

SECTION ON UROLOGY

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



October 2003

HIGHLIGHTS OF THE SECTION EXECUTIVE COMMITTEE MEETING, APRIL 2003

Michael Ritchey, MD, FAAP
Secretary-Treasurer

Budget Report

At the close of last fiscal year (6/30/02), the Section had \$63,206.44 in reserve. The Lattimer fund has a balance of \$21,258.22. (The \$17,970 from the Enuresis fund was rolled into this account in October 2000.) Since the rollover, the fund has earned \$3,287.42 in interest. The Section has no negative variances this fiscal year.

NEW BUSINESS

The Joint ESPU/AAP Section on Urology meeting will be held June 15 – 18, 2005, in Upsalla, Sweden. The International Children's Continence Society (ICCS) would also like to co-sponsor this meeting. The following questions were raised, and Dr. Rink will bring them back to the ESPU for clarification

- Will more attendees increase the cost/registration fee of the meeting?
- How will the allotment of manuscripts be divided? At the last meeting, 50% went to the BJU, and 50% to the JU.
- With three societies, will there be an increase in concurrent sessions that make it difficult for attendees to be in two places at once?
- What is the scale of increased attendance? Will it affect banquets, etc? And what will the ratio be of allied health professionals:MDs?

Bylaw changes

It was noted that the actions of the nominations committee, membership chair, and education chair are not accurately reflected in the bylaws. For example, the bylaws state

that "The Nominations Committee shall consist of three Fellows of the Section. The Chairperson of the Section Executive Committee will appoint two Fellows. The third Fellow will be elected by the membership and cannot be a member of the Section Executive Committee." In practice, the two appointed fellows are the ex officio chairperson, and the chair elect. A bylaws referendum will be mailed to the membership.

The roles of membership chair and education chair are not specifically noted in the bylaws. However, the bylaws do state that "the Chairperson may appoint standing committees and chairpersons when indicated." The executive committee opted to keep this open-ended, generic language. However, the executive committee agreed to establish term limits for chairs of action committees (education, membership, website, credentialing, socioeconomic, unified coding committee, research, manpower, etc.) It was made, seconded, and unanimously carried that Chairs of AAP action committees will be appointed for three-year terms of office. The terms will be synchronized to coincide with that of the secretary-treasurer. The executive committee has the option to re-appoint the chair to another three-year term.

Circumcision Consent Form

A discussion arose over whether the Section should develop a generic consent form for circumcision. The debate ended with a request for more information.

Editorial Board Nominations

The AAP Section must submit nominations to replace two editors from the JU editorial board. Dr. H. Gil Rushton (Mid-Atlantic) and Dr. George Steinhart (South Central) will be rotating off. A vote was taken, and four names were forwarded to the JU Editorial Board. In addition, Dr. Elder's term as Pediatric Urology Section editor will end in

2003. However, the Publications Committee has reappointed him to an additional four-year term.

Laparoscopy Training

Pediatric surgery fellows have opportunities to learn advanced laparoscopic techniques at industry-sponsored courses (such as at the annual workshop for pediatric surgery fellows in Buffalo, run by Dr. Phil Glick.) Dr. Glick felt that his center could also easily provide an annual venue for pediatric urology fellows to learn these techniques. He feels industry could and would support it. Dr. Craig Peters has also offered to host a laparoscopy workshop at Boston Children's. Dr. Ritchey will ask the Fellowship Program Directors to support the formation of a joint AAP/SPU committee that would organize an annual laparoscopy workshop for pediatric urology fellows.

MEMBERSHIP REPORT

Approval of applicants

Thus far 3 candidates have submitted applications for affiliate membership status in the section of pediatric urology:

- Dragana Filipas, M.D. is head of pediatric urology at the University of Vienna, Austria. She has successfully fulfilled all of the requirements for acceptance.
- Jeffrey Campbell, M.D., FRCSC is presently a pediatric urology fellow at the Baylor College of Medicine and the Texas Children's Hospital. He has successfully fulfilled the criteria to be accepted as a post residency training affiliate.
- James Metcalfe, M.D. is a Canadian urologist who submitted an incomplete application. There was also uncertainty as to whether he qualified for Specialty Fellow or Affiliate membership. Ms. Ozmeral did contact him, and it appears he does 50% (but not 75%) care of children.

Tracking of Post-Residency Training Fellows

The Section accepts affiliate members who are "physicians currently enrolled in a pediatric

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urology fellowship, or physicians who have completed a pediatric urology fellowship within the last four years and who are eligible but not yet certified by the American or Canadian Boards of Urology." However, there is really no mechanism in place to ensure that fellows who are eligible to join the AAP as a Specialty Fellow have done so. (This would include Affiliates who should move on to Specialty Fellowship, as well as fellows who never joined the Section as an affiliate member in the first place.) Ms. Ozmeral and Dr. Zaontz will craft a mailing to fellowship program directors, and ask for the names and addresses of all fellows who have finished a program within the past 5 years. Staff will cross-reference that list against membership rolls and mail applications as needed.

