

CUA-AUA International Fellows Program: Chicago 2019

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The Canadian Urological Association (CUA)-American Urological Association (AUA) International Fellows Program funds select Canadian senior residents and fellows to attend the annual AUA meeting. This structured educational program consists of a pre-meeting webinar, directed learning during the conference, and formal presentations with discussions on high-impact abstracts at the end of the conference. Along with five peers, I had the opportunity to participate in the exchange program for the AUA 2019 in Chicago under the mentorship of Dr. Anil Kapoor, Dr. Ricardo Rendon, and Dr. Alan So.

As this was my first AUA, I was impressed by the sheer size of the conference and the plethora of competing activities. This year's meeting was a condensed format, taking place over four days. Throughout the conference two plenary sessions ran simultaneously. The pre-conference webinar provided strategies to navigate this large meeting, to focus energy on specific topics of interest, and to get the most out of the experience. The AUA smartphone application was especially useful to locate the most salient sessions. Spotting urological giants in the hallway was a common experience throughout the meeting, and I had to restrain myself from asking for autographs.

During the conference, themes emerged across urological subspecialties. A number of groups explored methods to safely reduce opioid prescriptions in the context of the opioid epidemic. In one representative abstract, a group from Johns Hopkins observed opioid use by a cohort of patients after radical prostatectomy. Along with an educational intervention, they then implemented a standardized opioid prescription (112.5 mg of oral morphine equivalents) in a subsequent cohort. This amount was selected in order to fulfil the opioid requirements of >80% of patients from the observational cohort. The intervention resulted in a reduction of 45.5% in milligrams of opioids prescribed. Only 6% of patients required additional opioid prescriptions.¹ This type of successful intervention could be applied to Canadian centers in our own efforts to address opioid addiction.

Canadian uro-oncology was well-represented, including an impactful late-breaking abstract from Breau et al.² This group reported the results of a randomized controlled trial from six academic centers in Canada comparing renal hypothermia to no renal hypothermia during open partial neph-



CUA-AUA fellows at AUA 2019 annual meeting in Chicago, IL.

rectomy. Broad inclusion criteria were used, which increased generalizability. Among 184 randomized patients, 161 had outcome data available. At one year of followup, there was no difference in overall glomerular filtration rate (GFR) measured by DTPA clearance, and also no difference in kidney-specific GFR. Statistical stratification to control for possible confounders also showed no difference in renal function between groups. This collaboration among Canadian uro-oncologists provided level I evidence for safely omitting renal hypothermia during open partial nephrectomy and may also translate to minimally invasive approaches to partial nephrectomy.

These and many other abstracts were discussed at an end-of-conference meeting with the CUA-AUA fellows. It was a pleasure to meet accomplished residents from across the country with an interest in ongoing learning and to engage with their thoughtful critique of high-impact and interesting abstracts.

I'd like to thank the CUA and industry partners for supporting this important educational endeavour for all of this year's CUA-AUA fellows.

References

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2. Breau R, Fergusson D, McAlpine K, et al. Renal hypothermia during partial nephrectomy: A randomized controlled trial. *J Urol* 2019;201 (Suppl 4):LBA-15

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