group compared to 16.2 months in placebo group (p <0.001). Time to metastasis, progression free survival and time to symptomatic progression were significantly higher with Apalutamide than with placebo (p<0.001). Median time to PSA progression was not reached in Apalutamide group as compared to placebo group with 3.7 months.

5. **RAZOR study:** Parekh DJ, Reis IM, Castle EP et al. **Robot-assisted radical cystectomy versus open radical cystectomy in patients with bladder cancer: An open-label, randomised, phase 3, non-inferiority trial.** Lancet. 2018 Jun 23;391(10139):2525-2536.

   The eligible participants(aged ⩾ 18 years) had biopsy proven clinical stage T1-T4 , N0-N1, M0 bladder cancer or refractory carcinoma in situ. They were randomised to receive robotic radical cystectomy vs. open radical cystectomy with extracorporeal urinary diversion. Primary end point was 2 year progression free survival. The study found that 2 year progression free survival was not significantly different in robotic cystectomy group than open cystectomy group (p =0.001). Estimated blood loss, blood transfusion rates and median length of hospital stay were significantly lower in robotic cystectomy group compared to open cystectomy group. However, there was no significant difference between groups for major complication rate (Clavien- Dindo grade ⩾ 3), lymph node yield, positive surgical margins and patient reported health related quality of life outcomes. Duration of surgery was significantly longer in robotic group than the open group.

6. **Atezolizumab versus chemotherapy in patients with platinum-treated locally advanced or metastatic urothelial carcinoma (IMvigor211):** a multicentre, open-label, phase 3 randomised controlled trial. Powles T, Durán I, van der Heijden MS et al. Lancet. 2018 Feb 24;391(10122):748-757.

   This study randomised patient aged ⩾18 years with metastatic urothelial carcinoma who had progressed after platinum-based chemotherapy in 1:1 ratio to receive Atezolizumab 1200mg or chemotherapy (physician choice: Vinflunine 320mg/m2 , Paclitaxel 175mg/m2 , or Docetaxel 75mg/m2) IV every 3 weeks. Randomisation was stratified by PD-L1 expression into expression on <1 % (IC0), or 1% to <5% (IC1) of tumour infiltrating immune cells vs. ⩾ 5% of tumour infiltrating immune cells (IC2/3) , chemotherapy type (Vinflunine vs. Taxanes), liver metastasis (present/absent) and number of prognostic factors (none vs. one, two or three). Primary endpoint of overall survival was tested hierarchically in prespecified population IC2/3 followed by IC1/2/3 followed by intention to treat population. The study found that Atezolizumab was not associated with significantly longer overall survival than chemotherapy in patients with platinum refractory metastatic urothelial carcinoma overexpressing PD-L1 (IC2/3). However, the safety profile for Atezolizumab was favourable compared with chemotherapy.

7. Efficacy and Safety of **Tamsulosin in Medical Expulsive Therapy for Distal Ureteral Stones** with Renal Colic: A Multicenter, Randomized, Double-blind, Placebo-controlled Trial. Zhangqun Ye ,Guohua Zeng, Huan Yang et al. Eur Urol. 73 (2018) 385-391.

   It was double blind placebo controlled study of 3296 patients with distal ureteric stones treated in 30 centres. Patients were randomised in 1:1 ratio to receive Tamsulosin 0.4 mg vs. placebo group for 4 weeks. Primary end point was the overall stone expulsion rate determined as stone expulsion confirmed by negative findings on CT scan over 4 weeks of surveillance period. Secondary end points included time to stone expulsion, use of analgesics and incidence of adverse events. The study found that Tamsulosin facilitates expulsion of distal ureteric stone compared to placebo. Subgroup analysis found a specific benefit of Tamsulosin for stone >5mm size but not ⩽ 5mm. Tamsulosin was also associated with shorter time to expulsion of stone, lower analgesic requirement and it significantly relieved renal colic. No difference in adverse events was noted between Tamsulosin or Placebo group.

Note: The list of high impact article in Urology mentioned in this review does not intend to be all exhaustive or comprehensive. This review just summarizes the results of these studies. Further reading into these articles is suggested for details.

Disclosure: None.