Membership information for posting on the website

The agenda book contained draft language of membership information for the section website. The site will be linked so that readers can pull up PDF files of appropriate application forms, sponsor letters, case log form, and a roster of potential sponsors.

EDUCATION COMMITTEE

2003 National Conference and Exhibition (Nov 1 – 5, New Orleans)

Seven proposals were submitted to the planning group; the following four were accepted for presentation.

- Selected Short Subject (50'; one faculty; didactic, Q&A; handouts)
 - Twinges, Twists and Testicular Tumors. William Strand.
 - Antenatal Hydronephrosis. Pat McKenna.
- Meet the Expert (60'; one faculty; interactive, Q&A, handouts optional)
 - Dysfunctional Elimination. Pat McKenna
 - All Circumcisions Are Not Created Equally. Wm. Strand.

In addition, the following urological topics are being presented:

- Seminar (2 hr.; 1-2 faculty; in depth; handout)
 - Management of Enuresis and Encopresis in the Pediatric Practice

(Section on Developmental and Behavioral Pediatrics)

- Febrile UTI in the Infant and Young Child (Section on Hospital Care)

2004 National Conference and Exhibition (Oct 9 – 13, San Francisco)

The following proposals were submitted to the National Conference and Exhibition Planning Group:

- 1) Primary Care Urology for Pediatricians. Local faculty. Audience Response Case Discussion. (Not accepted for the first time in several years for 2003)
- 2) UTIs and the Latest Treatment of Reflux. Faculty to be named. Selected Short Subject.
- 3) Hematuria. Faculty to be named. Selected Short Subject.
- 4) Urinary incontinence, neurologic and non-neurologic. Faculty to be named. Meet the Expert.
- 5) Tissue Engineering Update. Tony Atala. Seminar or Selected Short Subject.
- 6) Urologic Urgencies and Emergencies. Faculty to be named. Meet the Expert.
- 7) Antenatal/Postnatal Imaging, Diagnosis and Management of Urologic Problems. Audience Response Case Discussion or Seminar. Joint with Section on Radiology, if not part of the Urology meeting.

AAP News Focus on Subspecialties:

A rotation schedule has been established, beginning June 2003. There is no restriction to submitting articles for this regular feature, written in a news style, rather than a medical journal style. Our slot is January 2004. We will plan on submitting before that as well. Ideas are welcome. Proposals at this point will include: Pediatric GU research (B. Kogan); Endoscopic Reflux Correction; Education.

Super CME and Practical Pediatrics CME course

Dr. Tony Khoury will be speaking on four different topics (UTIs; Vesicoureteric Reflux and Voiding Dysfunction; Incontinence and Nocturnal Enuresis, and The Acute Scrotum and Undescended Testis) in two different formats for the Practical Pediatrics CME course in Toronto, October 10 – 12, 2003. The Section will continue to submit topics and speakers for AAP CME courses for the pediatrician. Submissions should be sent at

least one month prior to the planning meeting.

NOMINATING COMMITTEE

The Nominations Committee for the 2003 elections (Dr. David Bloom, Dr. Rick Rink, and Dr. Tony Atala) proposed the following slate of candidates: Barry Kogan for chair-elect, and Ellen Shapiro and Steve Docimo for executive committee member.

Elections were conducted electronically via the AAP members' only channel. The response rate for the election was 12.6 %, as opposed to 11.5% in the 2002 electronic balloting. (In comparison, the response rate for the paper ballots was 44% in 2001 and 30% in 2000.) In an attempt to increase the voter turnout, members did receive a postcard notice of the balloting, a mention in the spring newsletter, and a list-serve e-mail reminder. Staff and the nominating committee will continue to brainstorm ideas to increase the voter turnout.

SURGICAL ADVISORY PANEL REPORT

Drs. Rink and Ritchey attended the recent Council on Sections and Surgical Advisory Panel meeting. (COS is a gathering of the chairs from all 56 Sections; SAP is a meeting-within-the-meeting of Chairs of the 11 surgical sections.) Among the issues on the surgical agenda were:

- Strategies for getting surgical topics and faculty accepted at AAP CME venues
- Subspecialty certification, and the AAP support of the Section on Urology's efforts
- Impact on IMG rules on surgical subspecialty training programs
- Chapter-Section interaction
- Ways to increase the value of membership for surgical section members

OLD BUSINESS

Fellows Meeting

The Coordinating Council had decided that they would welcome the chance of hear the concerns and feedback of young fellows-in-training. Therefore, Dr. Casale has organized a meeting of the fellows on Sunday during the AUA meeting. They will be asked to select a representative to attend the Joint Committee Reports meeting in New

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Highlights from the Executive Committee

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Orleans. (The group debated and nixed the idea of the representative coming from a rotating list of institutions.) This representative must be a current fellow who will still be in training next year. The fellow will also be invited to the Friday dinner.

