

NEWS

Post-Convention



Mark D. Dabagia, MD, FACS
President

Message from the President

Dear Members,

I'd like to first open up this newsletter by thanking those who have continued to support the IUA. We continue to stay financially strong due to the 80% of our membership who reliably pay dues. A special thanks goes to those who attended this year's meeting. The goals of the meeting at the outset were to touch on practice challenges, innovation and political hot topics—not all of which are mutually exclusive.

We tried a new format this year with a dinner presentation on practice management challenges presented by Mark N. Painter. He delivered, as expected, and I hope we can bring him back next year. His insight and sage advice will continue to be invaluable as our professional environment becomes ever more difficult to navigate.

On Saturday, we had the opportunity to listen to AUA plenary quality discussions led by Drs. Thomas A. Gardner, Michael O. Koch and J. Stuart Wolf, Jr. Dr. Gardner's discussion on new agents in the changing paradigm in the treatment of castrate-resistant prostate cancer was timely, as new agents continue to change how we manage this challenging subset of patients.

Dr. Koch's discussion on the USPSTF's controversial statement pre-dated their final conclusion in May. I wish I had a transcript of his talk to pass along to each and every one of you; frankly, it is information all of us should have in order to speak accurately and intelligently to patients, colleagues and media outlets on this topic.

Dr. Wolf's discussion on AUA guidelines was outstanding. His unique position as chairman of the Guidelines Committee provided significant insight to guideline development and the importance of implementation from both a quality standpoint, as well as a medico-legal standpoint.

Our final speaker on Saturday was US Representative Todd Rokita. It was a sobering experience to hear Todd's message. His talk on deficit reduction and how it relates to us is eye-opening, to say the least. Each of his slides incorporated real-time access to the debt clock; it was tough to watch after lunch. He is a rising star in the Republican Party, and I am thankful he took time out of his schedule to spend it with us.

In closing, I'd like to express my gratitude to be in this position to serve as your president. I truly enjoy this role and it is a labor of love. If there are any suggestions on how the meeting can be made better, or more accessible, please do not hesitate to contact me. I look forward to next year's meeting as preparation and confirmation of speakers is already taking place.

Mark D. Dabagia, MD, FACS
2012 – 2013 President, Indiana Urologic Association
Medical Director of Robotic Surgery, Lutheran Health Network

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President-Elect's Report

Dr. Mark Dabagia worked hard to put together a diverse and relevant program for the 2012 IUA meeting in mid-April. On Friday evening, we heard about the "Top 10 Actions for Urology Practices in 2012" to follow to keep our practices in compliance with the new health care mandates. This was presented by Mark N. Painter, a national expert in this area. On Saturday, we had a scientific update on hormone-independent prostate cancer by Dr. Tom Gardner, and Dr. Michael Koch gave an update on the US Preventative Services Task Force controversy.

The North Central Section visiting professor, Dr. Stuart Wolf, explained the process for development of the AUA guidelines and what we can expect in the future. If anyone has an idea for a guideline you would like to see developed, the AUA is open to recommendations. The final presentation was

a sobering legislative update from US Representative Todd Rokita on the economy and debt realities of the government.

We enjoyed wonderful corporate sponsorship which helped our state meeting be a success. The university resident participation is always interesting and appreciated.

I look forward to next year's program and hope to see more of our Hoosier colleagues at the IUA 2013 annual meeting.

Respectfully,
Teresa D. Beam, MD, FACS
2012 – 2013 President-Elect, Indiana Urologic Association

Secretary/Treasurer's Report*

Fund Balance

The IUA fund balance, as of May 31, 2012, totaled \$84,764. IUA operates on a calendar year, modified cash basis for accounting purposes. For the five months ended May 31, 2012, IUA had an operating surplus of \$14,728.

Assets

Cash held at Chase Bank – Checking

As of May 31, 2012, cash held in the Chase Bank checking account totaled \$78,614.

Accounts Receivable

Accounts receivable totals \$6,150 and represents exhibitor income outstanding from the 2012 annual meeting.

Liabilities

The IUA has no outstanding liabilities at this time.

Highlights to the Operating Statement

Revenue/Expense Excess

As of May 31, 2012, the year-to-date income excess is \$14,728.

Revenue

Year to date income for the period was \$48,825. This was comprised of membership dues & contributions of \$9,225 and meeting income of \$39,600.

95 members have paid their 2012 dues. 40 members remain unpaid.

Expenses

Year to date expenses totaled \$34,097 and can be seen in detail on the operating statement. See "Fund Balance" notes above.