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Artificial Intelligence- Deep Learning in Urology

West Zone Urology Society

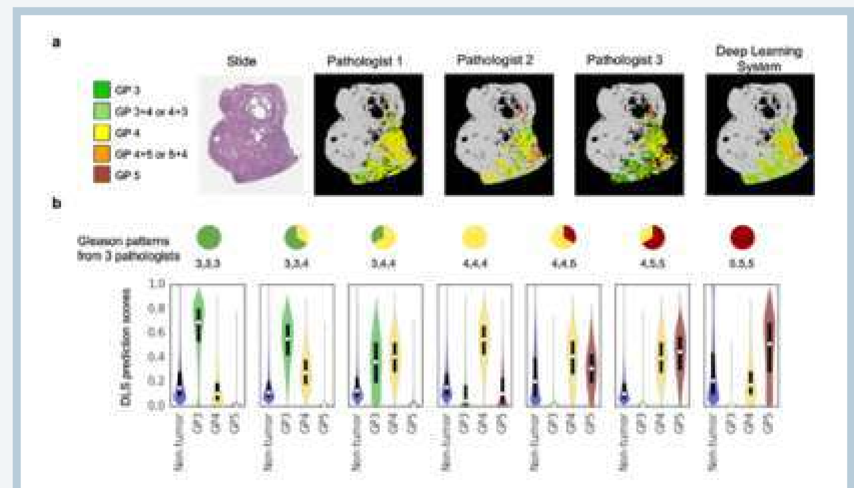
Dr. Haresh Thummar, Sterling Hospital, Baroda

Artificial intelligence (AI) has already shown very bright future in many fields and medicine did not escape. There is interesting work being done in urology with help of AI, which shows how it will increasingly step into clinical practice. Here, we discuss two areas in urology, (1) Role of deep learning for improving oncology grading like Gleason's scoring of prostate cancer. (2) New surgical robots with Artificial intelligence.

Dr. Haresh Thummar,
Sterling Hospital, Baroda

1. A key factor that helps in the "risk stratification" of prostate cancer patients is the gleason grade, which classifies the cancer cells based on how closely they resemble normal prostate glands when viewed on a slide under a microscope. Now an artificial intelligence learning system, presented at the European Association of Urology congress in Copenhagen, has shown similar levels of accuracy to a human pathologist. In addition, the software can accurately classify the level of malignancy of the cancer, so eliminating the variability, which can creep into human diagnosis.

In Developing and Validation of a Deep Learning Algorithm for Improving Gleason Scoring of Prostate Cancer, Multidisciplinary team from Google AI researchers explore whether deep learning could improve the accuracy and objectivity of Gleason grading of prostate cancer in prostatectomy specimens. They developed a deep learning system (DLS) that mirrors a pathologist's workflow by first categorizing each region in a slide into a Gleason pattern, with lower patterns corresponding to tumors that more closely resemble normal prostate glands. The DLS then summarizes an overall Gleason grade group based on the two most common Gleason patterns present.



The higher the grade group, the greater the risk of further cancer progression and the more likely the patient is to benefit from treatment. Overall, these issues suggest an opportunity to improve the diagnosis and clinical management of prostate cancer using deep learning based models, similar to how Goggle and others used such techniques to demonstrate the potential to improve metastatic breast cancer detection.

While these initial results are encouraging, there is much more work to be done before systems like our DLS can be used to improve the care of prostate cancer patients. The accuracy of the model can be further improved with additional training data and should be validated on independent cohorts containing a larger number and more diverse group of patients.

"This is not going to replace a human pathologist" said one of the research leader "We still need an experienced pathologist to take responsibility for the final diagnosis. What it will do is help pathologists make better, faster diagnosis, as well as eliminating the day-to-day variation in judgment which can creep into human evaluations"

AI is the superset dealing in myriad complex computer programs designed to fulfill a target by executing decisions. As such it is akin to human intelligence with examples like visual perception, speech recognition and language translation. Machine learning (ML) is a subset of AI, using the decision-making computer algorithms to grasp and respond to specific data. For example, a prostate recognition algorithm could make the machine learn whether a given image is that of a prostate cancer or not, thus reducing the variability in magnetic resonance imaging readings by radiologists.

Artificial Intelligence-Deep Learning in Urology

Dr. Haresh Thummar, Sterling Hospital, Baroda

December 15th, 2018

AI is the superset dealing in myriad complex computer programs designed to fulfill a target by executing decisions. As such it is akin to human intelligence with examples like visual perception, speech recognition and language translation. Machine learning (ML) is a subset of AI, using the decision-making computer algorithms to grasp and respond to specific data. For example, a prostate recognition algorithm could make the machine learn whether a given image is that of a prostate cancer or not, thus reducing the variability in magnetic resonance imaging readings by radiologists.

a: Annotations from 3 pathologists compared to DLS predictions. The pathologists show general concordance on the location and the extent of tumor areas, but poor agreement in classifying Gleason patterns. The DLS's precision Gleason pattern for each region is represented by interpolating between the DLS's prediction patterns for Gleason patterns 3 (green), 4 (yellow), and 5 (red). b: DLS prediction patterns compared to the distribution of pathologists' Gleason pattern classifications on 41 million annotated image patches from the test dataset. On patches where pathologists are discordant, where the tissue is more likely to be on the cusp of two patterns, the DLS reflects this ambiguity in it's prediction scores.

