March 12, 2018

Dear Colleague:

Thank you for participating in the American Urological Association’s inaugural Annual Urology Advocacy Summit. This groundbreaking event has attracted over 220 participants who represent all facets of the urology community including physicians, patient advocates, and researchers. The event aims to expand, strengthen and unify the voice of urology on policy matters impacting urology practices and the patients they serve.

This stakeholder-driven event offers a diverse group of meeting attendees who will participate in breakout sessions, point-counterpoint debates, and plenary sessions moderated by thought leaders in the urologic community. These presentations will provoke discussion and promote collaboration to advocate for innovation and access to treatments. Participation in this event will expand and strengthen urology’s credible and longstanding work with lawmakers on Capitol Hill, government agencies, and state legislatures by cultivating and empowering urology specific advocates to promote health policy initiatives that benefit our community.

We are thrilled to note that participants will collectively participate in nearly 200 meetings with lawmakers and their staff and additional meetings are scheduled to take place with officials at agencies such as the Centers for Medicare & Medicaid Services and the National Institutes of Health. During these meetings you are encouraged to join forces with your peers to advocate for the urologic community. As a result of your work, you will make a significant impact on Capitol Hill and government agencies.

The AUA is committed to being a leader in advocating for the profession of urology and patients impacted by conditions impacting urologic health. Ensuring an adequate urologic workforce, reducing regulatory burdens, advocating for the full continuum of care for prostate cancer patients, and promoting urologic research funding are core messages we will convey as we inform and educate Congress on how urology is an integral part of our healthcare system.

We are excited to have you here to advocate for your specialty, and we welcome you to Washington, DC!

J. Brantley Thrasher, MD, FACS
AUA President

Christopher Gonzalez, MD, MBA
Chair, AUA Public Policy Council
Annual Urology Advocacy Summit
March 12-14, 2018
Capital Hilton, Washington, DC

*All General Sessions will occur in the Presidential Ballroom.

Monday, March 12

10:00 - 11:00 a.m.
Packet pick up and registration

11:00 - 11:45 a.m.
Orientation
- Advocacy 101 for first-time attendees/residents/fellows/young urologists (Senate Room)
- Advocacy 201 for experienced advocates (Congressional Room)

11:50 a.m. - 12:00 p.m.
Welcome Address (Presidential Ballroom)
- J. Brantley Thrasher, MD, President, AUA
- Christopher M. Gonzalez, MD, Chair, AUA Public Policy Council

12:00 - 1:00 p.m.
General Session – Keynote Speaker/Luncheon
- Tucker Carlson, host of Tucker Carlson Tonight and founder of The Daily Caller

1:00 - 2:10 p.m.
**General Session – Prostate Cancer Advocacy**
- **Moderator:** David Penson, MD
- **R. Frank Jones Urological Society:**
  - **Speaker:** Isaac Powell, MD – Health Care Disparities Related to Prostate Cancer: The Science Behind the Statistics
  - **Speaker:** Robert Waterhouse, MD – Prostate Cancer Advocacy: The USPSTF
- **Society of Urologic Oncology:**
  - **Speaker:** Matthew Resnick, MD – Active Surveillance of Prostate Cancer Treatment
  - **Speaker:** Peter Carroll, MD – Cost Effectiveness of Prostate Cancer Treatment
- **Prostate Cancer International:**
  - **Speaker:** E. Michael Scott, President

** Denotes live activity for a maximum of 3.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
2:10 - 3:10 p.m.
**General Session – Urologic Workforce/Graduate Medical Education**
- **Society of Academic Urologists/Moderator:** Pat McKenna, MD – Workforce: What Exactly Are We Short Of?
- **Society of Women in Urology:** Women in the Urology Workforce
  - **Speaker:** Dolores J. Lamb, PhD
- **Society of Urologic Nurses and Associates:** How to Better Utilize APPs in the Urologic/Surgical Setting
  - **Speaker:** Susanne Quallich, PhD, NP-C
- **Urological Association of Physician Assistants:** Physician Assistants in Urology
  - **Speaker:** Jessica Nelson, MPAS, PA-C
- **Guest Speaker:** Janis Orlowski, MD – Association of American Medical Colleges

3:10 - 3:20 p.m.
BREAK

3:20 - 4:20 p.m.
Concurrent Sessions
Session 1: Current and Future State of Health Care Payment Reform (*Presidential Ballroom*)
- **Moderator:** C.J. Stimson, MD, JD – Overview of the Transition from Volume- to Value-Based, Accountable Payment Policies
- **Mid-Atlantic Section:** The Quality Payment Program: Policy Primer & Update of 2018 Final Rule
  - **Speaker:** Trinity Bivalacqua, MD
- **LUGPA:** Alternative Payment Model Development: Lessons Learned from the Physician-Focused Payment Model Technical Advisory Committee (PTAC) Process
  - **Speaker:** Deepak Kapoor, MD

Session 2: Business of Medicine (*Congressional Room*)
- **Moderator:** Jay Motola, MD, Chair, AUA Practice Management Committee
- **New York Section:** Administrators Squeezing Urologists - Limiting Health Care Costs
  - **Speaker:** James Eastham, MD
- **ZERO – The End of Prostate Cancer:** Financial Toxicity
  - **Speaker:** Jamie Bearse, CEO
- **American Association of Clinical Urologists:** Rising Cost of Pharmaceuticals
  - **Speaker:** Ally Lopshire, JD

Session 3: Leveraging Research Advancement and Needs in Research Advocacy – Case Studies in Successful Research Advocacy (*Senate Room*)
- **Moderator:** Aria Olumi, MD, Chair, AUA Research Council
- **Society for Basic Urologic Research:** Basic Science Discoveries We Want Congress To Know
  - **Speaker:** Ganesh Raj, MD
- **Northeastern Section:** Clinical Science Discoveries We Want Congress To Know
  - **Speaker:** Dave Albala, MD
- **Endourological Society:** Highlighting Research Needs That Need Our Advocacy
  - **Speaker:** Ben Chew, MD
- **Kidney Cancer Action Network:** Success in Kidney Cancer Research Advocacy
  - **Speaker:** Bryan Lewis, Founder
4:20 - 5:00 p.m.
Distribution of Capitol Hill meeting schedules *(Presidential Ballroom)*

5:30 - 7:30 p.m.
Evening Grand Reception at National Press Club *(529 14th Street Northwest)*
- Buses depart from the front of hotel
- Loading begins at 5:00 p.m.

**Tuesday, March 13**

7:00 - 7:45 a.m.
Networking Breakfast *(Presidential Ballroom)*
- Dine with subject matter experts and discuss key advocacy priorities
  - USPSTF and PSA: Tom Rechtschaffen, MD and Kevin Koo, MD
  - Workforce: Chris Gonzalez, MD and Amanda North, MD
  - Men’s Health: Jason Jameson, MD and Josh Langston, MD
  - Research: Aria Olumi, MD and Toby Chai, MD
  - Regulatory Relief: C.J. Stimson, MD, JD and Deepak Kapoor, MD

7:45 - 8:30 a.m.
**General Session – Men’s Health/Full Continuum of Care**
- Sexual Medicine Society of North America/Moderators: Run Wang, MD & Ira Sharlip, MD
  - Speaker: Arthur Burnett, MD – Evidence That ED is a Predictor of Cardiovascular Disease
  - Speaker: Hossein Sadeghi-Nejad, MD – Review of Cancer Survivorship Data
  - Speakers: Carlos and Olivia Basurto – Patient/Partner Experience With Sexual Dysfunction (with Eugene Rhee, MD)
  - Speaker: Ana Fadich, MPH, CHES, Vice President of Men’s Health Network – Arguments for Establishment of a Federal Office of Men’s Health

8:30 - 9:30 a.m.
General Session – Professional Athletes and Surgeons: The Quest for Tools for Performance Improvement
- Western Section/Moderator: Eugene Rhee, MD
  - Speaker: Tim Brand, MD
  - Speaker: Thomas Lendvay, MD
  - Guest Speaker: Joe Theismann, world champion quarterback, broadcaster and entrepreneur

9:30 - 9:40 a.m.
BREAK

9:40 - 10:40 a.m.
Concurrent Sessions
Session 1: Physician Burnout *(Presidential Ballroom)*
- North Central Section/Moderator: Deborah Lightner, MD – Burnout in Urology: Fact or Fiction
Southeastern Section: Impact of EHR on Physician Burnout and the Impending Public Health Crisis  
  Speaker: Matthew Nielsen, MD

South Central Section: Physician Burnout: The Use of PAs and NPs as Practice Extenders  
  Speaker: Jonathan Heinlen, MD

New England Section: Mitigating Burnout – Experiences and Lessons Learned  
  Speaker: Mark Plante, MD

Session 2: Shared Decision Making in Prostate Cancer (Congressional Room)  
  Moderator: John Lynch, MD, Chair, Urology Care Foundation Public Education Council  
  Caregiver Action Network: Family Caregivers Matter: Training You in Team-Based Medical Decisions  
  Speaker: Mark Gibbons, Senior Program Director

US TOO International: Informed/Shared Decision Making for Prostate Cancer  
  Speaker: Chuck Strand, CEO

National Alliance of State Prostate Cancer Coalitions: Shared, Informed Decision-Making in Prostate Cancer  
  Speaker: Merel G. Nissenberg, JD, President

Malecare: Shared Decision Making – How to Talk to Men About Cancer  
  Speaker: Darryl Mitteldorf, LCSW, Founder

Session 3: Bladder Health Conditions (Senate Room)  
  Moderator: Toby Chai, MD, Vice Chair, AUA Research Advocacy Committee  
  Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction: Advancement of Care with Neurogenic Bladder Conditions  
  Speaker: Quentin Clemens, MD

National Association for Continence: Working Together to Create a More Centralized Voice of the Patient  
  Speaker: Steve Gregg, PhD, Executive Director

Association of Pelvic Organ Prolapse: Comorbid Conditions: When Intersect Complicates Care  
  Speaker: Sherrie Palm, Founder

10:40 - 11:00 a.m.  
Last Minute Instructions for Hill/Agency Visits (Presidential Ballroom)  
  Depart for meetings

11:00 a.m. - 5:30 p.m.  
Capitol Hill or Agency Visits  
  Boxed lunches to be provided on the Hill from 11:00 a.m. - 2:00 p.m. (Dirksen Senate Office Building, Room G-50)

5:30 - 7:00 p.m.  
Congressional Reception (Rayburn House Office Building, Room 2044-2045)

Wednesday, March 14

7:00 - 7:30 a.m.  
Networking Breakfast (Presidential Ballroom)  
  Open time to meet with your colleagues over breakfast
7:30 - 8:00 a.m.
General Session – Rep. Frank Pallone (D-NJ-6), Ranking Member, House Committee on Energy & Commerce

8:00 - 8:30 a.m.
General Session – Veterans Affairs and Urologic Care
- Moderator: Jeremy Shelton, MD
- Urological Society for American Veterans
  - Speaker: Jeffrey Jones, MD
  - Guest Speaker: Rep. Phil Roe (R-TN-1), Chair, House Committee on Veterans’ Affairs

8:30 - 9:00 a.m.
**General Session – USPSTF/Self-Examination for Testis Cancer**
- Society for the Study of Male Reproduction/Moderator: Joseph Alukal, MD
  - Speaker: Ajay Nangia, MD

9:00 - 9:15 a.m.
BREAK

9:15 - 10:15 a.m.
General Session – Urologist/State Legislator: Advocacy Perspectives
- Speaker: Greg Murphy, MD, Urologist and North Carolina State Legislator

10:15 - 10:30 a.m.
General Session – LUGPA Advocacy: How We Fit Into Urology’s Advocacy Efforts
- Speaker: Gary Kirsh, MD, Chair, LUGPA Political Affairs

10:30 - 11:00 a.m.
General Session – Rep. David Schweikert (R-AZ-6), Member, House Committee on Ways & Means

11:00 - 11:30 a.m.
**General Session – Advocacy in Pediatric Urology: Intersex**
- Societies for Pediatric Urology/Moderator: Lane Palmer, MD
  - Speaker: Pat McKenna, MD
  - Speaker: Rick Rink, MD

11:30 - 11:40 a.m.
Closing Remarks
- Christopher M. Gonzalez, MD, Chair, AUA Public Policy Council

11:40 a.m.
Advocacy Summit Adjourns
- Boxed lunches served for outgoing attendees
David M. Albala, MD
Dr. David Albala graduated with a geology degree from Lafayette College in Easton, PA. He completed his medical school training at Michigan State University and went on to complete his surgical residency at the Dartmouth-Hitchcock Medical Center. Following this, Dr. Albala was an endourology fellow at Washington University Medical Center under the direction of Ralph V. Clayman. He practiced at Loyola University Medical Center in Chicago and rose from the ranks of Instructor to full Professor in Urology and Radiology in eight years. After 10 years, he became a tenured professor at Duke University Medical Center in North Carolina. At Duke, he was co-director of the endourology fellowship and director for the Center of Minimally Invasive and Robotic Urological Surgery. He has over 180 publications in peer-reviewed journals and has authored three textbooks in endourology and one in general urology. He is the editor-in-chief of the Journal of Robotic Surgery. He serves on the editorial board for the Journal of Endourology, Medical Reviews in Urology, Current Opinions in Urology and Urology Index and Reviews. He serves as a reviewer for eight surgical journals.

At the present time he is chief of urology at Crouse Hospital in Syracuse, NY, and medical director for Associated Medical Professionals (a group of 29 urologists). He is considered a national and international authority in laparoscopic and robotic urological surgery and has been an active teacher in this area for over 20 years. His research and clinical interests have focused on robotic urological surgery. In addition, other clinical interests include minimally invasive treatment of benign prostatic hypertrophy (BPH) and the use of fibrin sealants in surgery. He has been a visiting professor at numerous institutions across the United States as well as overseas in countries such as India, China, Iceland, Germany, France, Japan, Brazil, Australia and Singapore. In addition, he has done operative demonstrations in over 32 countries and 23 states. He has trained 16 fellows in endourology and advanced robotic surgery. In addition, Dr. Albala is a past White House Fellow who acted as a special assistant to Federico Pena, Secretary of Transportation, on classified and unclassified public health-related issues.