Timing Statement

“Timing of Elective Surgery on the Genitalia of Male Children With Particular Reference to the Risks, Benefits, and Psychological Effects of Surgery and Anesthesia” was originally published in Pediatrics in April 1996. An addendum to the statement was published in 2000 to acknowledge that “there has been considerable recent debate about the appropriate gender assignment of newborns with the most extreme forms of genital ambiguity, with some suggesting that the current early surgical treatment be abandoned in favor of allowing the affected person to participate in gender assignment at a later time.”

The AAP recommends that each authoring entity must review every policy statement under its purview every 3 years. The authoring clinical may choose to revise, reaffirm, or retire a statement. The policy statement was distributed to the entire executive committee, and they were polled as to the need to revise, retire, or reaffirm.

AAP Chapter Liaisons

The AAP has asked the sections to identify section members to serve as contacts to their local chapters. This effort is being done to give chapters a direct link to each section when input is desired from the medical, surgical, or multi-disciplinary perspective. It is also hoped that this will facilitate communication between sections and chapters. Dr. Ritchey will appoint one section member to liaison with each of the 66 chapters.

Extra Pocket Programs Available

If you would like to obtain extra copies of the Pocket Programs from the 2000, 2001, or 2002 American Academy of Pediatrics National Conference and Exhibition, please contact Kathy Ozmeral, via voicemail (847-434-7668) or e-mail (kozmeral@aap.org).

Be sure to include your name, address, and which meeting program(s) you desire.

Great Expectations for 2003 Meeting in New Orleans

Richard Grady, MD, FAAP

2004 Program Chairperson

This year's Section of Urology meeting will be held in New Orleans, Louisiana from Saturday, November 1, 2003 through Monday, November 3, 2003. This is a great location for what I anticipate will be a great meeting! We have talks by three tremendous guest speakers. These include: Dr. John Medina, Director of the Talaris Research Institute, who will talk about the state-of-the-art on how we learn. Our second speaker Dr. Mark Moffett combines high adventure with a naturalist's eye for animal stories and an environmentalist's concern. His lecture offering, “The High Frontier: Exploring the Rainforest Canopy” has evolved from his book of the same title. And, we have Dr. Richard Satava who is one of the leading figures in robotics in telemedical medical surgery who will discuss the future of surgery for us.

We have a stimulating set of controversial and/or hot topics on the docket too. Dr. Barry O'Donnell who will be receiving the pediatric urology medal will present, in only the way Barry O'Donnell could present, a brief history of the treatment of vesicoureteral reflux followed by a point counterpoint session discussing endoscopic therapy as a primary treatment option for vesicoureteral reflux: has the paradigm shifted? Dr. Mark Coltrera, Professor of Otolaryngology from the University of Washington, will be joining us to discuss the underpinnings of database creation. Dr. Bernard Churchill will moderate a video forum discussing standard and state-of-the-art techniques for the construction of catheterizable channels. Dr. Mark Adams has agreed to moderate a masters course on the management of the exstrophy/epispadias complex which will include Drs. Michael Mitchell and John Gearhart. We have also created a panel to discuss the contemporary management of intersex. This will be chaired by Dr. Ian Aaronson who has assembled a top-notch, excellent group of panelists. Finally, Monday's session will include a point counterpoint discussion on whether we should be performing intestincystoplasty. This will be moderated by Dr. David Bloom and will include a series of panelists well recognized in the field. We have chosen areas of controversy and state-of-the-art advances in an effort to generate discussions, ideas and interests. I anticipate that attendees will not be disappointed.

Dr. Joe Ortenberg, our Local Arrangements Chairperson for this meeting, and Dr. Michael Mitchell, the Chairman of the Section of Urology, have also been diligently working on our social events this year. Join us Saturday evening at the Mardi Gras Museum at the Presbytere (on Jackson Square) for a great Nawlin's evening.

TASTE AND HEAR THE FLAVOR OF LOUISIANA at the Section on Urology banquet, Saturday, November 1, at the Presbytere Mardi Gras Museum.



Dinner will feature food stations to tempt any appetite. Diners can stroll and chose among a variety of Nawlins cuisine. Local entertainers will also add a local flair. And if you dare to pose in costume, you will have your photo posted on the AAP website for all to see.