(2) New surgical robots on the horizon with potential role of AI (Artificial intelligence)

After many years of monopoly with the amazing Da Vinci system, Intuitive Surgical finally faces some market competition from international companies vying to occupy the surgical robotics space with their own versions of next generation robots

Processing Units and unlimited data storage capacities have revolutionized modern day ML systems, making the executions faster, cheaper and more powerful than ever. The video recordings of surgeons performing RARP can now be converted through a black box into Automated Performance Metrics and demonstrate surprising findings in that not all high volume surgeons are necessarily those with the best outcomes.

Verb Surgical is a joint venture between Johnson & Johnson's medical equipment division Ethicon and Google's life sciences division Verily. It has recently designed its first digital surgery prototype, boasting of leading-edge robotic capabilities and best-in-class medical device technology. Robotics, visualisation, advanced instrumentation, data analytics and connectivity are its prime pillars.

IBM's Watson also looks forward to being an intelligent surgical assistant. It is a harbinger of unlimited medical information, using natural language processing to clarify a surgeon's doubts. It is currently being used to analyse electronic medical records and sequence tumour genes with the goal of formulating more personalised treatment plans.

Surgery may be further democratised by low latency ultrafast 5G connectivity. The Internet of Skills could make remote robotic surgery, teaching and mentorship easily accessible, irrespective of the location of the expert surgeon.

In summary the three buzz words for the future of robotic surgery are–cost, data and connectivity. The impact of these developments on patient care are being watched with considerable interest. Future seems to be very bright with help of machine learning-AI.

References:

1. Google AI blog : Improved grading of Prostate cancer using Deep learning ;Nov16, 2018; Martin Stumpe, Technical Lead and Craig Mermel, Product Manager, Healthcare, Google AI
2. New surgical robots on the horizon and the potential role of AI ; Investig Clin Urol. 2018 Jul; 59(4): 221–222,G Aruni, G Amit, Prokar D.

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WZUSICON2019

Organized by

Urological Society of Saurashtra & Kutch

Local Organizing Committee :
Urological Society of Saurashtra & Kutch

Dear Friends,

Urological Society of Saurashtra and Kutch is proud and privileged to invite you all for the upcoming annual conference of West Zone-Urological Society of India at Rajkot. During this period, Rajkot will be bubbling with preparations for Navratri – Iconic festival of traditional garba dance.

Rajkot, the centre to saurashtra region, is amongst the fastest developing cities of India. Rich in cultural heritage and religious places like Somnath and Dwarika, it also provides access to the only hebetate of Asiatic Lions, Saasan Gir.

The entire team of the organizing committee is dedicated to make this event a life ling memory for the delegates. Do come to have a taste of our traditional and famous Kathiawadi hospitality along with a wonderful scientific feast in the month of September 2019.

Date: September 26 to 29, 2019

Place: The Regency Lagoon Resort, Kalawad Road, Rajkot

Contact Person:
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   Mobile # +91 99251 34899

Email: wzusicon2019@gmail.com

Website: www.wzusicon2019.in

Dr. Vivek Joshi
Organizing Chairman

Dr. Jitendra Amlani
Organizing Secretary

Registration Charges (Inclusive of all taxes)

Category	Period	USI Member	Non USI Member	Spouse	PG	Trade
Early Bird	29/10/2018 to 31/01/2019	10500/-	11500/-	9500/-	8000/-	9500/-
Mid Bird	01/02/2019 to 31/07/2019	12500/-	13500/-	11000/-	9500/-	11000/-
Late Bird	01/08/2019 to SPOT	15000/-	16000/-	13000/-	12000/-	13000/-
Bank Details	DD/Cheque favouring WZUSICON2019 Payable at Rajkot (Gujarat) Account No. 50200034195137 IFSC Code: HDFC0001696 HDFC Bank Limited., Branch: Laxminagar Main Road, Laxminagar, Rajkot – 360001					

All participants have to register for conference.
The registration form must be filled in and submitted.