Joseph Alukal, MD
Dr. Joseph Alukal is appointed to the NYU School of Medicine faculty as a clinical associate professor and Director of Male Reproductive Health. He is jointly on faculty in the Departments of Obstetrics and Gynecology and Urology; he also serves as the Male Infertility/Andrology Liaison for the Reproductive Endocrinology and Infertility Fellowship at the New York University (NYU) School of Medicine. Concurrently, he co-directs the NYU Urology Fellowship in Male Infertility/Sexual Medicine and Urethral Reconstruction. Presently, he participates at an executive level in a number of national and international organizations in fertility, including the American Society of Andrology and the Society for the Study of Male Reproduction (ASRM), where he is currently president. He has
been on the ASRM CME Committee for the past five years. He also serves as a reviewer for *Fertility and Sterility* and the *Journal of Urology*, as well as other journals. He has published numerous peer-reviewed articles and book chapters on male infertility and male sexual dysfunction. Dr. Alukal lectures on an invited basis all over the world. As well, he is a co-host of “The Men’s Health Show” on SiriusXM DoctorRadio.

**Carlos Basurto**

Carlos Basurto was born in Los Angeles, CA on September 13, 1937. He had two older brothers and older two sisters. During grade school he worked delivering newspapers with a wagon until he could afford a bicycle. In his high school years, he sold newspapers on a very busy street corner after school and was able to save enough to buy his own car.

After high school he joined the United States Marine Corps and was stationed in Japan. When he got discharged from the Marines in 1958, he doubled dated with a friend from the Marines and met his date Olivia, who would be his wife. They married in 1960, had three children by 1968.

Both of them enjoyed traveling. They were both runners and his wife also liked to swim. Due to injuries they do only walking now.

At 65 years old, he was diagnosed with prostate cancer, and had his prostate removed. He became bitter, he felt emasculated. He could think of nothing else except poor me. He moved into another bedroom, became depressed. He then heard there was an operation that could help him. He spoke to his doctor and he was approved to get the operation that his health provider offered, it changed him back to normal!

He moved back into his old bedroom and introduced his old self to his very patient and loving wife. He is now a happy 80-year old man.

**Jamie Bearse**

During the last 15 years at ZERO, there isn’t a job Jamie Bearse hasn’t done. He started the ZERO Prostate Cancer Run/Walk and endurance team program in 2008 and ZERO’s co-pay support program in 2013. During his tenure at ZERO, the organization has raised about $100M for the cause, recruited celebrity spokesmen including Rudy Giuliani and Ken Griffey, Sr. to educate men and their families, and won six national public relations awards for raising awareness.

Prior to ZERO, Jamie served as press secretary for U.S. Congressman Stephen Lynch – both on his initial winning campaign and on Capitol Hill. A Massachusetts native, Jamie has worked as a reporter and editor, a radio DJ, and a movie theater projectionist. It’s no wonder he is ZERO’s resident Red Sox fan, copy editor, and undisputed pop culture maven.

Jamie studied non-profit management at the Kennedy School of Government at Harvard University and the Price School of Public Policy at the University of Southern California. When he is not crisscrossing the country to champion the cause, he resides in Florida with his wife, Morgen, and three kids, Sarah, Ethen, and Ben. While fighting prostate cancer is his full-time job and passion, Jamie fights for fun by
practicing Kyokushin, a form of full-contact karate (winning two kumite tournaments), participates in crazy endurance events like GORUCK, and writes comedy as a hobby. Reach out to him at any time and share your battle with prostate cancer here. You can also find him on Twitter at @JamieBearse.

Trinity Bivalacqua, MD
Dr. Trinity Bivalacqua is associate professor of urology and oncology at the Johns Hopkins Hospital and is director of urologic oncology at The James Buchanan Brady Urological Institute. He received his undergraduate degree, medical and PhD (pharmacology) graduate degrees from Tulane University and completed a urology residency at Johns Hopkins. He completed a Urology Care Foundation post-doctoral fellowship in 2007. He is actively involved in resident and medical student education and serves as associate program director of the urologic oncology fellowship. He has a clinical subspecialty interest in prostate and bladder cancer as well as sexual dysfunction. He has a basic translational research lab focusing on urothelial carcinoma and regenerative medicine which is supported by peer-reviewed grant funding. In 2012, he received an AUA Rising Star in Urology Research Award.

Timothy Brand, MD, FACS
Dr. Timothy C. Brand is the director of the urology residency at Madigan Army Medical Center. He currently manages a busy surgical practice, specializing in robotic assisted surgery for urologic malignancies. Education and research are his priority. He was president of the Biomedical Engineering Honor Society at Tulane University, where he received his Engineering degree. Additionally, he completed a Master’s of Science in Clinical Investigation, and has used this expertise to fuel a career in robotic surgery, resident education, and research. Tim has received numerous honors, including Board certification in urology, Society of Urologic Oncology membership, admission to the American College of Surgeons, a Meritorious Service Medal for the education of Army surgeons on the robotic surgical platform, and several award winning research presentations. Tim’s current research includes looking at standardizing curricula and certification for robotic assisted surgery, surgical simulation, and assessing how oncologic outcomes after intervention for urologic malignancies is affected by preoperative clinical characteristics.

Arthur Burnett, MD, MBA, FACS
Dr. Arthur (Bud) Burnett received his A.B. degree in Biology from Princeton University and M.D. and M.B.A. degrees from Johns Hopkins University. He performed post-graduate training in general surgery, urology, and reconstructive urology and urodynamics at the Johns Hopkins Hospital. He then received an American Urological Association (AUA) Foundation Scholarship/Postdoctoral basic science research fellowship in neuroscience and concurrently joined the faculty at the Johns Hopkins University School of Medicine. At present, he holds the position of Patrick C. Walsh Distinguished Professor of Urology. Current service positions in the Department of Urology include director of the Basic Science Laboratory in Neuro-urology, Director of the Male Consultation Clinic and Sexual Medicine Division, and director of the Advanced Specialty Training Program in Sexual Medicine and Reconstructive Urology. He is an alumnus member of the Alpha Omega Alpha Honor Medical Society and Fellow of the American College of Surgeons. Dr. Burnett has
served in multiple professional capacities with medical organizations and advisory committees. He has made academic contributions consistent with his biomedical research and clinical activities in sexual medicine, major pelvic reconstruction, and genitourinary oncology. He has written more than 300 original peer-review articles, 70 editorial comments, 50 book chapters, and two books.

**Tucker Carlson**

Tucker Carlson is the host of *Tucker Carlson Tonight*, airing on primetime on FOX, and founder of *The Daily Caller*, one of the largest and fastest growing news sites in the country. Carlson was previously the co-host of *Fox and Friends Weekend*. He joined FOX from MSNBC, where he hosted several nightly programs. Previously, he was also the co-host of *Crossfire* on CNN, as well the host of a weekly public affairs program on PBS.

A longtime newspaper and magazine writer, Carlson has reported from around the world, including dispatches from Iraq, Pakistan, Lebanon and Vietnam. He has been a columnist for *New York* magazine and *Reader’s Digest*. Carlson began his journalism career at the *Arkansas Democrat-Gazette* newspaper in Little Rock. His most recent book is entitled, *Politicians, Partisans and Parasites: My Adventures in Cable News*. He appeared on the third season of ABC’s *Dancing with the Stars*.

In this penetrating look at today’s political climate, Tucker Carlson takes audiences behind closed doors, offering a candid, up-to-the-moment analysis of events as they unfold. From a look at Congress and the agenda ahead for the next Administration, to behind-the-scenes stories from his time following Donald Trump and his campaign during the 2016 race for the White House, you can always count on Tucker for a witty, informative and frank take on the future of the Republican party and all things political.

**Peter Carroll, MD, MPH**

Dr. Peter Carroll, professor and chair of the UCSF Department of Urology, received his undergraduate training at the University of California, Berkeley. After graduating with honors from Georgetown University School of Medicine, he came to UCSF for his general surgery training and urology residency. He completed a fellowship in urologic oncology at Memorial-Sloan Kettering Cancer Center before joining the faculty of the UCSF Department of Urology in 1986. Dr. Carroll, who holds the Ken and Donna Derr-Chevron Distinguished Professorship in Urology, added an MPH to his academic credentials in 2008. In 2014, he was also awarded the coveted Barringer Medal from the American Association of Genitourinary Surgeons.

Dr. Carroll is committed to reducing the burden of prostate cancer treatment – physical, psychological, and monetary. He pioneered and remains a vocal advocate for standardizing an active surveillance regimen in patients with low-volume, early stage prostate cancer. Active surveillance carefully determines which patients can safely postpone radical treatment while still maintaining an acceptably low risk of cancer progression. At the same time, by improving early prognostic capabilities, Dr. Carroll strives to identify which men may benefit from more aggressive early therapies.
Dr. Carroll also demonstrates his concern for patients’ quality of life in the operating room. His drive to perfect nerve-sparing prostatectomy, continent forms of urinary diversion among others has led to many technical innovations.

**Toby Chai, MD**

Dr. Toby Chai has received national attention for his work in the treatment of urinary incontinence and his research in the field of bladder physiology. He joined the Urology Department at Yale in 2013 as a professor and vice-chair of research and holds a joint position in the Department of Obstetrics, Gynecology and Reproductive Sciences. After receiving his MD from Indiana University, he completed residency in urological surgery at the University of Michigan Medical Center. He was awarded an AUA/AFUD Research scholarship for two years of bladder physiology research.

Before coming to Yale, he held the John D. Young Professorship in Urology at the University of Maryland.

Dr. Chai’s dedication to research has been recognized in dozens of awards for scientific investigation and scholarship. Most recently, he was awarded the 2015 Wendy U. and Thomas C. Naratil Pioneer Award for Women's Health Research at Yale, the American Urological Association’s 2013 Victor Politano Award for innovative research in urinary incontinence and the 2015 Society for Urodynamics Female Pelvic Medicine, and Urogenital Reconstruction (SUFU) Distinguished Service Award and the 2005 SUFU Zimskind Award. He has been PI on NIH K08, R01, U01, and P20 grants. He has mentored numerous medical students, residents, fellows in his laboratory. He is an active mentor in Yale’s NIH R25 Summer Undergraduate Student Research program and has mentored undergraduate students in his lab over the last three years.

An avid writer and editor, Dr. Chai has published more than 140 papers, reviews and medical texts. In addition to serving on the editorial boards of the *American Journal of Physiology - Renal*, a co-editor-in-chief of Bladder, and associate editor for *The Journal of Urology*. He is also an Executive Committee member of SUFU. He serves on the AUA Research Council and is Chair-Elect of the AUA Research Advocacy Committee. He was a member of the FDA Bone, Reproductive and Urologic Drugs Advisory Committee (BRUDAC) and currently serves on the NIDDK DDK-D Study Section, which reviews mentored career development grants and institutional training grants.

**Ben H. Chew, MD, MSc, FRCSC**

Dr. Ben Chew is the chair of research for the Endourology Society—the premier society for the study and advancement of treatment and research in kidney stone disease and robotic surgery. The role of the research chair is to facilitate and help improve research for the entire society.

Dr. Chew is a urologist and the director of clinical research at the Stone Centre at Vancouver General Hospital and an associate professor of urology at the University of British Columbia in Vancouver, Canada. His main interests lie in the treatment and research of the pathophysiology of kidney stone disease. His research focus includes metabolic stone disease as well as biomaterials used in the urinary tract for ureteral stents. He has worked on various stent designs, stent coatings and drug-eluting ureteral stents to try and improve the quality of life for patients with
kidney stone disease. He continues work on a degradable ureteral stent and has completed the first-in-human trials. Current studies include attempting to understand second messenger systems that are activated within the kidney and ureter once a ureteral stent has been placed. These could be exploited as future therapeutic targets for new drug eluting ureteral stents or designs to reduce symptoms.

He has authored over 80 peer-reviewed manuscripts and book chapters. He is a member of the Endourologic Disease Group for Excellence (EDGE) research consortium (www.endoedge.net) and the Wisconsin Quality of Life (WISQoL) research consortium.

Quentin Clemens, MD, FACS, MSCI
Dr. J. Quentin Clemens is a native of Souderton, PA. He graduated from Goshen College in Goshen, Indiana with a Bachelor of Arts degree in Natural Science 1989. Afterwards he obtained his MD degree from The Johns Hopkins University School of Medicine in Baltimore, MD in 1993. Dr. Clemens then completed both his general surgical and urologic residency training at Northwestern University Medical School in Chicago, Illinois. He completed his fellowship in neurourology, reconstruction and incontinence with Edward J. McGuire at the University of Michigan in 2000. He was then a member of the full-time academic urology faculty at Northwestern from 2000 to 2007. He completed his MS degree from The Graduate School of Northwestern University in 2003. Dr. Clemens was named Director of the Division of Neurourology and Pelvic Reconstructive Surgery and Director of the Female Pelvic Medicine and Reconstructive Surgery Fellowship Program at the University of Michigan in 2007. He is currently the Edward J. McGuire Professor of Urology at the University of Michigan.

Dr. Clemens’ clinical interests include female urinary incontinence, complex fistulas and mesh erosions, bladder dysfunction due to neurologic disease, and interstitial cystitis/bladder pain syndrome. He is a member of the American Board of Urology Examination Committee and the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU) Executive Committee. He has served as a member of the AUA Core Curriculum Committee, and on numerous AUA Clinical Practice Guidelines committees. In 2014, he received the Paul Zimskind Award from SUFU for his accomplishments in the field of female pelvic medicine and reconstructive surgery.

Dr. Clemens has published over 190 peer-reviewed manuscripts and book chapters. He is the associate editor for AUA News and he is the author for the UpToDate chapters on interstitial cystitis/bladder pain syndrome and male urinary incontinence. Dr. Clemens’ research interests are in the areas of epidemiology and health services research related to benign urologic diseases. He has been principal investigator on multiple NIH-funded projects related to urinary incontinence, interstitial cystitis and chronic prostatitis, including the current NIDDK MAPP Research Network and NIDDK LURN Research Network. He has been chair of the MAPP Network since 2013.