The Presbytere is conveniently located in the French Quarter, so buses will not be required. Cocktail reception begins at 7:00 pm.

If you have not already purchased your tickets through Advance Registration, please purchase the \$100 tickets at the AAP On-site Registration Desk at the Hynes Convention Center. Space is limited, so purchase early.

AAP SECTION ON UROLOGY BYLAWS REFERENDUM BALLOT

October 5, 2003

TO: Voting Members of the AAP Section on Urology
(Section affiliate members cannot vote)

FR: Michael Ritchey, MD, FAAP
Secretary-Treasurer, AAP Section on Urology

RE: **CHANGES TO SECTION BYLAWS - A CALL TO VOTE!**

The Urology Section Executive Committee has proposed the following changes to the Section bylaws, for which we seek ratification:

The current bylaws state that "The Nominations Committee shall consist of three Fellows of the Section. The Chairperson of the Section Executive Committee will appoint two Fellows. The third Fellow will be elected by the membership and cannot be a member of the Section Executive Committee." In actual practice, the "two appointed fellows" are the ex officio chairperson, and the chair elect. The executive committee proposes the following changes to the bylaws so that they reflect the current and historical practice of the Section.

Article VI Standing And Special Committees

Section 1. The Chairperson may appoint the following standing committees and designate one member to serve as Chairperson:

- A. Scientific Program Committee
- ~~B. Nominations Committee~~
- B. Medal Committee
- C. Other Special Committees when indicated

Section 2. The chairperson may approve one or more affiliate members to serve as non-voting liaisons to the Executive Committee or other standing or special committees.

Section 3. The Nominations Committee shall consist of three Fellows of the Section: ~~Two Fellows will be appointed by the Chairperson of the Section Executive Committee. The third Fellow will be elected by the membership and cannot be a member of the Section Executive Committee. Chairperson ex officio, Chairperson elect, and a the third Fellow elected by the membership who is not a member of the Section Executive Committee. A member of the nominating committee may not be nominated for election. The individuals nominated for secretary-elect and chair-elect must have served as a member of the Section on Urology Executive Committee.~~ Chairperson ex officio, Chairperson elect, and a the third Fellow elected by the membership who is not a member of the Section Executive Committee. A member of the nominating committee may not be nominated for election. The individuals nominated for secretary-elect and chair-elect must have served as a member of the Section on Urology Executive Committee.

PLEASE PRINT YOUR NAME: _____

The Nominations Committee shall consist of three Fellows of the Section: Chairperson ex officio, Chairperson elect, and a third Fellow elected by the membership who is not a member of the Section Executive Committee. A member of the nominating committee may not be nominated for election. The individuals nominated for secretary-elect and chair-elect must have served as a member of the Section on Urology Executive Committee.

Yes, I approve **No, I do not approve**

You have 3 methods of response:

- 1) Fax this form to the attention of Carolyn Mensching at **847/434-8000**.
- 2) E-mail your response to **cmensching@aap.org**. **Please type your yes or no vote and be sure to include your name.**
- 3) Drop it in the "Bylaws Response" box in the back of the AAP Section on Urology meeting room by 10:30 am, Saturday, November 1.

***** Please respond electronically by Noon, Friday, October 31, 2003
or in the "bylaws drop-box" by 10:30 am, Saturday, November 1, 2003 *****

**Results will be announced at the Section on Urology business meeting,
Saturday, November 1, at 11:30 am.**

Publishing an Article in *The Journal of Urology*: The Process

Jack S. Elder, MD, FAAP

At the AAP meeting last October, Stuart Bauer organized a panel on how to prepare an article for publication. During that session I discussed the process of editorial review by the Pediatric Urology Section of *The Journal of Urology* (JU), and I will summarize my presentation. I hope that this article will demystify the process of reviewing an article by JU.

When an article is submitted, it is reviewed by the editorial staff to be certain that it conforms to the Instructions for Authors (usually published in the June and December issues), with a structured abstract less than 250 words and no more than 20 references. Review articles are longer and often have 100 or more references. Review articles should provide fresh insight and thoughtful analysis and discussion on a given topic. Ken Glassberg's article on the molecular basis for normal and abnormal kidney development and Jean Hollowell's paper on familial vesicoureteral reflux are nice examples. Case reports need to be less than 500 words, with no more than 3 references and 2 figures.

Each week manuscripts are forwarded to the Section Editor. Each paper is read and is sent to 2 or 3 reviewers selected by the Section Editor. Most reviewers are pediatric urologists, either from the U.S. or overseas, but many pediatric nephrologists, radiologists, pediatric surgeons, and basic scientists also serve as reviewers. Authors may suggest reviewers; this is particularly helpful if the subject matter is not mainstream pediatric urology. JU prefers to make decisions on papers within 4 weeks of receipt. Reviewers are reminded that manuscripts are privileged communications and the data should not be shared or discussed with colleagues.