Thomas A. Gardner, MD
2012 – 2013 Secretary/Treasurer, Indiana Urologic Association

**This report is current as of May 31, 2012.*

Message from the President of the IUA/NP/PA Association

Greetings! I hope everyone enjoyed the 2012 IUA convention. We are continuing to promote increased mid-level provider involvement in our yearly meeting. I encourage the mid-level providers who attended this year to continue to do so, and to please recommend this activity to your peers. The education and networking provided at this event are invaluable to your daily practice. I would also appreciate any comments or recommendations on future topics that may pertain specifically to mid-level providers. It is my hope that with increased numbers we may be able to have a "break-out" session for nurse practitioners and physician's assistants. I look forward to seeing you all next year.

"...The education and networking provided at this event are invaluable to your daily practice..."

Thank You,
Tracy Mullins, FNP-BC, CUNP
2012 – 2013 President of the IUA/NP/PA Association

Message from the Representative to the NCS Board of Directors

Congratulations to Dr. Mark Dabagia for providing an excellent program for his first IUA annual meeting. The presentations covered improvement in business practices by Mark N. Painter, management of androgen independent PCA by yours truly, the current PSA controversy by Dr. Michael Koch, bone protection in PCA patients by industry sponsored speaker, Dr. Thomas Keane, AUA practice guideline development by Dr. Stuart Wolf, and an update on health care reform by Representative Todd Rokita (R). One could easily argue that these are all issues that we deal with on a daily basis as practicing urologists. We continue to have excellent organizational support from WJ Weiser and financial support from our partners in industry.

I have been honored to serve the membership of the IUA as the secretary and treasurer. I have and will continue to attempt to engage urologists and physician extenders in Indiana to become involved in our state organization. Having presented at several other state organization meetings around the country, I believe that attending the state organization annual meeting provides not only CME and an update in relevant issues of daily practice, but also more importantly, the opportunity to share experiences with urologists from around the state. It would be excellent if you decided today to make attending next year's meeting a priority for next spring. I am sure that Dr. Dabagia will provide another excellent program.

*"...I am happy to report
that the NCS Board of Directors
had a productive interim meeting
this past January..."*

I have also been honored to serve the membership as the Indiana State Representative to the NCS Board of Directors. I am happy to report that the NCS Board of Directors had a productive interim meeting this past January. The 2011 NCS meeting in Rancho Mirage, California, was a great success. This meeting, organized by Dr. Peter Knapp, highlighted some of the great advances made by urologists from Indiana. Under the leadership of Howard Winfield, the NCSAUA 86th annual meeting from October 10 – 13, 2012, in Chicago, Illinois, is looking to be an excellent educational and social experience.

Please feel free to contact me directly at thagardn@iupui.edu or call (317) 278-3434 or (317) 679-5523 if I can be of any assistance with the locally or at the section level.

Thomas A. Gardner, MD
2012 – 2013 Representative to the NCS Board of Directors

IUA

Indiana Urologic Association Board of Directors 2012 – 2013



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Federal Affairs Update: The USPSTF Puts Men's Lives at Risk

Ross E. Weber, WJ Weiser Government Affairs

The title says it all. Recently, the US Preventative Services Task Force (USPSTF) finalized their recommendation against prostate-specific antigen (PSA)-based screening for prostate cancer. The USPSTF's new position replaces the 2008 recommendation, which cited insufficient evidence to support improved health outcomes associated with prostate cancer screening for men younger than 75 years and more conclusive evidence pointing to more harm than benefit for men aged 75 years or older. As a result of the recommendation, public programs and private insurance companies will consider denying coverage for the PSA test, leading many men to forgo screening and risk developing aggressive prostate cancer.

The recommendation came out during the recent meeting of the American Urological Association. Urologists from around the country were outraged at the USPSTF's complete disregard of the positive effect the PSA test has had on so many men in this country. The PSA test detects both cancerous and noncancerous prostate gland abnormalities. Thanks to early detection from a PSA test, 90% of all prostate cancers are discovered before they spread. At this early stage, the survival rate is nearly 100%. Patient-centered consultation and decision-making is vital at every stage of this process, from whether a PSA-based screening is justified, to test results, to additional tests and diagnosis, to varied management options.

The key studies used by USPSTF as a basis for this recommendation are severely flawed. Some of the major flaws in the studies include: PSA testing had been performed in many of the "non-screened" control group, there was a relatively short time of follow-up with death from prostate cancer as the endpoint and lastly, no consideration was given to metastatic-free rates as an important outcome. The last point is particularly worrisome because

"...More than two million men are alive today because of early detection and improved management of prostate cancer..."

men with metastatic prostate cancer often suffer a protracted painful course before death from the disease. The USPSTF contends that screening with PSA leads to unnecessary testing and overtreatment. The task force recommendation against PSA testing blatantly ignores the many studies addressing tumor behavior and patient outcomes which have helped establish appropriate clinical guidelines on prostate cancer management. These studies and guidelines have resulted in the expanded use of appropriate surveillance protocols. After shared doctor-patient decision-making, many men with low risk prostate cancer are appropriately placed on watchful waiting.