Dr. Clemens has also been actively involved in health policy issues with the AUA, where he was named the G. James Gallagher Health Policy Scholar for 2008-2009. He is past chair of the AUA Quality Improvement and Patient Safety Committee, and past chair of the AUA Data Committee. As chair of the Data Committee, he led the development and administration of the AUA Quality (AQUA) Registry, the AUA Census and the AUA data grants program. For these activities he has been awarded the 2018 AUA Distinguished Service Award.
James A. Eastham, MD

James A. Eastham, MD, is professor and chief of the Urology Service, Department of Surgery, Memorial Sloan-Kettering Cancer Center in New York. Dr. Eastham received his medical degree from the University of Southern California, Los Angeles. He completed an internship in general surgery and a residency in urology at Los Angeles County – University of Southern California Medical Center. He went on to complete a fellowship in urologic oncology at Baylor College of Medicine in Houston, TX. Prior to his appointment at Memorial Sloan-Kettering Cancer Center, Dr. Eastham was an assistant and associate professor in the Department of Urology at Louisiana State University in Shreveport and Chief of Urology at Overton-Brooks Veterans Administration Medical Center in Louisiana.

Dr. Eastham’s research has focused on the prevention and treatment of prostate cancer, with a particular interest in improving oncologic and quality-of-life outcomes after radical prostatectomy. He has authored or co-authored over 300 articles which have appeared in peer-reviewed journals such as the Journal of the American Medical Association, Journal of Urology, the Journal of Clinical Oncology, Urology, and Transplantation. In addition, he has authored numerous book chapters, reviews, monographs, and abstracts. He is a fellow of the American College of Surgeons and a member of several professional societies including the American Urologic Association, the Society of Urologic Oncology, and Société Internationale D’Urologie.

Ana Fadich, MPH, CHES

Ana Fadich serves as vice president at Men’s Health Network (MHN), where she oversees outreach, promotion, and health education to men, boys, and their families.

As a certified health educator (CHES), she develops targeted disease education awareness materials & programs on men’s health topics and leads discussions in an effort to reduce health disparities and educate the consumer.

Ana is actively sought out as a speaker and resource on men’s health issues, and sits on many advisory councils where a voice for the male patient is vital. She has been featured as an expert in many media outlets, and has presented at the FDA, Federal Government Agencies, American Public Health Association (APHA), corporate employer sites, and conferences.

She is a contributing author for the international book “Sports-based health interventions: case studies from around the world”; journal articles such as “The Economic Burden Shouldered By Public and Private Entities as a Consequence of Health Disparities between Men and Women” published in the American Journal of Men’s Health, and also contributes to white papers such as “A Framework For Advancing The Health Of Men and Boys In America, A Position Paper Issued by the Men’s Health Braintrust.”

Within APHA’s Men’s Health Caucus, Ana serves as the Caucus Chair, increasing the physical presence of the Men’s Health Caucus within the APHA, advocating for more men’s health research.
Ana holds a Bachelor's degree in Biological Sciences from Mount St. Mary’s University in Los Angeles, CA, and a Master’s of Public Health degree from the University of Southern California Keck School of Medicine.

William F. Gee, MD, FACS
Dr. William F. Gee earned his undergraduate degree from the University of Wisconsin and his medical degree from the University of Wisconsin School of Medicine and Public Health. He did a Straight Surgical Internship at the University of Chicago Hospitals and Clinics. His urology residency at the University of Washington in Seattle included a year as an NIH Senior Research Fellow. He served two years on active duty as a Lieutenant Commander in the Medical Corps of the United States Naval Reserve, including service in Viet Nam. Dr. Gee was president of the American Urological Association from 2015 to 2016 and treasurer from 2005 to 2009. He has served as the president and secretary-treasurer of the American Association of Clinical Urologists and also past president of Southeastern Section of the AUA. Dr. Gee has also served the AUA as a delegate to the AMA House of Delegates, AUA representative to the AMA Relative Value Update Committee, and chair of the AUA State Advocacy Committee. He was a member of the AUA Task Force that produced the White Paper on the Future of Urology Residency Training and a member of the AUA Core Curriculum Committee and original author of the chapter “The Business of Your Practice.” Dr. Gee has testified before the U.S. House of Representatives Ways and Means Health Subcommittee and was invited to meet with President George W. Bush concerning patient access to specialty care. Dr. Gee has been on the Voluntary Faculty at the University of Kentucky College of Medicine and is Emeritus Urologist at Commonwealth Urology in Lexington, KY. He spent much of his career teaching University of Kentucky PGY-4 urology residents during their six-month rotation with private practice urologists at St. Joseph Hospital in Lexington. Dr. Gee is a recipient of the AUA Distinguished Service Award, the AUA Presidential Citation, and was awarded honorary AUA membership in 2011.

Mark Gibbons
Mark Gibbons is the Senior Director of External Programs for Caregiver Action Network, helping to raise the platform in education and awareness for caregivers across the nation. Before joining Caregiver Action Network (CAN), Mark dedicated 10 years of service to the U.S. Army by serving as a leader in Operation Desert Shield/Storm as well as Operation Provide Comfort. Following service to his country, Mark served as Chief of Staff for the Mayor of Augusta, GA, and then as a congressional aide for Representative Charles Norwood (10th-GA). Following his relocation to Washington, DC, Mark brought his leadership skills to the syndicated television program, the McLaughlin Report and served as the Director of Operations for the American Red Cross.

Mark is a graduate of Our Lady of the Lake University in San Antonio, TX.
Chris M. Gonzalez, MD, MBA, FACS
Dr. Chris Gonzalez is a native of Toledo, OH. He graduated from Denison University in Granville, OH with a BS degree in 1989. Afterward he obtained his MD degree from the University of Iowa College Of Medicine in Iowa City, IA. Dr. Gonzalez then completed both his general surgical and urologic residency training at the McGaw Medical Center, Northwestern University in Chicago. He completed his MBA degree from the Northwestern Kellogg School of Management in 2006. Dr. Gonzalez was named the Director of the University Hospitals Urology Institute and the Lester Persky Chairman of Urology at Case Western Reserve University in September 2015. He also serves as the Chair of Public Policy at the American Urological Association (AUA).

Steve Gregg, PhD
Joining at the start of 2014, Dr. Steve Gregg brings a wealth of business experience to the leadership of the NAFC. During his career he has focused on helping companies to drive profitable growth through the creation of mutually beneficial relationships between companies and their stakeholders, partners and customers. His goal-oriented approach provides foundation for the productive alignment of business strategies and tactics to key business challenges and opportunities.

Prior to joining NAFC, Steve led marketing and communication initiatives within the pharmaceutical, healthcare, consumer packaged goods and technology industries for over 20 companies. His career has ranged from scientific investigation for a global sports beverage to global brand management for Fortune 100 companies. In terms of philanthropic interests, Steve has served on the board of directors of the International Swimming Hall of Fame as well as provide strategic guidance to Swim Across America, an organization dedicated to raising money and awareness for cancer research, prevention and treatment through swimming-related events.

Steve joined the world of business from a faculty position at the University of California at Berkeley (where he received his Ph.D. in exercise biochemistry-physiology). His bachelor’s degree is from North Carolina State University, and his master’s, the University of Arizona. Beyond academic and professional sphere, Steve is an accomplished swimmer. During his swimming career, he has medaled in nearly every major world event, including two World Aquatic Championships, the Pan-American Games, the FINA Cup (now known as the Pan-Pacific Championship, and the Olympic Games.

When not working or swimming, Steve enjoys his down time in Charleston, SC where he lives in a 200-year-old carriage house with his wife Jennifer and their (sometimes) well-behaved dog.

Jonathan Heinlen, MD
Dr. Jonathan Heinlen is assistant professor in the Department of Urology, University of Oklahoma Health Sciences Center. His residency training was at the University of Oklahoma with fellowship in urologic oncology and robotic surgery at City of Hope National Medical Center. Dr. Heinlen has interest in patient safety and medical decision-making research. He is a member of the board of directors of the AUA South Central Section as well as the American Association of Clinical Urologists.
Jeffrey Jones, MD
Dr. Jeffrey Jones has been affiliated with academic medicine his entire career, which has emphasized teaching, clinical urologic cancer care, space medicine and scientific research. This can be verified by a track record of experience, awards and peer-reviewed contributions to the scientific and medical literature, and more than 150 invited addresses at scientific meetings. His post-residency American Foundation for Urologic Disease (AFUD-now Urology Care Foundation) fellowship research focused on the cellular biology of prostate tissue and that, along with numerous clinical research studies in prostate and other genitourinary cancers within the Southwest Oncology Group and other National Cancer Institute sponsored clinical trials, he feels he is well qualified to supervise prostate cancer research projects, and mentor post-graduate trainees in prostate cancer projects. He also has extensive experience with medical issues affecting astronauts and pilots via his work in aerospace medicine with NASA and the U.S. Navy/Marine Corps.

Deepak Kapoor, MD
Dr. Deepak A. Kapoor, chairman and chief executive officer of Integrated Medical Professionals (IMP) and president of Advanced Urology Centers of New York, headquartered in Melville, NY, is one of the youngest physicians to have been certified by the American Board of Urology and comes to IMP with over 20 years of clinical and business expertise. His medical background is diverse with both laboratory and clinical experience, both in the academic and private sectors. Dr. Kapoor’s expertise includes basic science research in molecular biology as well as extensive experience in oncologic and reconstructive surgery.

Under his leadership, Dr. Kapoor’s organization, IMP has become the largest comprehensive urology group practice in the United States, and is regarded as a national leader in the areas of quality management, utilization review, compliance and the development of coordinated clinical pathways.

In addition to his duties with IMP, Dr. Kapoor is clinical associate professor of urology at the Icahn School of Medicine at Mount Sinai, chairman of health policy and past president of LUGPA (representing nearly 25 percent of all practicing urologists in the United States), is chairman of SCRUBS RRG (the only national urology-specific medical malpractice carrier), has served on the Board of Directors of UroPAC (the national political action committee representing the interests of the specialty of urology), founder of the New York Urology Trade Association (representing the business interests of urology group practices in the State of New York), past chairman of Access to Integrated Cancer Care (an informal advocacy group representing the rights of patients to access integrated services of the highest quality), is a member of the Board of Directors of Allied Urological Services, (the largest lithotripsy partnership in the United States, where he also functions as chairman of the Finance Committee) and is founder and past-president of the Integrated Medical Foundation. Dr. Kapoor is a Fellow of the American College of Physician Executives.

Dr. Kapoor has published and lectured extensively on both clinical and business medical issues, and serves on a number of medical advisory boards, including the New York State Governor’s Prostate Cancer Advisory Panel. He is the 2014 recipient of the Russell W. Lavengood Distinguished Service
Award from the New York Section of the American Urological Association, as well as the 2011 Ambrose-Reed Socioeconomic Essay Award from the American Urological Association. Dr. Kapoor continues to enjoy an active clinical practice along with his administrative duties.

**Dolores J. Lamb, PhD**

Dr. Dolores J. Lamb is the director of the Center for Reproductive Medicine, the Lester and Sue Smith Chair in Basic Urologic Research, Vice-Chair for Research (Urology) and Professor in the Departments of Urology and Molecular and Cellular Biology. She is an investigator in the fields of urology, male and female reproduction, infertility, steroid hormone action and growth regulatory mechanisms. Her experience is unique, as she has extensive background in both the clinical diagnostic, basic science arenas in urology, human male infertility and congenital urological birth defects. Dr. Lamb was honored as the first recipient of the Distinguished Researcher Award by the American Society for Reproductive Medicine in recognition of her lifelong achievements in reproductive research, the Ramon Gutierras Lecture at the American Urological Association’s annual meeting, and The Distinguished Andrologist Award from the American Society of Andrology. She has trained 86 M.D., Ph.D., MD/PhD fellows, 14 residents, 9 graduate students and 54 undergraduate students. Dr. Lamb directs a T32 training grant and K12 Urology and NICHD Men's Health Research Career development grants.

**Joshua Langston, MD**

Dr. Joshua Langston is currently an instructor for the Department of Urology at the Eastern Virginia Medical School and recently finished his fellowship in Andrology and Male Reconstructive Urology at the Institute of Urology, University College Hospital in London, England. He is also the 2017-2018 AUA H. Logan Holtgrewe Legislative Fellow, which afforded him the opportunity to serve four weeks in the office of Louisiana Senator Bill Cassidy, MD. He did his residency at the University of North Carolina, Chapel Hill and went to medical school at UT Southwestern Medical School, in Dallas, Texas. Dr. Langston has also participated in the Physician Executive Mentoring Program through the National Health Service England and was a Visiting Scholar to Beijing University Medical School.

**Thomas Lendvay, MD**

Dr. Thomas Lendvay is associate professor of urology at the University of Washington and the co-director of the Seattle Children’s Hospital Robotic Surgery Center. He is also the Pediatric Urology Fellowship program director and directs technical skills simulation education for the urology residency program. His research thrusts center on advancing minimally invasive surgery in pediatric urology and accelerating learning curves for surgical skills among trainees and practicing clinicians across all surgical disciplines. He is the principal investigator on a multi-center extramurally funded U.S. Department of Defense grant to test the hypothesis that virtual reality robotic surgery warm-up prior to surgery will enhance the technical skills of practicing robotic surgeons (DoD Award # W81XWH-15-2-0030). Dr. Lendvay has also pioneered the use of crowdsourcing to assess the technical skills of surgeons as a means of breaking down the objective skills assessment
barriers of time and cost-intensiveness and to add value to existing credentialing and MOC initiatives. He is co-founder of CSATS, Inc. based in Seattle, WA and serves as the chief medical officer.

**Bryan Lewis**

In recent years, Bryan Lewis has led the advocacy efforts for KCAN – the Kidney Cancer Action Network - [www.kcan.org](http://www.kcan.org). He has been an active legislative advocate and policy spokesman for the kidney cancer community in Washington, D.C. devoting most of his efforts to advocacy in the House, Senate and regulatory agencies. Most recently, he was successful in obtaining $10 million for an inaugural KCRJP - kidney cancer research program ([www.cdmrp.army.mil/kcrp/](http://www.cdmrp.army.mil/kcrp/)) pursuant to the Congressionally Directed Medical Research Program.

Previously, he held the position of vice president, operations for Brand USA, directing the day-to-day operations of the organization. Prior to joining Brand USA, Bryan worked for the U.S. Travel Association, a Washington, D.C.-based trade association committed to promoting and facilitating increased travel to and within the United States. Bryan also was directly involved in the planning and support efforts for the passage of the Travel Promotion Act.