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USICON 2019: Scientific Program

Dr. R B Sabnis, Hon Secretary, USI

December 15th, 2018

Provisional scientific program for USICON 2019, Bhubaneshwar conference. Please note - this is only provisional program. It can be changed / modified.

Day 1 – 23th January - Joint sessions with international societies

9.00-11.00	Hall A - USI-NAUS - Hall B – USI-BAUS
11.00-11.30.	Tea break
11.30-13.30	Hall A – USI-SURS – Convener – Dr. TB Yuvraj Hall B – USI-ISSM - SASSM - Convener – Dr. Vasan
13.30-14.30	Lunch
14.30-17.30	AUA-USI joint session
18.00-19.00	Inauguration
19.00-20.00	Cultural program – Amazing Odisha
20.00 onwards	Presidential Dinner.

Day 2 – 24th Jan 2018

6.30-8.00	BOE paid course 1
8.00-9.00	Hall A, B,C,D,F,G,H – 7 halls Moderated Podium/ poster/video sessions
9.00-11.30	Plenary sessions – 20 mins each 4 orations (AG Phadke, Jaipur, Pinaminani, Himadri Sarkar) & 3 lectures (AUA, BAUS & EAU) Pinaminai oration – Autophagy inhibitor in urothelial carcinoma – from cell culture to clinical trial.
11.30-12.00	Tea break
12.00-13.00	Sub plenary session – 3/4 parallel halls
13.00-14.00	Lunch
14.00-17.30	Parallel sessions – 6 halls Hall A – IJU session – 2 hrs, Vijaywada prize poster – 1 ½ hrs Hall B – Endo-urology lower tract - Hall C – Uro-oncology Hall D – Transplant – to have 3 podium papers of Tx Hall E – Pediatric urology - 3 podium papers Hall F – UDM -

Day 3 – 25th Jan 2018

6.30-8.00	BOE Paid course
8.00-9.00	Hall A,B,C,D,E,F,G,H – 7 halls parallel – Moderated podium/poster/video sessions
9.00 – 10.30	CKP Menon prize session
10.30-11.30	HS Bhatt symposium – "Contemporary management of Urological infections" Convener – Dr. L.N.Dorairajan
11.30-12.00	Tea break
12.00-13.00	Sub- plenary session 3 parallel halls
13.00-14.00	Lunch
14.00-17.00	Parallel sessions – 6 halls Hall A - prize paper session- Chandigarh video, Brij Kishor Patna, SS Bapat innovation Hall B – Endourology – Upper tract Hall C – Laparoscopy - Hall D – Reconstructive Urology Hall E – Andrology – Male infertility – to have 6 podium papers Hall F – Female urology
17.30-onwards	AGM

Day 4 – 26th January 2018

8.00-9.00	Uro-quiz – Quiz master - Dr Prashant Mulawkar
9.00-10.30	Eye opener session: 45mins - Various laws under which doctors are covered – their implications – Ajaykumar 45 mins - Real Cases where Urologists – found guilty by MCI – SP Yadav
10.30-11.00	Debate 1 Live surgery transmission should be stopped – Yes Vs No
11.00-11.15	Tea break
11.15-11.30	Progress of making Indian guidelines.
11.30-12.00	Debate 2 – Making Indian guidelines – fact or fiction
12.00-12.30	Debate 3 evidence based medicine Vs experience based medicine
12.30-1.00	Debate 4 Is lap surgery skill required to be a good robotic surgeon – Yes Vs No.
1.00-1.30	Valedictory function
1.30-	Lunch & disperse.

Topics for sub-plenary sessions

1) Panel discussion on - myths & facts of Sterilization of instruments
2) Scenario based discussion - management of Obstructed & infected kidney
3) Scenario based discussion - Management of Metastatic Ca prostate
4) Practitioner's forum
5) Make in India - What is the ground reality
6) Meet the industry

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Process of Mock E voting

West Zone Urology Society

Dr. R B Sabnis, Hon Secretary, USI

Mock E voting is only for those who have pre-registered for e voting.

These instructions are only to those pre-registered for e voting.