Presently reviewers see the title page and therefore know the identities of the authors. Although some think that reviewers may be biased if they know the author's identity, studies have shown that reviewers often recognize the authors, even if their identity is masked, particularly in a small field such as pediatric urology. Furthermore, article quality has not improved with masking of authors' identities during the review process. Nevertheless, JU is quite sensitive to the issue of reviewer bias in favor or against certain authors, and blinding of author identities is

being considered, particularly if requested by the author. In the past, the Pediatric Urology Section has volunteered to mask author identities.

Reviewers are asked to read and critique the paper within 2 weeks. Reviewers are asked to assess the quality and presentation of the manuscript, make suggestions for improvement ("Comments to Author"), recommend whether an article should be accepted, returned for revision, or rejected, assign a priority score of 1 (favorable) to 5 (unfavorable) if the paper were revised, and discuss the basis for their opinion (Comments to Editor"). When articles are received from other countries, grammatical errors are not considered in the decision to accept or reject; however, the authors may be asked to edit the paper extensively before resubmitting it.

Each week the Section Editor receives and reads the reviews on the papers that have been sent out. After 2 or 3 reviews are received, a decision is made. If both reviewers give the paper a favorable rating, it is returned with the reviewers' comments to the author for revision; if both ratings are unfavorable, then the paper is rejected. Frequently the reviewers differ in their opinion, with one giving the paper a 1 or 2, and the other giving it a 4 or 5. In these cases the Section Editor reviews the comments to the authors and editor and decides whether to recommend revision, rejection, or to send the paper to two or three more reviewers. If no response is received from the reviewer within 2 weeks, the JU office sends them a reminder. If the reviewer still does not respond, then new reviewers must be assigned, thus delaying the review process for the author.

When a paper is rejected, all of the comments made by the reviewers are returned to the authors. In some cases authors think that their manuscript was rejected because the reviewer misunderstood the paper. In such cases the reviewer often has stronger criticism of the paper in their "Comments to Editor", which are not shared with the author. In other situations, the reviewers may find that the work was performed and written well and have few comments, but may recommend rejection because they did not think that the subject matter was new. I am always willing to speak with authors and discuss a decision about a paper that may seem unfair, and to offer suggestions that may aid in

publication. In several cases, further revision after such discussions has resulted in publication. If the paper needs significant work but seems potentially publishable, then the authors may receive a letter of rejection with an invitation to resubmit it after extensive revision.

When a paper is returned for revision, it should be resubmitted within two months with a cover letter describing the changes that have been made. Authors do not need to make all of the changes that are recommended by reviewers, but should respond to each point. In a few cases authors have made no changes and described why in their cover letter. The paper is then reread by the Section Editor and may be sent out for another review. After a manuscript is accepted, the JU editorial staff edits the paper and sends it to the publisher. Authors receive galleys a few months before publication. It is very important to review galleys carefully and immediately. Authors should be absolutely certain that tables and figures have been reproduced accurately—this is the author's last chance to make corrections!

Overall, approximately 45% of articles submitted to JU are accepted. The acceptance rate is significantly lower for case reports. The number of papers submitted continues to increase each year; from 1998 to 2001 there was a 30% increase in manuscript submissions.

The Pediatric Urology Section of JU is directed by the Section Editor, 2 Associate Section Editors, and an Editorial Board consisting of 1 member from each of the 8 AUA Sections and a representative of the European Section of Pediatric Urology. These individuals serve 4-year terms. Nominations for the Editorial Board are solicited from the AAP and SPU and the members are selected by the Section Editor and Associate Section Editors. Preference is given to individuals who have made JU a priority, by doing prompt quality reviews. The Editorial Board meets during the AAP and AUA meetings; the latter meeting is held with the Editor of JU. If there are concerns regarding the content of JU or the review process, please make me or a member of the Editorial Board aware, in order that the issue can be addressed.

REGIONALIZATION OF CARE IN PEDIATRIC UROLOGIC SURGERY

Doug A. Canning, MD, FAAP
Chairperson, Manpower Committee

At last year's annual meeting, there was a session on regionalization of care for bladder exstrophy. As many of you may know, this has become an established practice in Great Britain as of 2002. Directing patients to select centers with known outcome measures is already done in the U.S. for some common procedures such as CABG. This does not mean that insurance companies or other payors would consider this to be necessary for rare complex problems, e.g. bladder exstrophy. However, the AAP Section on Urology Executive Committee thought it would be of interest to survey the membership regarding this complex issue.