Earlier in his career, Bryan managed two start-up travel companies in Chicago, Illinois and Boston, Massachusetts. These companies focused on generating international in-bound travel to the United States.

He and his family reside in Philadelphia, PA.

**Deb Lightner, MD**

A professor of urology at the Mayo Clinic with certification in PFMRS, Dr. Lightner has been a practicing urological surgeon at Mayo Clinic College of Medicine for 22 years.

Proud that other women are pouring into urology, she was the first medical student from Vanderbilt to enter a urology residency, the first female urology resident at Yale, the first female urology fellow at U Minnesota and the first female urologist on staff at Mayo Clinic.

Dr. Lightner was Board-appointed to the Mayo Clinic Office of Staff Services, a resource and referral program for consultant staff and their families for personal and professional issues, from its initiation in 2002. She became medical director of that office in 2006, serving for 10 years.

She also served as secretary for the Rochester Mayo Clinic Officers & Councilors of Staff from 2001-2003 and president from 2004-2006. She has been a member of the Career and Leadership Development Committee at Mayo Clinic since 2006 and a coach for career leadership since 2002. She is well-qualified to speak to burnout and early retirement.

Dr. Lightner has had a long-standing interest in evidence-based medicine and clinical guidelines. Serving on the American Urological Association (AUA) Practice Guidelines Committee (PGC) from
2003 to 2009, she chaired that Committee from 2014 through May 2017, overseeing 28 Guidelines, as well as stewarding new guidelines and best practice statements. She was also vice chair of the AUA Science and Quality Council, and received the AUA’s Distinguished Service Award in 2012.

Ally Lopshire, JD

Ally Lopshire is a Government Affairs Specialist at WJ Weiser & Associates, where she handles government relations and legislative advocacy for the American Association of Clinical Urologists along with a variety of other physician organizations. Ally graduated from the University of Notre Dame with a Bachelor’s degree in Science-Business, where she worked as a student athletic trainer for the football and basketball teams. She then earned her law degree *cum laude* from the University of Illinois at Champaign-Urbana, during which she worked as a seasonal associate at the largest law firm in the Champaign area and served as an editor for the Journal of Law, Technology and Policy. Since joining the Weiser government affairs teams, she has worked on a number of advocacy campaigns at both the state and federal level, and is currently responsible for overseeing and leading the Alliance for Transparent and Affordable Prescriptions, a national coalition of patient and provider organizations aimed at addressing pharmacy benefit managers (PBMs) and improving patient access to affordable treatment.

John H. Lynch, MD

Dr. John Lynch is a urologist affiliated with Sibley Memorial Hospital, Washington Hospital Center and Georgetown University Hospital, where he is the chairman of the department of urology and director of the Prostate Cancer Center within the Lombardi Comprehensive Cancer Center. He is also a professor of the department of urology and the department of surgery, as well as a co-chairman of the Committee on Medical Education and a member of the Committee on Students and Cancer Committees. Dr. Lynch is certified in urology by the American Board of Urology. He practices out of Georgetown Urology Associates in Washington, D.C. and Chevy Chase, MD.

Patrick McKenna, MD, FACS, FAAP

Dr. Patrick H. McKenna is the Mark and Karen Koulogeorge Family Chair in Urology, professor, Division of Pediatric Urology, Department of Urology, at the University of Wisconsin School of Medicine and Public Health, Madison, WI. Previously, Dr. McKenna served as chairman of Southern Illinois University’s Division of Urology and as associate professor at the University of Connecticut, where he helped establish the Connecticut Children’s Medical Center. Dr. McKenna has been recognized as a “Best Doctor in America” since 2005.

Dr. McKenna graduated from George Washington University’s School of Medicine and Health Sciences, and completed the Combined Urologic Residency Program at Portsmouth Naval Hospital and Eastern Virginia Medical School. He served as head of urology at Guam Naval Hospital for two years, and then completed a Pediatric Urology Fellowship at the Hospital for Sick Children in Toronto. He returned to Portsmouth Naval Hospital to become chief of pediatric urology, eventually earning the rank of Captain before retiring from military service.
Clinically, Dr. McKenna’s special interests are complicated urologic reconstruction, Wilms’ Tumor, antenatally detected urologic problems, intersex, and minimally invasive treatments. His innovative uses of computer games, and a conservative noninvasive approach to the management of pediatric urinary incontinence and urinary tract infections, have been widely adopted across the country. Academically, Dr. McKenna has contributed more than 100 publications and presented around the world.

Professionally, Dr. McKenna serves as president of the AACU, board member of the SPU, past president of the North Central Section of the AUA, member of the Science and Quality Council, member of the Public Policy Council, and past chair of the Judicial and Ethics Committee of the AUA. He chairs the AUA Workforce/GME working group and serves on the AUA intersex task force. He received the AUA Distinguished Service Award in 2014. He has served in the leadership of the Society of University Urologists, American Academy of Pediatrics, Society of Fetal Urology, National Kidney Foundation, and Society of Pediatric Urology. He is chair of Quality Improvement Committee and chair of the Simulation Committee for the UW Department of Urology. Active in local and global charities, Dr. McKenna was a founding board member of Mission Outreach, which has distributed over $65 million of medical equipment and supplies worldwide. Dr. McKenna also serves as the medical director of the Maple Bluff Fire Department.

**Darryl Mitteldorf, LCSW**

Darryl Mitteldorf is an oncology social worker based in New York City. He has helped men with prostate cancer for over 20 years.

Mr. Mitteldorf is founder of the national men’s cancer support and advocacy nonprofit organization, Malecare. He is also the founder of the National LGBT Cancer Project and the Global Prostate Cancer Alliance. Mr. Mitteldorf developed the world’s first crowdfunding platform for cancer research (Start A Cure), the widely respected African American prostate cancer support program (Twice As Many) and the world’s first and most prominent cancer survivor dating site (CancerMatch). He is the founder of the academic field of LGBT psycho-oncology. Mr. Mitteldorf has presented and published research in numerous journals, books and conferences. His research interests include serial data collection and utilization, access to health care for underserved communities and adjustment distress relative to medical treatment. Mr. Mitteldorf holds two patents on medical devices and is the creator of the widely used oncology patient PRO system, Cancergraph. He also has led more prostate cancer support group meetings than anyone, anywhere, averaging leadership of almost two groups per week, since 1998.

**Jay Motola, MD, FACS**

Dr. Jay A. Motola, MD, FACS, is an associate professor of urology at the Icahn School of Medicine. He is the president-elect of the NY Section of the AUA and the chairman of the Practice Management Committee of the AUA. He has served on the AUA Public Policy Council since 2014 and the Health Policy Council from 2007-2014. His career has included participation in a multi-person urology group, private practice, multi-specialty medical group and now in Academic medicine. This gives him a unique a perspective on the socioeconomics of practice.
**Rep. Gregory Murphy, MD**

Dr. Gregory Murphy graduated magna cum laude from Davidson College and then attended UNC School of Medicine graduating with Honors and a member of AOA. He did his residency in urology and renal transplantation at the University of Kentucky in Lexington. Presently he is the president of Eastern Urological Associates in Greenville and affiliate professor and chief of the Division of Urology at the ECU School of Medicine. He presently serves as Davidson College’s Alumni President and on the Board of Trustees.

Dr. Murphy’s professional career has been primarily one of clinical practice and administrative leadership positions. He is a former Chief of Staff at Vidant Medical Center, a level 1 trauma center. He serves on the Board of the NC Urological Association, on the Board of Directors of the SESAUA and serves on the Executive Board of the Judicial and Ethics Committee for the AUA, as well as on its Bylaws Committee. In 2017 he was awarded the AACU Distinguished Leadership Award and is a member of the North Carolina Institute of Medicine.

He was appointed to the NC House of Representatives in 2015 to fill a vacated term and won election in 2016. Despite being a freshman to the Legislature he was appointed Chair of Health Policy and a Chair of Health and Human Services Appropriations. While he represents many constituencies in his legislative district, he has a special interest in legislation that will insure the best care for patients and the best treatment of those who provide the care for those patients in a financially viable environment.

**Ajay K. Nangia, MD**

Dr. Ajay K. Nangia is professor and vice-chair of urology at the University of Kansas Medical Center. Dr. Nangia received his medical degree from St. Thomas and Guy's Hospital Medical School in London, U.K. He completed two years of research at Yale University prior to residency. He completed his urology residency at the University of Pittsburgh Medical Center and a Male Infertility and Microsurgery fellowship at the Cleveland Clinic Foundation in Cleveland, OH.

Dr. Nangia was in the 2010 Leadership Class for the American Urological Association (AUA); past president of the Society of Male Reproduction of the American Society of Reproductive Medicine. He is past chair of the Ethics Committee of the American Society of Andrology, and Past President of the Society for the Study of Male Reproduction (a branch of the AUA). He is also a liaison with the CDC (Center for Disease Control) for male reproduction. He was a member of the Best Practice Statement for Male Infertility and also Azoospermia by the AUA. He also serves on the AUA Public Policy Council and chair of the Men’s Health section of the Urology Care Foundation. He is sub-section editor of the AUA News.

He is co-principal investigator on cutting edge research and development of a reversible male contraceptive through the NIH Male Contraceptive Trials Network.
Jessica Nelson, PA-C
Jessica Nelson is a physician assistant at UT Southwestern Medical Center in Dallas, TX. She has been working there specializing in urology since 2010. Her interests include but are not limited to: female urology, neurological diseases, nephrolithiasis, and kidney cancer. She enjoys the balance between clinic, inpatient medicine and assisting on laparoscopic robotic surgeries. She enjoys giving lectures to the PA Students at UTSW and serving as a preceptor.

Jessica is currently President of the Urological Association of Physician Assistants and prior to this served as Secretary and as a member of the Education Committee since 2012. She is a member of the Texas Association of Physician Assistants, Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction as well as the American Urological Association.

Matthew Nielsen, MD
Dr. Matthew Nielsen received his medical degree from The Johns Hopkins University School of Medicine and completed residency at the Brady Urological Institute of The Johns Hopkins Hospital. In addition to his positions as director of the Division of Urologic Oncology and associate professor in the University of North Carolina (UNC) Department of Urology, Dr. Nielsen also holds appointments as adjunct assistant professor in the Departments of Epidemiology and Health Policy & Management at the UNC Gillings School of Global Public Health. He has served as a clinical investigator at the Kaiser Permanente Center for Health Research since 2014.

Dr. Nielsen’s clinical practice is focused in urologic oncology. His research in medical decision making, cancer care quality and implementation science has been funded by the National Institutes of Health, the Agency for Healthcare Research and Quality and The American Cancer Society, and nationally recognized by the Urology Care Foundation / Astellas Rising Stars in Urology Research Award.

Alongside his clinical, research and teaching activities, Dr. Nielsen is actively engaged in quality improvement and patient safety efforts through various leadership roles in the UNC Health Care System, where he received the Physician Friend of Nursing Award in 2017. He has also contributed in leadership roles to multiple national organizations, as a member of the Quality Improvement and Patient Safety Committee of the American Urological Association, the Physician Consortium for Performance Improvement (PCPI), and as a consultant for the American College of Physicians’ High Value Care Task Force.
Merel Grey Nissenberg, Esq.
Merel Grey Nissenberg is a trial attorney in medical negligence and the president of the three non-profits: the National Alliance of State Prostate Cancer Coalitions (www.naspcc.org), the California Prostate Cancer Coalition (www.prostatecalif.org), and the Mountain Foundation for Education & Research in Lung Cancer. She is also the advocate for the UCLA SPORE in Prostate Cancer and on their External Advisory Committee, and is the advocate for the Canary/PASS Trial in Active Surveillance based at Stanford University. Merel serves as the advocate for the Lung Cancer SPORE at M.D. Anderson as well. Her work as a national patient advocate for the Early Detection Research Network (EDRN) of NCI since 2007 includes her serving on the GU Cancers and Lung Cancer Collaborative Groups. Merel has been active in advocacy and in representing the patient’s (or surviving family’s) voice for a very long time through her pro bono work and her law practice.

Aria F. Olumi, MD
Dr. Aria F. Olumi is honored to serve as chair of the Research Council for the American Urological Association. As a physician scientist at Massachusetts General Hospital and Harvard Medical School, his clinical activities focus on urologic oncology and surgical management of kidney, bladder and prostate cancer. His administrative responsibilities include serving as the Urology Residency Program Director and Director of Research for the Department of Urology. Previously, he served as the director of the Combined Harvard Urologic Oncology Fellowship Program, an alliance between Massachusetts General Hospital and Brigham and Women’s Hospital.

His NIH-funded laboratory focuses on providing personalized care for prostatic diseases. They have learned that the 5-alpha reductase 2 gene, an important gene responsible for normal prostatic development and growth, and a target of the commonly used 5-alpha reductase inhibitors (finasteride or dutasteride), is not expressed in 30 percent of adult men. They have defined the epigenetic mechanism that leads to variable expression of the gene in adult prostates. Their findings have broad implications that can explain the variable growth patterns of the prostate and the reason for resistance to the therapeutic effects of 5-alpha reductase inhibitors.

As chair of the AUA Research Council, his goal is to enhance the research activities of the urology community and increase the educated workforce of researchers who can effectively study urologic diseases with the ultimate goal of reducing the disease burden for their patients. Through advocacy, education and grant mechanisms for new and established investigators, the AUA is hard at work for its constituents, and he is privileged to be part of that mission.
Janis M. Orlowski, MD MACP
Dr. Janis M. Orlowski is the chief health care officer at the Association of American Medical Colleges where her focus is on the interface between the health care delivery system and academic medicine. Dr. Orlowski graduated from Marquette University’s College of Engineering with a Bachelor of Science degree in biomedical engineering in 1978. She received her medical degree from the Medical College of Wisconsin in 1982. Her residency (1982–1985), her term as chief resident (1985–1986) and her fellowship in nephrology (1986–1988) were completed at Rush University Medical Center, Chicago.

Dr. Orlowski was the chief operating officer and chief medical officer of MedStar Washington Hospital Center, Washington, D.C., the largest hospital of the MedStar Health system. Dr. Orlowski oversaw the medical staff, clinical care, quality, patient safety, medical risk, perioperative services, ambulatory care and the medical education programs from 2004 to 2013.