Following are the steps –

1) Link is displayed on USI web site & USI app. This will become active & will remain active from Monday 17 Dec. 8 am to 23 Dec 5 pm.
2) Click the link – then you will be asked your USI user id (your USI number) & password. Once you enter that, next page will open.
3) In case you are not registered for e voting, - message will come that you are not registered for e voting.
4) In case you do not remember password – click forgot password - It will send OTP to your registered email id & mobile. Once you enter your OTP- it will ask to create new password of your choice. Once you create new password, you have to enter new password & then next page will open.
5) This page will give you instructions of e voting process again.
6) Once you proceed, it will take you to next page
7) This page will ask for USI number, registered mobile number or registered email id.
8) If information is correct, it will send OTP to your email id & mobile number. OTP will come in few seconds Max 1 min. system server is fast – but it will depend on your internet speed connection
9) OTP will remain valid only for 300 seconds. Only 3 attempts are allowed to generate OTP.
10) Once OTP & Captcha are matched, a ballot paper will open.
11) If you have already voted, system will give msg you have already voted & will log out.
12) If anyone has voted from same IP address, - system will give msg that IP address is already used.
13) Once ballot paper is opened, you can click against the candidate of your choice.
14) Submit vote will again ask about confirming the vote
15) Once you confirm, it will submit vote & you will be logged out

Important points to note

1) Only 1 person can vote from one IP address. – for example if you are using hospital internet which is used by 5 people, then only 1 member can use this internet connection. Others can't – They have to use their own 2G,3G,4G or personal broad band connection to cast vote. – This is extra security measure to prevent any malpractice.
2) In case you have processed with forgot USI password, that password is valid only for e voting.
3) Do not change your USI password now from USI web site or app till mock voting is done as now encrypted data is shared & your new password will not match.
4) In case password in incorrect, click forgot password & make new password.

Let's make history, let's make e voting successful

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Plan your Calender in 2019

Month	Dates	Event	Venue	Link
Jan	23-26	52nd USICON	Bhubaneswar	http://usicon2019.com/
March	2-4	ISORU (International Society of Reconstructive Urologists)	Hyderabad	www.isoru.org
March	15-19	EAU	Barcelona, Spain	https://eaucongress.uroweb.org/
May	3-6	AUA	Chicago, USA	www.aua2019.org
June	16-18	Challenges in Endourology	Berlin, Germany	www.challenges-endourology.com/cie-2019
July	3-5	Challenges in Laparoscopy & Robotics	Barcelona, Spain	www.challengesinlaparoscopy.it
September	26-29	WZ-USICON	Rajkot	www.usiwz.org
October	17-20	SIU (Congress of the Societe Internationale d'Urologie)	Athens, Greece	
November	29th Oct - 2nd Nov	WCE	Abu Dhabi, UAE	http://www.wce2019.com/

Editor's Note

Hello friends and teachers,

The Urofinancecon held at JPAC, MPUH, Nadiad and organized by Dr R B Sabnis (Hon Secr, USI) was a unique and highly successful event attended by 180 delegates and web telecasted to all the members of the USI. Rohit Joshi has tried to cover in brief the take home messages of this event.

As the year comes to an end, it's time to summarize the medical updates of the year that may have impact on our clinical practices. Dr Amit Bhattu and Dr Haresh Thummar have in brief summarized the same.

Dr Hemang Bakshi has summarized management of high risk or locally advanced prostate cancer; a scenario we see commonly in our practice.

If any of you would like to contribute with article/news towards the newsletter, please mail the same. Wishing you a Merry Christmas and Happy New Year in advance ...

Dr Rajesh Kukreja
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drkukrejarajesh@gmail.com • Council Member, WZ-USI.

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Delegate Registration Form

Please fill in BLOCK LETTERS

Name | Age

Surname First Name Middle Name

USI Membership No. | Designation

Institute

City | State

Country | Pin Code

Email ID
Mention active ID

Telephone No.
With STD Code

Mobile No.

Accompanying Person Name (Spouse / Children with Age and Gender)

1	
2	
3	
4	
5	

(Spouse / Children with Age and Gender)

CATEGORY Please √ mark the Applicable Category	NON RESIDENT REGISTRATION	RESIDENT REGISTRATION
	☐ Delegates ☐ Accompanying Person ☐ P.G. Student ☐ Children < 5 years ☐ Children above 5 years	☐ Delegate on twin sharing basis per person ☐ Delegates on single room occupying basis ☐ Delegates accompanied with their spouse / Children

Payment Terms:

A Bank Draft / Bankers Cheque No. _______________ dated ___/___/_______ drawn in favour of WZUSICON2019 payable at Rajkot, drawn on at _________________________________ for sum of ₹ _____________________ is enclosed herewith.

Name ____ Signature______________________

Please send duly filled registration form along with DD / Cheque to:

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