We ask that you complete this survey and return it to Kathy Ozmeral at the AAP. The results of the survey will be disseminated to the membership. Thank you in advance for your participation.

Questions

1. Do you feel fully competent in closing a newborn exstrophy?
Yes No
2. Would you refer a newborn with exstrophy to a center that has a greater volume of exstrophy patients?
Yes No
3. If not, why not?
 - a. I do not feel the outcome is significantly different.
 - b. To reduce the inconvenience to the patient's family of long distance travel.
 - c. Financial concerns.
 - d. Practice referral concerns.
4. How many new bladder exstrophy closures did you perform in the last 12 months?
0-1 2-4 5-8 9-12 >12
5. If you were able to participate in the surgery with a more experienced specialist, would you refer a newborn with exstrophy?
Yes No
6. Do you think that annual volume of complex surgeries influences outcome?
Yes No
7. Do you think that the institutional volume of complex surgeries influences outcome?
Yes No
8. Are you consulted for prenatally detected bladder or cloacal exstrophy?
Yes No
9. If you are consulted for prenatally detected bladder or cloacal exstrophy, what is your recommendation?
Bladder Exstrophy Deliver and repair Deliver and refer for repair Termination
Cloacal Exstrophy Deliver and repair Deliver and refer for repair Termination

Demographics

10. How long have you been in practice?
 - a. 1-5 years
 - b. 5-10 years
 - c. 10-15 years
 - d. 15-20 years
 - e. over 20 years
11. How would you describe your practice?
 - a. Full-time pediatric urology – academic
 - b. Full-time pediatric urology – private practice
 - c. Part-time pediatric urology – academic
 - d. Part-time pediatric urology – private practice
 - e. Do not practice pediatric urology
12. Have you had fellowship training in pediatric urology?
Yes No

Comments:

PLEASE FAX OR MAIL YOUR SURVEY RESULTS TO:

Kathleen Ozmeral
AAP Section on Urology
141 Northwest Point Blvd
Elk Grove Village, IL 60007

Fax: 847-434-8000 attn: Kathy Ozmeral

CODING CORNER

Howard M. Snyder, MD, FAAP
Chair, Socioeconomic Committee

The AMA CPT Committee has assigned a -63 modifier for procedures performed on infants less than 4 kilograms in weight. This is the result of a strong effort by the American Academy of Pediatrics and the American Pediatric Surgical Association to gain further RVU recognition for the extra work performed in surgery on very small infants. This modifier should be applied for any procedure performed on children under 4 kilos. Whether it will be recognized by different regional carriers and how much additional payment they will make is determined at the local level and cannot be predicted. This should be, however, a useful modifier for us to get better reimbursement for the extra work done in infancy.

Biofeedback for the treatment of dysfunctional voiding is finally beginning to be recognized in both adult and pediatric urology as an important training mechanism for the treatment of urinary incontinence. Independence Blue Cross now has in its computers almost a complete recognition of these codes for payment. As they complete programming their billing process for payment, it should serve as a useful model for us to take to other regional carriers. I expect the final information on complete system-wide Independence Blue Cross acceptance of biofeedback reimbursement within a month, and we will share that as the notification comes to me. It certainly has been a long battle.

With respect to appropriate coding, I have carefully examined these issues for us in pediatrics with both the Terminology Committee of the AUA and also Independence Blue Cross. For a first diagnostic study establishing the problem of dysfunctional voiding, it is appropriate to use 51784 *EMG or urethral sphincter other than needle any technique*. As a diagnostic study, it is also appropriate to use 51741 *Complex Uroflowmetry (EG calibrated electronic equipment)*. If ultrasound is used to check the post void residual, the code 51798 *measurement of post void residual urine and/or bladder capacity by ultrasound, non-imaging*, is appropriate. This is a new code.

For subsequent training sessions utilizing biofeedback for voiding dysfunction, the appropriate code is 90911 *biofeedback training perineal muscles, anal, rectal or urethral sphincter including EMG and/or monometry*. If uroflow is used as part of the biofeedback training, that should be documented and again the code 51741 utilized. Again, if the post void residual is checked by ultrasound, the 51798 code should be used for that.

It is important to keep in mind that regional carriers are not required to adhere to agreements and policies elsewhere. You may need to track your reimbursement for these codes and appeal rejections of bills.

Pediatric Urology Inservice Examination

The AAP Section on Urology Executive Committee would like to encourage our membership to participate in the Pediatric Urology Inservice Examination (PISE). **The date for this year's examination is November 15, 2003.** The deadline for registration was Friday, September 5, 2003. All active members of the AAP should be on the mailing list. The AUA office of education will be sending application forms to you directly. If you do not receive materials or, have a junior associate who is not yet a member, you can request these documents.