Dr. Orlowski began her career at Rush as an intern. She left Rush as associate vice president and executive dean of the Rush University Medical School in Chicago.

Dr. Orlowski is board certified in both Internal Medicine and Nephrology. In her practice, she specializes in acute renal care and transplantation. She has been honored with teaching excellence awards, has participated in education and research in renal transplantation and has served on several national committees to oversee the quality of care in transplantation. Most recently, Dr. Orlowski chaired the national committee at UNOS (United Network for Organ Sharing) on transplant policy.

Dr. Orlowski has been the president of the Chicago Medical Society, and board member and chair of the Illinois State Medical Society. She served as editor of Disease-A-Month, and was on the editorial board of Nephrology.

In 2007 Dr. Orlowski was inducted as a Master in the American College of Physicians (ACP).

Dr. Orlowski currently serves as chair of D.C. Board of Medicine, Board of Trustees of Marquette University, Board of Montini Catholic High School and was recently appointed to the Board of Trustees of the Medical College of Wisconsin.
Rep. Frank Pallone, Jr.

On January 3, 2017, Frank Pallone, Jr. was sworn in for his 15th full term in the U.S. House of Representatives. Pallone represents New Jersey’s Sixth Congressional District, which covers most of Middlesex County, as well as the Bayshore and oceanfront areas of Monmouth County.

Throughout his career, Pallone has been a leader in protecting the integrity of the Medicare guarantee and Medicaid programs, making the nation’s food system safer, strengthening laws to keep our air and water clean, making health care more affordable and accessible, and supporting initiatives that advance and protect the public health.

Pallone is the Ranking Member of the House Energy and Commerce Committee, which has jurisdiction over issues pertaining to energy, environment, health care, commerce, and telecommunications.

From 2006 to 2014, Pallone served as the top Democrat on the Committee’s Subcommittee on Health. As Chairman during the 111th Congress, Pallone played a key role in authoring and passing the Affordable Care Act. The landmark law extends health care coverage to millions of Americans, while driving down health care costs and reigning in abusive tactics used by insurance companies to deny medical treatment.

Frank Pallone, Jr., was born and raised in Long Branch, New Jersey, where he still resides. He is a graduate of Middlebury College, holds a master’s degree in international relations from the Fletcher School of Law and Diplomacy at Tufts University and earned his law degree at Rutgers University.

Pallone began his political career in his home city of Long Branch, getting elected to the City Council in 1982 and winning re-election four years later. In 1983, Pallone was elected to the state Senate, representing the Monmouth County coastline. He was re-elected in 1987. During his tenure in the state Legislature, Pallone distinguished himself as an advocate for environmental issues and senior citizen concerns, and prioritized providing constituent services.

Pallone and his wife Sarah have three children; daughters Rose and Celeste, and a son, Frank.

Sherrie Palm

Sherrie Palm is the founder/CEO/executive director of Association for Pelvic Organ Prolapse Support (APOPS), a pelvic organ prolapse (POP) Key Opinion Leader, author of award winning book Pelvic Organ Prolapse: The Silent Epidemic, a speaker on multiple aspects of pelvic organ prolapse quality of life impact, and an international women's pelvic health advocate. Sherrie's points of focus are generating global POP awareness, developing guidance and support structures for women navigating POP, and bridge building within POP healthcare, research, academic, industry, and policy sectors toward the evolution of POP directives.

Additional information about APOPS, pelvic organ prolapse, or Ms. Palm’s book or speaking presentations is available on the APOPS website.
Lane S. Palmer, MD, FACS

Dr. Lane S. Palmer is clinical Professor of Urology and Pediatrics at the Zucker School of medicine at Hofstra/Northwell and chief of pediatric urology at Cohen Children’s Medical Center of New York. He received his undergraduate education at Columbia University and completed his medical education at the Albert Einstein College of Medicine. His urology residency was obtained at Montefiore-Einstein, and he did his research and clinical fellowships in pediatric urology at Children’s Memorial Hospital of Northwestern University Medical School in Chicago. He is president-elect of the Societies for Pediatric Urology and serves as secretary-elect of the New York Section of the AUA and as a member of the Public Policy and Nominating Committees of the AUA. Dr. Palmer’s areas of expertise include: reconstructive urologic surgery, vesicoureteral reflux, evaluation and management of prenatal urologic anomalies, and bladder dysfunction and urodynamics. He is the managing partner of Pediatric Urology Associates in New York.

David F. Penson, MD, MPH

Dr. David F. Penson is the Hamilton and Howd Chair in Urologic Oncology, Director of the Center for Surgical Quality and Outcomes Research and Professor and Chair, Department of Urologic Surgery at Vanderbilt University. Dr. Penson studied clinical epidemiology and health services research at Yale University, obtaining a master’s degree in Public Health. Upon the completion of his fellowship, Dr. Penson joined the faculty of the University Of Washington School Of Medicine and was appointed affiliate investigator at the Fred Hutchinson Cancer Research Center. He was awarded a VA Career Development Award in 2001 and soon after obtained R-01 grant funding from the National Cancer Institute to study quality of life in prostate cancer survivors. He then served as Associate Professor of Urology and Preventive Medicine at the Keck School of Medicine at the University of Southern California from 2004 to 2009.

In 2007, Dr. Penson received the AUA G. James Gallagher Health Policy Scholar award presented to urologists who demonstrate a commitment to health policy.

In August 2009, Dr. Penson joined the faculty at Vanderbilt University as Professor of Urologic Surgery and Director of the Center for Surgical Quality and Outcomes Research in the Vanderbilt Institute for Medicine and Public Health. Dr. Penson maintains a clinical practice in urologic oncology at Vanderbilt University Medical Center.

In April 2013, Dr. Penson was awarded the Paul V. Hamilton, M.D. and Virginia E. Howd Chair in Urologic Oncology.
Mark K. Plante, MD, FRCS(C), FACS
Dr. Mark K. Plante is the chief of urology at the University of Vermont Medical Center. He is a tenured associate professor of surgery and is the urology residency program director. Dr. Plante also is the chair of the Advancement Committee for the Larner College of Medicine. He completed his medical degree and surgical training at McGill University in Montreal, Canada and served as a flight surgeon from 1993 to 1996 for Skyservice, Inc. He received several awards during his residencies in general surgery and urologic surgery. Dr. Plante has co-authored over 60 abstract presentations, over 35 peer review publications and numerous review publications and chapters. Dr. Plante has served as both treasurer and president of the New England Section of the AUA and was a graduate of the inaugural leadership class of the AUA. Dr. Plante has been an invited speaker/presenter/visiting surgeon at conferences and universities throughout the United States, Canada, Eastern and Western Europe, Asia and Australia. He was primary to the successful re-establishment of urologic surgical residency training at the University of Vermont as well as the broad integration efforts for urologic patient care in the many surrounding counties in both Vermont and Upstate New York.

Isaac J. Powell, M.D.
Dr. Isaac J. Powell was recently funded to examine metabolic syndrome and prostate cancer. He studied environmental and lifestyle factors such as diet, obesity and hypertension in correlation to clinical outcome. He was principal investigator of the African American Hereditary Prostate Cancer (AAHPC) study to recruit families to identify genes associated with hereditary prostate cancer. We continue to be part of the International Consortium Prostate Cancer Genetics (ICPCG) group as we compare hereditary prostate cancer genetic results among African American men from our AAHPC families to other ethnicities and with other centers around the world. He is also collaborating with Harvard University (The Broad Institute) and Cornell University and they have reported their whole genome and exome sequencing of prostate cancer and potential racial differences. At their institution they have recently published their research regarding differential gene expression between African American and European American men using DASL and microarray analysis from radical prostatectomy specimens. They have identified genes associated with advanced prostate cancer that are more expressed among African American men than European American men. After establishing an interactive network of these functional drive genes, they unraveled the network to establish biologic pathways that impact the androgen receptor, cell adhesive molecules and genes associated with metastasis. They are translating these functional driver gene expressions into personalized gene signatures and their impact on clinical outcomes. In partnership with GenomeDX they are validating their data in several institutions.
Susan A. Quallich, PhD, ANP-BC, NP-C, CUNP, FAANP

Dr. Susanne A. Quallich has been working as a nurse practitioner (NP) since 1996, has worked the andrology nurse practitioner at University of Michigan since 2002. She is one of only 170 nurse practitioners in the country with a specialty certification in urology (CUNP). Her research focuses on raising awareness of men's sexual and reproductive health needs, and has been engaged in clinically-based research that quickly translates to improvements in their care. Her unique clinical focus in the areas of male sexual and reproductive health have made her a thought leader and expert among her peers in these areas, and she has published a variety of book chapters and journal articles on these topics. She continues to present locally, national and internationally on these topics.

Dr. Quallich is current editor for the peer-reviewed journal, *Urologic Nursing*, as well as a past president for the Certification Board for Urologic Nurses and Associates. Her research interests include defining the role of the specialty NP and defining the role of APPs in urology. She was appointed to work with the American Urological Association 2013 taskforce that developed a white paper providing an overview of the current regulatory environment and guidance on how to integrate NPs and PAs into urology practices. Dr. Quallich is co-editor of an evidence-based manual for NPs working in urology that was published in May 2016. She serves as adjunct faculty and clinical preceptor for the University of Michigan School of Nursing.

Ganesh Raj, MD, PhD

Dr. Ganesh Raj is a professor of urology and pharmacology at UT Southwestern Medical Center. He is a funded cancer investigator with an active clinical practice. He is an experienced and highly regarded prostate cancer surgeon with significant experience in robotic and minimally invasive approaches. His basic science research laboratory efforts are largely focused on translational strategies against the nuclear hormonal receptors. At UT Southwestern, Dr. Raj pioneered and developed a primary human tumor explant culture approach to test the efficacy of new drugs using *ex vivo* culture of human prostate and breast tumors. His laboratory has recently developed several active peptidomimetic compounds targeting the interactome between nuclear receptors and their corregulators.

Thomas Rechtschaffen, MD

Dr. Thomas Rechtschaffen is a partner at Integrated Medical Professionals in the greater NYC metropolitan area. He practices general urology with focus on advanced prostate cancer, prostate cancer risk stratification, female voiding dysfunction and delivery of quality care within large integrated urology groups. He serves on the Advanced Prostate Cancer and on the MRI Fusion biopsy committees at IMP, having previously been on its Quality Management and Utilization Review committees.

He also devotes time and energy to health policy and physician advocacy. He is the chair of the AUA’s Legislative Affairs Committee. He is the immediate past AUA Gallagher Health Policy Scholar and graduated the AUA’s physician leadership program.
Dr. Rechtschaffen advocates in Washington DC, on many pieces of legislation with significant impact on urologists and their patients, and for our ability to maintain viable business models. He gives lectures to other physicians on PSA screening recommendations, Medicare payment policy and the quickly changing Quality Payment Programs as outlined in MACRA legislation. He is on the Board of the New York Section of the AUA and the New York State Urological Society. In the few hours he has left every week, he coaches youth lacrosse.

Matthew Resnick, MD, MPH, MMHC
Dr. Matthew Resnick is currently assistant professor of urologic surgery and health policy at Vanderbilt University Medical Center. He received his M.D. degree from the University of Pennsylvania where he completed his residency training. Dr. Resnick subsequently served as a clinical fellow in urologic oncology and a Veterans Affairs National Quality Scholar at Vanderbilt University, where he obtained master’s degrees in both public health and health care management.

Dr. Resnick’s primary research program is focused on the relationship between of payment reform and appropriateness and intensity of cancer diagnosis, treatment, and survivorship. Dr. Resnick is actively investigating the implications of Medicare ACO enrollment on appropriateness of cancer screening to determine the net effect of financial incentives on the delivery of recommended and discretionary health care services. Additionally, he leads efforts at Vanderbilt to develop and implement strategies for longitudinal data linkage to support population health efforts both in the PCORI-funded Mid-South Clinical Data Research Network and the CMMI-funded Practice Transformation Network. In addition to his research and clinical responsibilities, Dr. Resnick is responsible for the development of operational innovations to support successful transition to risk-bearing payment models within the Department of Urologic Surgery and the Section of Surgical Sciences. He leads the development and implementation of telehealth within the Department of Urologic Surgery. He leads an effort to deploy real time locating system technology to optimize clinical processes and deliver real-time cost assessment within urologic surgery. Dr. Resnick maintains an active clinical practice in genitourinary oncology.

Eugene Y. Rhee, MD, MBA
Dr. Eugene Rhee is the regional chief of urology for Kaiser Permanente (KP) in Southern California, the national chair of the KP Interregional Urology Chiefs’ Group and area Assistant Medical Director of the Business Line for KP San Diego, responsible for empowering urologic care for 11.8M lives within the largest managed healthcare organization in the United States.

He is the 2013-2014 American Urological Association (AUA) G. James Gallagher Health Policy Scholar. He is a past president of the California Urological Association and the San Diego Urologic Society. He served as the inaugural section editor for health policy for Urology Practice. He currently serves as co-chair of the American Urological Association Telemedicine Committee exploring the role of telemedicine in urologic care and as chair of the Western Section AUA Health Policy Committee. He sits on the AUA Legislative Affairs Committee, the AUA Electronic Health Records Committee, and the AUA Work Force Committee. He served on the
Board of Directors of the American Association of Clinical Urologists as its Western Section Representative.

Dr. Rhee’s interests lie in the field of incontinence, urologic reconstruction, and minimally invasive techniques for BPH and is Co-Director of a Sexual Medicine / Reconstruction fellowship with Dr. Irwin Goldstein in San Diego. Dr. Rhee earned his medical degree from Emory University School of Medicine in Atlanta, Georgia and completed his residency at the Kaiser Permanente Foundation Hospitals in Los Angeles, California. He received both his Bachelor of Science in Biology and his Bachelor of Arts in Political Science from Emory University. He received his MBA from The Anderson School of Management at UCLA in 2008 and is a graduate of the 2010-2011 AUA Leadership Class.

Richard C. Rink, MD, FAAP, FACS
Dr. Richard Rink, who is Emeritus Professor, Pediatric Urology, has been on the faculty at Riley Hospital for Children, Indiana University School of Medicine since 1985. He was Chief of the Pediatric Urology Department for 25 years and has built an internationally recognized Pediatric Urology Department with one of the premier Pediatric Urology Fellowship Programs in the United States, which *US News and World Report* has ranked in the top 45 in the US every year.

