

## CUA-AUA International Fellows Program: San Diego 2016

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The American Urological Association (AUA) annual meeting represents the pinnacle of urological research excellence. This year, approximately 15 000 participants from around the world ventured to San Diego, CA to celebrate the academic achievements of the international urology community. Podium, poster, and plenary sessions commanded the attention of the audience throughout the day, with opportunities to mingle with fellow urologists scattered through the weekend. This year's meeting highlighted new tissue engineering techniques, advanced simulation for resident training, improved screening techniques for prostate cancer, and incredible robotic demonstrations.

As a Canadian senior urology resident, I was given the opportunity to apply for the Canadian Urological Association (CUA)-AUA International Fellows Program. This program gives residents and fellows the opportunity to attend the AUA, while also providing the tools to navigate the meeting successfully. Our first WebEx meeting as a group occurred in the month prior to the event with a conference call detailing the program goals and expectations. Each of us was given the task of critically appraising one of several prostate cancer abstracts, along with another abstract of our own choosing. The mentorship provided by the program was invaluable; having first attended the AUA in 2015, I found the mentors' tips and tricks streamlined my 2016 meeting immensely.

One of the best things about the AUA is the sharing of different practice philosophies from different countries. Case in point, the 2016 "Surgical Management of Stones: AUA/Endourological Society" guideline was released this year, stating, "Clinicians should not offer extracorporeal shockwave lithotripsy (ESWL) to patients with >10 mm lower pole stones." However Bozzini et al<sup>1</sup> from Italy pre-

sented their prospective, randomized, multicentre study comparing SWL, percutaneous nephrolithotomy (PCNL), and ureteroscopy (URS) for lower calyceal stones between 1–2 cm. With an overall mean stone size of 14 mm, they found stone-free rates for ESWL, URS, and PCNL of 61.8%, 82.1%, and 87.3%, respectively, with complications rates of 6.7%, 14.5%, and 19.3% respectively. This data allows us, as urologists, to provide our patients with the tools to tailor their own treatment, providing the autonomy that is so valued by our society.

The International Fellows Program culminated with a dinner and presentation of our critical appraisals. Enlightening discussions centred on prostate cancer clinical models, multiparametric magnetic resonance imaging (MRI), robotic renal surgery, and stone disease management. We discussed how the AUA meeting highlights, including the new 2016 AUA guidelines, would change practice management in Canada. Most importantly, however, the dinner allowed the future urologists of Canada to socialize, brainstorm research endeavors, and expand the possible horizon of Canadian urology. I look forward to seeing my fellow award recipients at future meetings, and hope that we all maintain our drive for research excellence throughout our careers.

**Competing interests:** The author reports no competing personal or financial interests.

### Reference

1. Bozzini G, Verze P, Dal Piaz O, et al. A prospective randomized comparison among SWL, PCNL, and RIRS for lower calyceal stones less than 2 cm: A multicentre experience. *J Urol* 2016;195: e444-5. <http://dx.doi.org/10.1016/j.juro.2016.02.1377>

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