The contact person at the AUA office of education is Mrs. La Verne Meline. The phone number is (713) 622-2700, extension 3018. She is also the contact person if you need to obtain any documentation related to prior exams. Remember, it is a requirement that Fellows of the Society of Pediatric Urology take the exam every two years.

There are several reasons to increase the number of Pediatric Urologists who take this examination. We need at least 100 participants each year to obtain adequate statistics on the questions that are tested. We also want to show support by our specialty for the PISE. Only 58 individuals who were not Fellows in training took the examination in 2002. We should be able to demonstrate a greater show of support.

PUNS Program at the 2003 National Conference & Exhibition

Thursday, October 30, 2003

PUNS reception

7:00 – 10:00 pm

Rosedown Room, Hilton New Orleans Riverwalk

Wine and cheese reception for Section on Urology physicians and affiliate members, guests, and those interested in joining the Section.

Friday, October 31, 2003

Section on Pediatric Urology Nurse Specialists

8:00 am – 4:45 pm

Grand Ballroom A, Hilton New Orleans Riverwalk

8:00 am Continental Breakfast

8:40 am Welcome

Rosemary Grant, RN

8:45 am Journal Club: Ethics Article Review

Angie Hinds, RN

Panelists:

Deborah Moore, MSN

Pamela Sue Jones, RN, PNP

Christina Pavlock, RN

Jennifer Kolu, RN

9:45 am Design of an Intersex Clinic

Carla Garwood, RN

10:45 am Break

11:00 am Spina Bifida: Transition into Adulthood

Frank Cerniglia, MD, FAAP

12:00 pm Lunch/Business Meeting

Lunch provided; no tickets required.

1:30 pm Research Design and Education
Lily Chin-Peuckert, RN, MSN

2:30 pm Neurogenic Bowel

Timothy Brie, MD, FAAP

3:30 pm Break

3:45 pm Non-Neurogenic Bowel/Dysfunctional Elimination

Debbie Naccarini, PNP

4:45 pm Adjournment

The pediatric urology nurse specialists hope you can join us in New Orleans!

TESTIS PROSTHESES ARE AVAILABLE FOR IMPLANTATION IN BOYS WITH ABSENT TESTES

Stanley J. Kogan, M.D., FAAP
Testis Prosthesis Subcommittee
Liaison, Urology Section, A.A.P. and Food and Drug Administration

In July of 2002 the U.S. Food and Drug Administration approved the unrestricted use of saline filled testis prostheses for implantation by qualified surgeons without the requirement of enrolling their patients in a study protocol. This action culminated a prolonged seven year period beginning in 1995 when permission for manufacture of silicone implants was withdrawn and testis prostheses were unavailable for pediatric and adult patients.

The impetus for the initial withdrawal resulted following the "silicone scare" of the 1990's. The F.D.A. exercised its prerogative to prohibit manufacture of the prostheses until the safety and efficacy of the device was fully evaluated. In a prospective study 149 adult and pediatric patients were implanted in the "Core" study group, and extensive urological and rheumatological followup was undertaken. At interval review this study was prematurely discontinued because of the excellent results achieved, precluding the need to continue the study further, though these patients still will be tracked for a full five year followup period. A subsequent more limited "Adjunct" study was then undertaken. A total of 120 pediatric patients were implanted in both studies. Overall patient satisfaction and safety data have been very acceptable. Discomfort and abnormal position of the prosthesis were the most commonly reported complications, though there were a few prosthesis extrusions when they were placed through a scrotal incision*.

Currently the saline-filled device is the only testis prosthesis marketed. It comes in 4 sizes: infant, child, youth and adult. The device is easy to use, and is filled by the surgeon at the time of implantation. A silicone carving block device is also available and used by some surgeons, but is not yet legally allowed to be marketed as a testis *prosthesis*. This device is available in larger and more varied sizes. Differences between the two exist, i.e. the latter is firmer and heavier than the former. Patient's preference and surgeon's preference and experience play a role in selecting which device is best, and it is helpful to have samples of these devices available to demonstrate prior to implantation so the patient may make an informed decision.

In contrast to the previous several years, at this time there are choices available for prosthetic testis replacement. Boys with absent testes and their parents no longer must wait to achieve satisfaction.

*Results of these studies may be viewed in more detail at the www.mentorcorp.com website.

Membership Directory On-Line!



The AAP has added a link to the section membership roster on the Section's home page on the Members Only Channel. The roster will first appear as an alphabetical listing, and each member's name links to more detailed information about that person, including other section membership, chapter and district affiliation, and committee membership.

Be sure to contact the Membership Department at membership@aap.org should any of your information change, such as name, address, phone, fax or email address. **You may also make the changes on-line on the Members Only Channel.** Just follow the link on the Section's home page!