Dr. Rink is a member of many prestigious national and international urologic society including the American Association of Genitourinary Surgeons (GU Surgeons) and the Society of Pediatric Urologic Surgeons (SPUS). He has been a leader on national committees and has held three national presidencies, being chair of the Urology Section of the American Academy of Pediatrics, president of the American Association of Pediatric Urologists and president of the Society of Genitourinary Reconstructive Surgeons.

He is an internationally renowned surgeon, widely recognized for his work in plastic and reconstructive genital surgery, neuropathic bladder dysfunction and vaginal reconstruction. He has pioneered several operative techniques for children with DSD which have become the surgical standard of care. He is the surgical director of The CARES Foundation Comprehensive Care Center for Children with CAH, one of only three Centers in the USA. He has authored or co-authored 261 journal publications and 52 book chapters and is a co-editor of a major pediatric urologic textbook now in its second edition.

Rep. Phil Roe, MD (R-TN-01)
Dr. Phil Roe represents the First Congressional District of Tennessee. A resident of Johnson City serving his fifth term in Congress, Phil has a strong work ethic and is committed to working on behalf of the First District, Tennessee and our nation. A native of Tennessee, Phil was born on July 21, 1945 in Clarksville. He earned a degree in biology with a minor in chemistry from Austin Peay State University in 1967 and went on and to earn his medical degree from the University of Tennessee in 1970. Upon graduation, he served two years in the United States Army Medical Corps.

Congressman Roe is chairman of the House Committee on Veterans’ Affairs. Additionally, he serves on the House Education and Workforce Committee. As a physician, Congressman Roe has become an
active player in the effort to reform our nation’s health care system. He is the co-chair of the House GOP Doctors Caucus and a member of the Health Caucus. Prior to serving in Congress, Phil served as the mayor of Johnson City from 2007 to 2009 and vice mayor from 2003 to 2007. He ran a successful medical practice in Johnson City for 31 years, delivering close to 5,000 babies. Phil has three children - David C. Roe, John Roe, and Whitney Larkin - and is a proud grandfather. He is a member of Munsey United Methodist Church.

Hossein Sadeghi-Nejad, MD
Dr. Hossein Sadeghi-Nejad graduated Magna Cum Laude from Bowdoin College in Brunswick, ME, where he was the recipient of the Goodwin Commencement Prize. He received his medical doctorate from the McGill University School of Medicine in Montreal, Canada and served as an intern and resident in general surgery at the University of California in San Francisco. Dr. Sadeghi-Nejad completed his urological residency and fellowship training in Male Reproductive Medicine (infertility and erectile dysfunction) and microsurgery at the Boston University Medical Center. He is professor of urology at Rutgers New Jersey Medical School, chief of urology at the VA NJ Health Care System, and the director of the Center for Male Reproductive Medicine at the Hackensack University Medical Center. Dr. Sadeghi-Nejad has served as a member of a global American Urological Association (AUA) task force and has been selected for multiple editions of America’s Top Doctors. Dr. Sadeghi-Nejad has served as the scientific program chairman for the Sexual Medicine Society of North America (SMSNA), is a member of the Board of Directors, and was the recipient of SMSNA’s highest award, the Distinguished Service Award, in 2015. Dr. Sadeghi-Nejad is a member of the AUA Guidelines Panel and co-author of the 2014 U.S. Surgeon General’s Report. From 2011 to 2015, he was a member of the Board of Directors of the NY Section of the AUA as the New Jersey representative. In September 2017, he was selected to serve on the examination committee of the American Board of Urology.

E. Michael D. Scott
Born in England, and brought up in England, Nigeria, and Switzerland, Mike has been involved in medical and scientific communications for the past 48 years.

Mike has specific experience in the areas of biological sciences and healthcare-specific marketing and communications, and a high level of familiarity with issues affecting communications to scientific, medical, patient, payer and political target audiences. He also has experience in the fields of advocacy and public relations and has acted as a consultant and advisor to a variety of companies and organizations in these areas over the years.

He is a member or affiliate member of the American Society for Hematology, the American Society of Clinical Oncology, the American Urological Association, the Alliance for a Stronger FDA, the Society for Participatory Medicine, and the Chemical Heritage Foundation. He is also a former Board Chairman of the National Organization for Rare Diseases (NORD), and a member of the Boards of two other patient organizations: Prostate Cancer International and the International Myeloma Foundation.
Mike graduated from the University of Sussex in 1969 with an honors degree in biochemistry, and worked in scientific and medical publishing for companies in England and the USA until 1976, when he formed his own communications services company. In 1985 he moved permanently to the United States, joining what was then a pharmaceutical advertising agency. In 1997 he became a principal of the company, which was by then called Vox Medica. In 2014/15, Vox Medica was merged into Calcium.

Ira D. Sharlip, MD
Dr. Ira D. Sharlip is clinical professor of urology at the University of California at San Francisco. He earned B.A. and M.D. degrees at the University of Pennsylvania. He did his postgraduate medical training at the University of California at San Francisco and the Middlesex Hospital in London, England.

Dr. Sharlip has served on many committees of the American Urological Association (AUA), chairing the Public Media Committee and the Vasectomy Guideline Committee. Among his accomplishments in reproductive urology and sexual medicine, he was an early innovator in microsurgical reconstruction of the male reproductive system. An expert on male circumcision and its relationship to the HIV epidemic, Dr. Sharlip chaired the AUA’s Male Circumcision Task Force. Currently, he serves on a Technical Advances Group of the World Health Organization. He is founder and past president of the Sexual Medicine Society of North America and past president of the International Society for Sexual Medicine. Author of over 100 peer-reviewed publications, he was a co-founder of the Journal of Sexual Medicine.

Dr. Sharlip served as Senior Flight Surgeon in the United States Army during the Vietnam conflict. He is a decorated veteran of dozens of combat missions there. He has worked as a volunteer physician and surgeon in Kenya, Thailand, Vietnam and several nations in southern Africa. In February 2004, he served as the urologist on a team of 30 American doctors who traveled to Baghdad to assess healthcare needs in Iraq.

Jeremy Shelton, MD
Dr. Jeremy Shelton is board certified in urology and clinical informatics and is an assistant professor of urology at UCLA, and is a staff urologist and informaticist, at the VA Greater Los Angeles. His primary interest is the intersection of informatics, quality of care and policy. He has publishing work on quality measurement, computerized clinical decision support and policy. At VA, Dr. Shelton created an informatics platform and population health management program for patients with bladder cancer. Additionally, his interest in patient centered care inspired him to lead the implementation of the first general urology telehealth clinic in the VA, which has now served over 1700 unique veterans. Dr. Shelton serves on various professional society committees at the American Urological Association, the Large Urology Group Practice Association and the American Society of Clinical Oncology.
Dr. C.J. Stimson is an assistant professor in the Department of Urologic Surgery at Vanderbilt University Medical Center. Dr. Stimson received his medical and law degrees from Vanderbilt University, completed his residency in urologic surgery at Vanderbilt University Medical Center, and completed a fellowship at the James Buchanan Brady Urological Institute at Johns Hopkins Medical Institutions as the Warburton-Jewett Fellow in Urologic Oncology.

Dr. Stimson has extensive health policy experience in both the legislative and executive branches at the federal level. He served in the U.S. House of Representatives as a Health Policy Legislative Fellow to Republican and Democratic members, including Dr. Phil Roe (TN-1) and Jim Cooper (TN-5), as well as the GOP Doctors Caucus. In the executive branch, he was the first surgeon at the Center for Medicare and Medicaid Innovation (CMMI), taking a leadership position as the co-chair of multiple episode-based payment policy workgroups.

In addition to his clinical appointment, Dr. Stimson concurrently serves as the medical director of the Office of Episodes of Care in the Office of Population Health and as senior advisor to the Chief Health System Officer, Vanderbilt Health System. In these roles Dr. Stimson works across Vanderbilt Health to facilitate the organization’s transition to value-based and accountable care.

Dr. Stimson also continues to play a substantive role in federal health policy development as a Senior Advisor to the Front Office for the CMMI. Specifically, he provides clinical and regulatory expertise related to the development of alternative payment models.

Finally, Dr. Stimson is active in the American Urological Association's Public Policy efforts, having served as the inaugural H. Logan Holtgrewe Legislative Fellow and currently serving as co-Chair of the Regulatory Workgroup and a voting member of the Legislative Affairs Committee. He previously served on the AUA Alternative Payment Model Workgroup.

Chuck Strand began his work with Us TOO as a volunteer in 2010. In 2011 he was contracted to work on several projects which included leading the development of the Advanced Prostate Cancer Resource Guide. He joined the staff as director of marketing and communications in January 2014 and became CEO in April 2016. His experience includes healthcare marketing for rare disease/disorder therapies and pro bono nonprofit work to repurpose FDA-approved drugs as off-label treatments. His career began at marketing communications agencies including Donnelley Marketing, Edelman Worldwide and Frankel/Publicis Worldwide in account management for clients including Bayer Healthcare, Apple and Kraft Foods.
**Joe Theismann**

Joe Theismann is an entrepreneur and the former star quarterback for the Washington Redskins. He spent the last two decades working for ESPN on their NFL broadcast and the NFL Network. The former Washington Redskins quarterback joined ESPN in April 1988, reuniting with play-by-play voice, Mike Patrick. Theismann joined ESPN after spending two seasons as an NFL analyst for CBS Sports.

A 12-year NFL veteran, Theismann played in 163 consecutive games from 1974-1985 and holds Redskins’ records for passing yardage (25,206), completions (2,044) and attempts (3,602). A two-time Pro Bowl selection, Theismann led Washington to a 27-17 victory over the Miami Dolphins in Super Bowl XVII.

Theismann was selected the NFL's “Man of the Year” in 1982 for his community service and dedication to the health and welfare of children. He won the league’s 1983 “Most Valuable Player” Award for leading the Redskins to an NFL-recorded 541 points and a second consecutive Super Bowl appearance. His career ended abruptly in 1985 after sustaining a broken leg during a game against the New York Giants on national television.

Theismann graduated in 1971 from the University of Notre Dame where he received All-America honors and led the Fighting Irish to consecutive Cotton Bowls and was runner-up to Jim Plunkett in the Heisman Trophy balloting. In 2003, Theismann was inducted into the College Football Hall of Fame. Theismann began his career in 1971 with the Toronto Argonauts of the Canadian Football League, after being drafted by the Miami Dolphins and Major League Baseball’s Minnesota Twins.

Theismann, a much sought after motivational speaker, also oversees a popular Washington, DC restaurant that bears his name. He is also the author of The Complete Idiots Guide to Understanding Football Like a Pro.

Recently, Theismann was named the recipient of the 2013 Walter Camp Football Foundation “Distinguished American” Award.

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**J. Brantley Thrasher, MD, FACS**

Dr. J. Brantley Thrasher is the current president of the American Urological Association. He is the William L. Valk Distinguished Professor, Department of Urology and the co-director of operative services at the University of Kansas Medical Center in Kansas City, KS. He completed his medical degree at the Medical University of South Carolina in Charleston, South Carolina, an internship at Walter Reed Army Medical Center in Washington D.C., and his urology residency at Fitzsimons Army Medical Center in Aurora, Colorado. He subsequently completed a urologic oncology fellowship at Duke University Medical Center. He served for three years as Program Director for the Urology Residency Program at Madigan Army Medical Center in Tacoma, Washington, and was then appointed to his present position in 1998.
Dr. Thrasher has served as president of the Society of Urology Chairpersons and Program Directors, the Society of Urologic Oncology, and as a member of the Residency Review Committee for Urology. He has served as vice-president of the American Board of Urology and is a member of the American Association of Genitourinary Surgeons and of the Clinical Society of Genitourinary Surgeons.

He served as the South Central Section Representative to the AUA Board of Directors, as a member of the South Central Section Health Policy Committee, and is a former president of the South Central Section. He was previously the chair of the Public Media, Practice Guidelines and Prostate Cancer Guidelines (vice-chair) committees, a mentor for the AUA Leadership Program, a member of the Best Practice Policy Panel on Cryotherapy for the Treatment of Prostate Cancer, the chair of the Prostate Cancer Literature Review Panel and the Audio-Visual Committee of the AUA. In 2015, he was awarded the Distinguished Service Award from the AUA, for 15 years of service to academic and organized urology. He is an associate editor for the book, "The 5-Minute Urology Consult;" Editor for Practical Reviews in Urology, and an Editorial Consultant for Urology Times. He has published more than 200 manuscripts, book chapters and monographs in the area of urologic oncology. He has been a member of the AUA since 1994.

Run Wang, MD, FACS

Dr. Run Wang is the professor of surgery (urology) and Cecil M. Crigler, MD Chair in Urology at the University of Texas Medical School at Houston, TX. He is also the professor of urology and director of Sexual Medicine and Sexual Medicine Fellowship Program in the Department of Urology at the University of Texas MD Anderson Cancer Center. Dr. Wang holds honorary/concurrent/visiting professorships in numerous national and international universities. He is the president for the Sexual Medicine Society of North America.

Dr. Wang received his medical degree from the Southeast University Medical College in China. He completed his urology residency at the Medical College of Georgia in Augusta, GA and andrology/sexual dysfunction fellowship at Tulane University in New Orleans, LA. He is a fellow in the American College of Surgeons and board certified in urology. He is a member in many professional societies.

Dr. Wang has authored more than 150 articles and chapters in peer-reviewed journals and books. He served as a co-editor, guest editor, associate editor, editorial member and reviewer for many medical and research journals. He has been named the top doctor in Houston for many years. Dr. Wang has served as a panelist for WHO/ISSM sponsored International Consultations on Sexual Medicine in 2009, 2015 and a research grants review panelist for AUA Urology Care Foundation Research Scholar Award 2017. He received many awards in the fields of andrology and sexual medicine.
Robert L. Waterhouse Jr., MD, MBA, HSM
Dr. Robert L. Waterhouse Jr. pursued his undergraduate and medical education at Northwestern University in the Honors Program in Medical Education. He began his urology training with the Case Western University Hospitals of Cleveland for both urology residency and fellowship in stone disease under the direction of Dr. Martin Resnick. After finishing training, he initially followed an academic career path with the Urology Department at the Mount Sinai School of Medicine in New York under Chairman Dr. Michael Droller. He developed expertise in minimally invasive urologic surgery and the management of urologic cancer, especially prostate cancer, while there from 1991 to 1999. He elected to leave Mount Sinai in 1999 to start a private practice of urology as one of the founding physicians of Piedmont Urology in Gastonia, NC, in the greater Charlotte metropolitan area.