The final recommendation is misleading and harmful. It ignores the nearly 30,000 men who suffer a prolonged course of illness, then die from prostate cancer each year. The recommendation does not adequately consider high-risk patients such as those with a family history of prostate cancer and our African American citizens, who as a race, are at the highest risk of developing high grade cancer of the prostate. The USPSTF as a body does not include any urologists and ignored the opinions of experts in the field. We must rebuke a recommendation that will place many men's lives in danger and risks reversing 20 years of progress to save patients from suffering and dying from this disease.

More than two million men are alive today because of early detection and improved management of prostate cancer. We must continue to encourage physicians to speak freely to their patients about PSA-based screening for prostate cancer and endorse informed decision making.

State Affairs Update: State Supreme Court Shakeup

Tim Lytle, WJ Weiser Government Affairs

Indiana physicians know very well the importance of the makeup of the state supreme court, so shakeups of the high court are always closely followed. There was major news in March when Chief Justice Randall Shepard retired after serving for nearly 27 years, 25 of those as Chief Justice, the longest tenure in state history. Justice Shepard was appointed in 1985 by Governor Robert Orr (R) and his leadership and restraint on medical liability issues have allowed Indiana to be a leader in such reforms.

Governor Orr's influence on the court will not wane, however. The Judicial Nominating Commission (JNC) selected Orr-appointee Associate Justice Brent Dickson to succeed Shepard as Chief. What's more, to fill the seat vacated by Dickson's elevation, Governor Daniels selected former Orr speechwriter Mark Massa. Massa's long and varied list of positions includes time as an Assistant US Attorney and most recently, Director of the Indiana Criminal Justice Institute.

In a move that will further limit the Democratic Party's influence on the court, Associate Justice Frank Sullivan, Jr., an appointee of former Governor Evan Bayh (D), announced he will retire this fall. Sullivan's departure leaves just one democratic appointment on the court, Justice Robert Rucker. The JNC will accept any lawyer or judge's application to serve as an Associate Justice of the Indiana Supreme Court through June 29, 2012.

Indiana Judicial Nominating Commission

Membership

- 3 lawyers elected by the Indiana Bar Association
- 3 residents appointed by the governor
- Chaired by the Chief Justice of the Supreme Court

Authority

- Selects the Chief Justice
- Nominates 3 candidates to fill vacant judgeships for the governor to choose from
- Addresses and investigates judicial complaints

By the time Sullivan's replacement is named, sources expect a decision in Plank v. Community Hospital, the latest challenge to the state's limits on medical liability awards. Failure of the Court to uphold the \$1.25 million damages cap would leave physicians and all other health providers virtually unprotected and vulnerable to exponential insurance premium increases. The Indiana State Medical Association predicts that if this legal challenge is successful, the state's liability insurance rates could double or even triple. This case came before the court May 3 and a ruling is expected before August.

Even though the Legislature adjourned in March, policymakers and advocates remain active and engaged in important activity. As soon as mid-July, the Legislature's Health Finance Commission will convene to discuss programs to monitor pain management facilities and whether or not to restrict those who prescribe controlled substances. Legislators will also begin drafting and filing bills in the coming weeks, well before the start of the 2013 session.

Legislative and Political Update

On the political front, November elections aren't expected to affect control of the legislature. Republicans hold solid leads in both chambers and have the benefit of running in newly-drawn districts that favor the GOP. In the race for US Senator Richard Lugar's seat, Representative Joe Donnelly (D) and State Treasurer Richard Mourdock (R) are in a dead heat, while Representative Mike Pence (R) has a solid lead in the polls over former Indiana House Speaker John Gregg (D) in the race for governor.

The American Association of Clinical Urologists has extended a special invitation for IUA members to attend its 5th Annual State Advocacy Conference, scheduled for September 22 – 23 in suburban Chicago. This day-and-a-half event combines hands-on training and engaging policy presentations to make this meeting extremely valuable for any urologist who wants to impact state health policy.

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6th Annual IU Resident's Competition Winners

The winners of the 6th Annual IU Resident's Competition were announced and congratulated.

1st Place Winner \$300

Andrew C. Strine, MD

2nd Place Winner \$200

Joseph Jacob, MD

3rd Place Winner \$100

Rudolph Bowens, MD





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MARK YOUR CALENDARS

It's Never Too Early to Start Planning...

**86th Annual Meeting of the
North Central Section of the AUA, Inc.**

October 10 – 13, 2012

Swissotel Chicago

Chicago, Illinois