HOW TO USE THE AAP MEMBERS ONLY CHANNEL

One of the benefits of your AAP membership is access to the Academy's Members Only Channel (MOC) Web site. This site, developed specifically for members, provides members with breaking news about the Academy, access to the AAP Fellowship Directory, the ability to change your contact information in our membership database, and the ability to vote in section elections.

To sign up for the MOC, access the Academy's Web site at www.aap.org and click "**Members Only Channel.**" Have your AAP member ID number handy. If you do not know your ID number, call the AAP Customer Service Center at 1-866-THE-AAP1 (1-866-843-2271), or click on idrequest@aap.org to e-mail your request. ID numbers also are listed on the mailing labels of *Pediatrics* and *AAP News*.

Once you are on the MOC home page, you will see a list of groups on the left side of the page. These groups provide in-depth information on topics such as member services, chapters, federal affairs and reimbursement. *You will also see links to each section of which you are a member.* Sections often post information such as newsletters and Executive Committee minutes to this area, where it can be accessed only by section members. During section elections, you will also be able to access your section's ballot through the section area of the MOC.

In the center of the page, you will see a column titled "What's New." These items provide information on emerging advocacy and policy issues or health alerts. You will see other interesting and essential sites such as the Academy's Bioterrorism resources and the Immunization Advocacy Kit.

Here are some useful tools available on the MOC:

- Member Services
- Member Directory
- What's New
- Federal & State Government Affairs
- MemberTalk and MemberChat

Source: *AAP News* Vol. 18 No. 4
April 2001, p. 170

PREPARING FOR LIFE IN ACADEMICS

American Academy of Pediatrics
National Conference & Exhibition
October 30-31, 2003
New Orleans, Louisiana

Sponsored by:
AAP Council on Sections
AAP Section on Critical Care

Opening Remarks by: E. Stephen Edwards, MD - AAP President

Preparing for Life in Academics is a one and a half day seminar developed specifically for those preparing to enter academic medicine or just starting their academic career. The course brings together academic leaders from a number of medical disciplines to discuss many of the issues not covered during traditional fellowship training. In this course, participants will learn techniques to manage time effectively, develop a curriculum vitae, negotiate effectively, run efficient meetings, and become involved at a national level. Opportunities to improve teaching skills will be offered through interactive sessions on feedback and delivering effective slide presentations.

Practices important to the business and organizational aspects of medicine will be addressed through sessions on coding and compliance, managing grant budgets, and performance improvement. Participants will also learn some of the more challenging areas that confront physicians: disclosing medical errors, preventing malpractice, and coping with malpractice litigation.

Target audience:

Fellows at all levels of training in any subspecialty or post-residency training program expecting to enter academics

Academic faculty in their first few years of appointment

Thursday, October 30

7:30am	- 8:00am	Continental Breakfast
8:00am	- 8:15am	Welcome
8:15am	- 9:00am	Developing your CV
9:00am	- 9:45am	Negotiation Skills
9:45am	- 10:00am	Break
10:00am	- 10:30am	Teaching Skills Overview
10:30am	- 11:00am	Feedback Breakouts
11:00am	- 11:45am	Performance Improvement (CQI)
11:45am	- 1:15pm	Lunch Break
1:15pm	- 2:00pm	Running an Effective Meeting
2:00pm	- 2:45pm	Avoiding Malpractice
2:45pm	- 3:00pm	Break
3:00pm	- 3:45pm	Coping with Malpractice
3:45pm	- 4:30pm	Becoming Involved Nationally

Friday, October 31

7:30am	- 8:00am	Continental Breakfast
8:00am	- 8:45am	Time Management
8:45am	- 9:30am	Disclosing Medical Errors
9:30am	- 9:45am	Break
9:45am	- 10:30am	Grant Budget Management
10:30am	- 11:15am	Billing, Coding, and Compliance
11:15am	- 12:00pm	Effective Slide Presentations
12:00pm		Adjourn

Faculty

Stephen Schexnayder, MD, FAAP – Course Director
A. Wesley Burks, MD, FAAP
Debra Fiser, MD, MBA, FAAP
Gerald Hickson, MD, FAAP
Charles Homer, MD, MPH, FAAP
Gary Noel McAbee, DO, JD, FAAP
Sanford Melzer, MD, FAAP
Michele Moss, MD, FCCM, FAAP
Vinay Nadkarni, MD, FAAP
Robert H. Squires, Jr., MD, FAAP
Diana Wara, MD, FAAP

Registration Information

To register for this course, look for information on the AAP Web site in June 2003

<http://www.aap.org>

Or call 866/843-2271 for a registration program.



NOTE: Course is open to NCE registrants only.
An additional fee of \$26 is also required.

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