He was the president and managing partner from its onset through 2011 until the practice merged with seven other regional urology groups to form a large urology group of over 30 urologists named Carolina Urology Partners. He sought additional education and pursued both an MBA and Health Sector Management specialization from Fuqua School of Business at Duke University. From 2015 through 2017, he was the medical director and chief medical officer for Carolina Urology Partners with responsibilities that included development and implementation of best practice pathways and enforcement of protocols and clinical practice to foster quality and patient safety. In an additional role, he led the organization’s participation in clinical research as principal investigator in numerous clinical research trials, especially as related to prostate cancer. Nationally, he is a member of the National Medical Association and its associated R. Frank Jones Urology Section and the American Urological Association and its Public Policy Council.
The AUA would like to recognize the following persons and groups that helped to make the 2018 Annual Urology Advocacy Summit a success:

**Planning Committee**

- Christopher M. Gonzalez, MD, MBA  
  *AUA Public Policy Council, Chair*
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- Jessica Bateman, MS  
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**Program Group**

- Edouard Trabulsi, MD, FACS  
  *AUA Mid-Atlantic Section, President*
- Mark Plante, MD  
  *AUA New England Section; AUA Public Policy Council*
- Jay Alan Motola, MD  
  *AUA New York Section, President-Elect; AUA Practice Management Committee Chair*
- Matthew Gettman, MD  
  *AUA North Central Section; AUA Legislative Affairs Committee; AUA Telemedicine Workgroup*
- James Ulchaker, MD  
  AUA North Central Section; AUA Telemedicine Workgroup

- David Albala, MD  
  AUA Northeastern Section; AUA Research Advocacy Committee; AUA Legislative Affairs Committee

- Lorie Fleck, MD  
  Section Member at Large to Southeastern Section Board

- Andrew Peterson, MD  
  AUA Southeastern Section; AUA RUC Workgroup

- James Wendelken, MD  
  AUA South Central Section; AUA Public Policy Council; AUA Coding and Reimbursement Committee

- Eugene Rhee, MD  
  AUA Western Section; AUA State Advocacy Committee; AUA Legislative Affairs Committee; AUA Telemedicine Work Group, Co-chair

- Mark Edney, MD  
  American Association of Clinical Urologists, State Advocacy Network Chair; AUA Alternative Payment Model Workgroup

- Margaret Pearle, MD  
  Endourological Society, Secretary General

- Neal Shore, MD  
  Large Urology Group Practice Association, President

- Robert Waterhouse, MD  
  R. Frank Jones Urological Society; AUA Public Policy Council

- Joseph Alukal, MD  
  Society for the Study of Male Reproduction, President

- Patrick McKenna, MD, FACS, FAAP  
  Society of Academic Urologists

- Dolores Lamb, MD  
  Society of Women in Urology, Immediate Past President

- Gary Lemack, MD  
  Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction, President

- Gwendolyn Hooper, APRN  
  Society of Urologic Nurses and Associates, President

- Ira Sharlip, MD  
  Sexual Medicine Society of North America, Past President

- Tim Donahue, MD  
  Urological Society for American Veterans, President

- Hal Frazier, MD  
  Urological Society for American Veterans, Secretary

- Adam Kibel, MD  
  Society of Urologic Oncology

- Hari Koul, PhD, FASN  
  Society for Basic Urologic Research, Past President

- Travis Jerde, PhD  
  Society for Basic Urologic Research, Secretary

- Lane Palmer, MD  
  Societies for Pediatric Urology, President Elect; AUA Public Policy Council

- Jessica Nelson, MPAS, PA-C  
  Urological Association of Physician Assistants, President
Acknowledgements

Italics = unable to attend

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- Mark L. Fallick, MD—Board of Directors, AUA Legislative Affairs Committee, AUA Practice Management Committee, AUA State Advocacy Committee, AUA Alternative Payment Model Workgroup
- Mark Edney, MD—AUA Public Policy Council, AUA Alternative Payment Model Workgroup
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- E. Ann Gormley, MD—Rep to AUA Board of Directors
- Martin Gross, MD—Board of Directors
- Lindsey A. Kerr, MD—Board of Directors
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- Tyler R. McClintock, MD—Sponsored Young Urologist, Resident
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- Sero Andonian, MD—Young Urologist Member to Board; AUA Public Policy Council
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- Roderick K. Clark, MD—Sponsored Young Urologist, Resident
- Michael Daneshvar, MD—Sponsored Young Urologist, Resident
- Alexandra W. Rehfuss, MD—Sponsored Young Urologist, Resident

Southeastern Section
- Lorie Fleck, MD—Program Group, Section Member at Large to SES Board
- Andrew Peterson, MD—Program Group, AUA RUC Workgroup
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- Gregory F. Murphy, MD, FACS—North Carolina Rep to SES Board
- Arash Rafiei, MD—Sponsored Young Urologist, Resident
- Shubham Gupta, MD—Sponsored Young Urologist, Resident
- Ashley Wietsma, MD—Sponsored Resident
- Aaron Laviana, MD—Sponsored Fellow

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- James Wendelken, MD—Program Group, AUA Public Policy Council, AUA Coding and Reimbursement Committee
- Jonathan E. Heinlen, MD—Oklahoma Area Rep to SCS Board
- Jeffrey Jones, MD—Ex-officio Government Services Rep to SCS Board
- James M. Cummings, MD—Secretary, AUA Legislative Affairs Committee
- Julie M. Riley, MD—Representative to AUA Young Urologists Committee, sponsored Young Urologist
- Nicholas Kavoussi, MD—Representative to AUA Residents and Fellows Committee, sponsored Resident

Western Section
- Eugene Rhee, MD—Program Group, AUA State Advocacy Committee, AUA Legislative Affairs Committee, AUA Telemedicine Work Group Co-chair
- Jeffrey M. Frankel, MD—President Elect
- Ben Chew, MD—District 1 Rep to Board
- Jason Jameson, MD—District 8 Rep to Board, AUA Legislative Affairs Committee
(Western Section, continued)

- Peter N. Bretan, MD—AUA Public Policy Council
- Micheal F. Darson, MD—AUA Public Policy Council, AUA Practice Management Committee, AUA Coding and Reimbursement Committee (liaison to AUA Quality Improvement and Patient Safety Committee), AUA National Insurer Advisory Workgroup
- Eric J. Zeidman, MD—AUA Public Policy Council
- Scott K. Swanson, MD—Rep to AUA Board of Directors
- Kai Dallas, MD—Sponsored Young Urologist, Resident
- Kathleen Kan, MD—Sponsored Young Urologist, Resident
- Alan L. Kaplan, MD—Sponsored Young Urologist
- Sara M. Lenherr, MD, MS—Sponsored Young Urologist
- Robert Lurvey, MD—Sponsored Young Urologist, Resident

**Subspecialty Organizations**

**American Association of Clinical Urologists**
- Mark Edney, MD—Program Group, State Advocacy Network Chair, AUA Alternative Payment Model Workgroup
- Patrick McKenna, MD, FACS, FAAP—President, AUA Workforce Workgroup Chair
- Kevin Loughlin, MD—President elect, AUA Public Policy Council
- Ralph Jonathan Henderson, MD—Health Policy Chair, AUA Public Policy Council, AUA National Insurer Advisory Workgroup
- Kevin J. Barlog, MD—Northeastern Section Rep to Board, AUA Public Policy Council
- Jonathan E. Heinlen, MD—Southcentral Section Rep to Board
- Mark Fallick, MD—Mid-Atlantic Section Rep to Board, AUA Legislative Affairs Committee, AUA Practice Management Committee, AUA State Advocacy Committee
- Jeffrey Frankel, MD—UROPAC Chair
- Brian Irwin, MD—New England Section Representative
- Robert Bass, MD—UROPAC Treasurer

**Endourological Society**
- **Margaret Pearle, MD**—Program Group
- Chandru P. Sundaram, MD—Treasurer Elect
- Ben Chew, MD—Research Chair

**Large Urology Group Practice Association**
- **Neal Shore, MD**—Program Group
- Ralph Jonathan Henderson, MD—Secretary, AUA Legislative Affairs Committee, AUA Public Policy Council, AUA Legislative Affairs Committee, AUA National Insurer Advisory Workgroup
- David Albala, MD—Board of Directors, AUA Research Advocacy Committee
- Deepak A. Kapoor, MD—Health Policy Chair
- Gary Kirsh, MD—Political Affairs Chair, AUA Public Policy Council

**R. Frank Jones Urological Society**
- Robert Waterhouse, MD—Program Group; AUA Public Policy Council

**Sexual Medicine Society of North America**
- Ira Sharlip, MD—Program Group
- Run Wang, MD, FACS—President
- Hossein Sadeghi-Nejad, MD—President Elect, SMSNA AUA Summit Planning Committee
- John Mulcahy, MD—SMSNA AUA Summit Planning Committee
- Eugene Rhee, MD—SMSNA AUA Summit Planning Committee
- Jason Jameson, MD—SMSNA AUA Summit Planning Committee
• Gregory Broderick, MD—SMSNA AUA Summit Planning Committee

Society for Basic Urologic Research
• Hari Koul, PhD, FASN—Program Group, Past President
• Travis Jerde, PhD—Program Group, Secretary
• Ganesh Raj, MD—President, Rep to AUA Education and Research Councils

Societies for Pediatric Urology
• Lane Palmer, MD—Program Group, President Elect, AUA Public Policy Council
• Julie Barthold, MD—President
• Patrick McKenna, MD, FACS, FAAP—Board, AUA Workforce Workgroup Chair

Society for the Study of Male Reproduction
• Joseph Alukal, MD—Program Group, President
• Ajay Nangia, MD—SSMR Program Group, Past President, AUA Public Policy Council
• Aaron Spitz, MD—SSMR Program Group, AUA Lead Delegate to AMA House of Delegates, AUA Telemedicine Workgroup Co-Chair
• Akanksha Mehta, MD—SSMR Program Group
• Edward Kim, MD—SSMR Program Group
• Kirk Lo, MD—SSMR Program Group
• Jim Smith, MD—SSMR Program Group
• Jim Dupree, IV, MD—SSMR Program Group, AUA Summit Planning Committee, AUA Alternative Payment Model Workgroup

Society of Academic Urologists
• Patrick McKenna, MD, FACS, FAAP—Program Group
• J. Stuart Wolf, Jr., MD, FACS—Member at Large, AUA Summit Planning Committee, AUA Science & Quality Council Chair
• Chandru P. Sundaram, MD—AUA Representative, AUA Board of Directors

Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
• Gary Lemack, MD—Program Group
• Toby C. Chai, MD—Member at Large
• Victor William Nitti, MD—Foundation President, AUA Summit Planning Committee, AUA Education Council Chair
• J. Quentin Clemens, MD—Health Policy Committee Chair

Society of Urologic Nurses and Associates
• Gwendolyn Hooper, APRN—Program Group, President
• Susanne A. Quallich, PhD, ANP-BC, NP-C, CUNP, FAANP

Society of Urologic Oncology
• Adam Kibel, MD—Program Group
• Matthew J. Resnick, MD, MPH—Young Urologic Oncologists Rep to Board, AUA Practice Management Committee, AUA Alternative Payment Model Workgroup

Society of Women in Urology
• Dolores J. Lamb, PhD, HCLD—Program Group, Immediate Past President
• Lindsey A. Kerr, MD—Past President, AUA Public Policy Council
• Deborah Lightner, MD—Past President
• Elizabeth T. Brown, MD, MPH—Board of Directors

Urological Association of Physician Assistants
• Jessica Nelson, MPAS, PA-C—Program Group, President
Urological Society for American Veterans
- Tim Donahue, MD—Program Group
- Hal Frazier, MD—Program Group
- Jeffrey Jones, MD

*Italics = unable to attend*

**Patient Advocacy Organizations**

**Association for Pelvic Organ Prolapse**
- Sherrie Palm, Presenter

**Bladder Cancer Advocacy Network**
- Stephanie Chisolm

**Caregiver Action Network**
- Mark Gibbons, Presenter

**FrankTalk**
- Paul Nelson

**Interstitial Cystitis Association**
- Lee Lowery

**Kidney Cancer Action Network**
- Bryan Lewis, Presenter

**Malecare**
- Darryl Mitteldorf, Presenter

**Men’s Health Network**
- Ana Fadich, Presenter

**Multiple Sclerosis Association of America**
- Kyle Pinion

**National Association for Continence**
- Steven Gregg, Presenter

**National Alliance of State Prostate Cancer Coalitions**
- Merel G. Nissenberg, Presenter

**Prostate Cancer International**
- E. Michael D. Scott, Presenter

**Prostate Conditions Education Council**
- Lindsay McBride

**UsToo International**
- Chuck Strand, Presenter

**ZERO – The End of Prostate Cancer**
- Jamie Bearse, Presenter
USPSTF TRANSPARENCY AND ACCOUNTABILITY ACT (H.R. 539)
Preserve Access to Prostate Cancer Testing for High-Risk Individuals

REQUEST – The American Urological Association (AUA) urges Representatives to cosponsor H.R. 539, the “USPSTF Transparency and Accountability Act,” introduced by Reps. Marsha Blackburn (R-TN) and Bobby Rush (D-IL).

BACKGROUND – The “USPSTF Transparency and Accountability Act” includes critical reforms that would require the U.S. Preventive Services Task Force (USPSTF) to:
- Publish research plans and make available reports on such evidence and recommendations for public comment;
- Ensure medical specialty physicians are consulted;
- Establish a stakeholders board to ensure input on developing, updating, publishing and disseminating evidence-based recommendations;
- Codify the current grading system so it can’t be changed without review; and
- Ensure that Medicare or other payors cannot deny payment for a preventive service solely based on the task force grade.

