

CUA-AUA International Fellows Program: Boston 2017

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This year, I was fortunate to be selected for the Canadian Urological Association (CUA) – American Urological Association (AUA) International Fellows Program, and attend the 2017 annual meeting in Boston, MA. This program offers a truly unique experience whereby Canadian residents and fellows are afforded the opportunity to attend the AUA meeting, critically appraise various abstracts and presentations, and discuss and disseminate this information among their peers.

The annual AUA conference is certainly one of the most impressive, informative, and occasionally overwhelming urological meetings, especially for first-time attendees. The 2017 meeting was host to over 16 000 guests from more than 100 different countries. For the field of prostate cancer research alone, there were more than 900 abstracts presented.

Thankfully, as a member of the CUA-AUA Fellows Program, I was provided with some guidance from several experienced mentors to help make navigating the meeting more streamlined. Our goal was to critically appraise two different abstracts, with at least one being related to prostate cancer.

In the era of active surveillance, multiparametric magnetic resonance imaging (MRI), and targeted fusion prostate biopsies, the impact of transrectal ultrasound (TRUS) biopsy sepsis and fluoroquinolone-resistant (FQ-R) bacteria have become increasingly relevant. Not surprisingly, there were several abstracts presented in this field, including those examining the role of transperineal vs. transrectal biopsy, antibiotic prophylaxis, and pre-biopsy rectal swab cultures.

One such abstract that caught my attention came out of Johns Hopkins Medical Institution, and examined the effect of targeted antibiotic prophylaxis in men undergoing TRUS-guided prostate biopsy.¹ This study observed a cohort of almost 1200 men on active surveillance undergoing annual TRUS biopsies, with routine rectal swab cultures performed

since October 2012. Men with positive cultures for FQ-R bacteria received targeted antibiotics, whereas those without received ciprofloxacin. Interestingly, the overall rate of FQ-R bacteria in this study approached 22% (194/886 biopsies); however, the primary study endpoint was not met, as targeted prophylaxis using rectal swab cultures was associated with a small but non-significant decrease in hospitalization rate for infection (0.79% vs. 0.97%; $p=0.63$).

While this abstract had several limitations, it is one of the largest studies to date examining the role of rectal swab cultures prior to TRUS-guided prostate biopsy. Although I didn't feel that the present study was necessarily practice-changing, it certainly highlights the growing rates of fluoroquinolone resistance and demonstrates the need for ongoing research towards a reduction in TRUS-related infectious complications.

The final event and feature of the CUA-AUA Fellows Program was a dinner and a discussion of all the critical appraisals, meeting highlights, and take-home messages. This was truly an enlightening experience and allowed for in-depth discussions with both our peers from across the country and expert mentors within the field. Overall, the entire experience was very rewarding and I would encourage all future residents and fellows to apply.

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

Reference

- Cheung C, Patel H, Landis P, et al. The effect of targeted antibiotic prophylaxis in men undergoing transrectal ultrasound guided prostate biopsy. Presented at American Urological Association Annual Meeting 2017, Boston, MA: MP43-06.

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