RATIONALE – Currently, the USPSTF has little accountability. The task force members are appointed by an unelected official, they do not meet with relevant stakeholders during their review process, and medical specialists do not serve on the task force. Although recommendations are intended for a primary care audience, they ultimately can impact patient access to appropriate specialty care.

Urology is specifically concerned about the USPSTF’s 2012 recommendation related to prostate-specific antigen (PSA) based screening for prostate cancer for all men, regardless of risk. According to the National Institutes of Health, African American men have the highest incidence rate for prostate cancer in the United States and are more than twice as likely as Caucasian men to die of the disease. In 2013, the American Urological Association (AUA) released a clinical practice Guideline on the Early Detection of Prostate Cancer developed using evidence from a systematic literature review. This guideline supports the use of the PSA test in a more-targeted manner, whereas the USPSTF recommendation does not encourage its use in men of any age. In recent years, the USPSTF has issued multiple other controversial ratings on a variety of health care services, including routine breast cancer screening, skin cancer screenings, vision services for children and seniors, and dementia screening in older Americans.

We support a man’s right to be tested for prostate cancer – and to have his insurance pay for it, if medically necessary – if, in fact, he decides to do so following a detailed conversation with his physician about the benefits and harms of screening. The AUA is concerned that the 2012 recommendation does not recognize the appropriate screening needs for high-risk individuals and may perpetuate the current disparities, especially for African American men.

CONTACT – For more information or to be added as a cosponsor, please contact Meghan Stringer with Rep. Marsha Blackburn (R-TN-7) at 5-2811 or Meghan.Stringer@mail.house.gov or Yardly Pollas with Rep. Bobby Rush (D-IL-1) at 5-4372 or Yardly.Pollas@mail.house.gov.
ALleviate urological workforce shortage

REQUEST – The American Urological Association (AUA) urges members of Congress to address the workforce shortages in urology and other specialties that will jeopardize access to care by cosponsoring the bipartisan “Resident Physician Shortage Reduction Act” (H.R. 2267 / S. 1301) introduced by Representatives Joseph Crowley (D-NY) and Ryan Costello (R-PA); and Senators Bill Nelson (D-FL), Dean Heller (R-NV), and Charles Schumer (D-NY).

BACKGROUND – The “Resident Physician Shortage Reduction Act” will improve the nation’s GME system and help to preserve access to specialty care by:

- Increasing the number of Medicare GME residency slots by 15,000 over the next five years;
- Directing half of the newly available positions to training in shortage specialties;
- Prioritizing distribution of new slots (e.g., states with new medical schools); and
- Studying strategies to increase the diversity of the health professional workforce.

RATIONALE – Several national surveys have identified urology as one of the specialties that is facing the worse future physician deficit. This deficit is compounded by an aging U.S. population that will require more urologic care and a desire to provide greater access to health care through the Affordable Care Act. Data in the 2015 AUA Census confirms that urology will see a significant decline in its physician numbers through the year 2020 then remain at a new lower base number that will be significantly below the future projected need while there was only a 2 percent increase in board certifications for urology from 2004 to 2013.

According to the 2016 AUA Census, the main reason for the steep decline in the next several years is because 20 percent of currently practicing urologists are over 65 years of age. Similar data shows the problem will only be further exacerbated by a growing rate of physician burnout with 38 percent of urologists facing burnout.

The United States will face an overall shortage of more than 130,000 physicians by 2025 and one-half of this shortage will come from specialty physicians such as urologists. Urology has seen a greater than 10 percent decline in the number of urologists per capita over the past 20 years. In 2009, there were only 3.18 urologists per 100,000 population, which marked a 30-year low in the labor force for our field. The average age of a urologist is 52.5 years, with more than 44 percent of urologists age 55 or older, making our specialty the second oldest only to thoracic surgery. In addition, training for urologists following graduation from medical school is a minimum of 5 years and frequently longer. And while an AUA needs assessment survey in 2012 showed that nearly 8,000 APPs are working in urology practices/institutions in the United States and the AUA endorses the use of APPs in the care of genitourinary disease through a formally defined, supervisory role with a board-certified urologist, the impact that advanced practice providers provide in reducing the shortfall of future urologists is not clear.

The Health Resources and Services Administration Bureau of Health Professions, in its 2008 report, projected a need for 16,000 urologists by 2020. This is congruent with other independent projections that show that by 2030 urology will face a 32 percent (3,884 urologists) deficiency in the number of providers necessary to adequately care for a projected population of 364 million U.S. citizens. A recent AUA Workforce and Compensation Survey indicated that up to 20 percent of currently practicing urologists plan to retire in the next five to 10 years. We need to take steps now to ensure a fully trained specialty physician workforce for the future.
CONTACTS – To cosponsor H.R. 2267, please contact Nicole Cohen with Rep. Crowley (D-NY-14) at 5-3965 or nicole.cohen@mail.house.gov or Elle Ciapciak with Rep. Costello (R-PA-6) at 5-4315 or Elle.Ciapciak@mail.house.gov. To cosponsor S. 1301, please contact Corey Malmgren with Sen. Nelson (D-FL) at 4-5274 or Corey_Malmgren@nelson.senate.gov or Rachel Green with Sen. Heller (R-NV) at 4-6244 or Rachel_Green@heller.senate.gov.

WHAT CONGRESS CAN DO:

- Support clinician engagement programs and other initiatives to address or alleviate burnout.
- Expand the physician workforce by increasing GME residency slots.
- Study burnout and its impacts on providers across all medical specialties.
- Reduce non-clinical regulatory burdens on providers.
SUPPORT THE CREATION OF AN OFFICE OF MEN’S HEALTH


BACKGROUND – An Office of Men’s Health would conduct, support, coordinate, and promote programs and activities to improve the state of male health in the United States. Such office would:

- Coordinate public awareness, programs, and activities related to male health, including prostate cancer, diabetes, colorectal cancer, cholesterol, and mental health screening programs, including for men identified as being at increased risk for these diseases;
- Support comparative effectiveness review related to these diseases; and
- Establish a clinical registries database to assess and measure quality improvement of programs and activities relating to male health.

RATIONALE – Men over the past decade have shown poorer health outcomes than women across all racial and ethnic groups as well as socioeconomic status. Risks to their health and well-being are on the rise due to a lack of education on, awareness of, and pursuit of preventive screening and care. Men are leading in 9 out of the top 10 causes of death. According to the American Cancer Society, 1 in 2 men versus 1 in 3 women will be diagnosed with cancer in their lifetime. In the United States, men die at an overall rate 1.4 times higher than women. Studies show that women are 100 percent more likely than men to visit a doctor, have regular physician check-ups, and obtain preventive screening tests for serious diseases. Appropriate use of tests such as prostate cancer screening exams and blood pressure, blood sugar, lipid panel, and colorectal screenings in conjunction with clinical exams or self-testing, can result in the early detection of many problems and in increased survival rates.

Common urological conditions impacting men which would benefit from improved coordination of public awareness and screening programs include prostate cancer, bladder cancer, and erectile dysfunction.

**Prostate Cancer:** The most commonly diagnosed cancer in men is prostate cancer and it is the second most common cause of male death from cancer. In 2018, approximately 164,690 men in the United States will be diagnosed with prostate cancer and an estimated 29,430 will die from it. In addition, there are major population disparities in prostate cancer incidence and mortality, with African American men experiencing 2.5 times greater risk of prostate cancer death compared to Caucasian men.

**Bladder Cancer:** Bladder cancer is the fourth most common cancer and the eighth leading cause of cancer death in men. The five-year survival rate for bladder cancer has not improved in over 30 years. Bladder cancer is more commonly diagnosed after the age of 55 and has the highest cost of health care delivery per patient compared to all other malignancies. In 2018, approximately 62,380 men in the United States will be diagnosed with bladder cancer and an estimated 12,520 will die from it.

**Erectile Dysfunction (ED):**
The National Institutes of Health (NIH) estimates that ED affects as many as 30 million men in the United States, and ED is often an early presenting symptom of associated comorbid...
conditions such as hypertension, diabetes, and treated heart disease. ED also has severe psychological emotions associated with anger, isolation and depression and it can result in serious adverse impacts to functioning in a marriage or partnership.

Unfortunately, a significant proportion of ED treatment is not covered by public or private payers. Recognizing this disparity in men’s health care, the American Medical Association’s (AMA) House of Delegates, which is the policymaking body of the house of medicine, passed a measure supporting patient access to the full continuum of care of evidence-based ED treatment modalities including oral pharmacotherapy, penile vasoactive injection therapy, vacuum erection device therapy and penile prosthetics. Federal measures have also been introduced (e.g., H. Res. 106 – 114th Congress by Rep. Erik Paulsen) urging protection of Medicare or veterans’ benefits for medical device treatments for male impotence that result from treatment for diseases such as prostate cancer.

CONTACT – For more information or to become an original cosponsor of this bill, please contact Steven Schultz with Rep. Donald Payne (D-NJ-10) at 5-3436 or steven.schultz@mail.house.gov.
SUPPORT FEDERAL FUNDING FOR UROLOGICAL RESEARCH

Department of Defense Congressionally Directed Medical Research Programs (CDMRP)

REQUEST – The AUA urges Congress to support increased funding in Fiscal Year (FY) 2019 for the Department of Defense (DoD) Congressionally Directed Medical Research Programs (CDMRP).

BACKGROUND – The DoD CDMRP encompasses a wide-range of conditions such as breast and ovarian cancers, neurofibromatosis, military health, and other specified areas including urologic conditions like prostate, kidney and bladder cancers and interstitial cystitis. The DoD appropriations to fund CDMRP are added every year during the budget approval cycle by members of the House or Senate, in response to requests by consumers and disease survivors. In FY 2017, Congress provided $1.117 billion for the 31 programs in the CDMRP. To date, these programs are operating under a continuing resolution, which expires on March 23. When FY 2017 funding runs out, no further research can be supported. This would potentially roll back years of progress made on countless diseases afflicting our active warfighters, their families, or military veterans.

RATIONALE – Numerous urologic conditions benefit each year from CDMRP funding. DoD research in prostate cancer is the most recognizable and longstanding research topic area, first established in 1997. However, there are newer opportunities for urologic research funding being sponsored by the CDMRP that are already making a lasting impact for patients, their families, and their workplaces. For instance, in FY 2016, bladder cancer was added as a fundable research topic under the CDMRP’s Peer Reviewed Cancer Research Program (PRCRP).

Bladder cancer is the fourth most common cancer and the eighth leading cause of cancer death in men. Although women are diagnosed with bladder cancer less frequently than men, bladder cancer diagnoses in women are typically more advanced and more lethal since diagnosis may have been previously missed due to being mistaken for common non-cancer gynecological or urological problems. In addition, it is more commonly diagnosed after the age of 55 and has the highest cost of health care delivery per patient compared to all other malignancies, suggesting that diagnostic and therapeutic strategies lag significantly compared to other cancers. Yet the amount of funding for research to better understand and eliminate the impact of this disease is disproportionately low.

Kidney cancer is another urologic disease that benefits from military medical research. In fact, after years of competing for funding in the PRCRP, in FY 2018, this condition began receiving its own DoD funding line in the CDMRP. Since then, the total number of kidney cancer grant applications skyrocketed by six times over previous submissions, confirming the major need and interest in kidney cancer research and underscoring the research community’s commitment to finding a cure for this disease.

The National Cancer Institute estimates that $4.2 billion is spent in the United States each year on treatment of kidney cancer. In 2018, it is estimated that 65,340 new cases of kidney cancer will be diagnosed and 14,970 people will die from this disease. It is the ninth leading cancer overall but ranks fourth in incidence among both African American and Hispanic males. The rate of people developing kidney cancer has been climbing for the last 65 years.
CDMRP’s focus on innovative and high-risk, high-gain research is needed for bladder and kidney cancers and will continue to have a positive impact as it has done for other diseases. For example, in recent years, there has been exciting progress made in earlier diagnosis and improved outcomes for prostate cancer, which can be in large part attributed to years of federal funding for prostate cancer research through the CDMRP as well as the National Institutes of Health (NIH).

**National Institutes of Health**

**REQUEST** – The American Urological Association (AUA) urges Congress to provide at least $2.144 billion more for the National Institutes of Health (NIH), consistent with the Bipartisan Budget Act of 2018 and the 21st Century Cures Act.

**BACKGROUND** – The NIH is at the forefront of funding, conducting, and supporting health and medical research in the U.S. Many important discoveries have been made through the NIH, and many drugs and treatments have been developed out of NIH-supported activities.

The Bipartisan Budget Act of 2018 altered the spending caps to provide more flexibility for federal discretionary funding in FY 2018 and FY 2019. As part of the overall bipartisan agreement, Congress agreed to $2 billion additional funding for NIH; $1 billion in FY 2018 and $1 billion in FY 2019, as well as $3 billion in each fiscal year for opioid-related activities (some of which should include research at the NIH).

The 21st Century Cures Act provided $496 million in FY 2018 and $711 million in FY 2019 for the NIH Innovation Projects.

In FY 2017, NIH received a total of $34.084 billion and funding remains flat under the current continuing resolution which expires March 23.

**RATIONALE** – NIH funding has already improved the lives of Americans with urologic diseases, including those with benign prostatic hyperplasia (BPH). BPH is a non-cancerous enlargement of the prostate gland, commonly found in men over the age of 50 and causing numerous office visits, symptoms such as pain and urinary dysfunction, and significant economic burden. By better understanding the mechanisms of disease and disease progression of men with BPH, NIH-sponsored studies have shed light in diagnosing and treatment for men with BPH, including a special emphasis on men of color.

In addition, NIH research has shed light on potential health care savings with better treatment options for urinary incontinence. Urinary incontinence is a highly prevalent condition, and costs over $7.5 billion annually to evaluate and treat. Through a large collaborative research effort involving urology, gynecology, physical therapy, geriatrics, biostatistics and epidemiologists, NIH-funded researchers discovered that certain bladder testing before surgery was unnecessary, and the application of these findings will save tens of millions of dollars by preventing unnecessary testing.
Reducing Burden Related to Use of Certified Electronic Health Record Technology (CEHRT)

REQUEST – The American Urological Association (AUA) urges Congress to take the following actions to reduce burden related to the use of certified electronic health record (EHR) technology (CEHRT):

- Encourage the Office of the National Coordinator for Health Information Technology (ONC) to examine the high cost of operating and upgrading CEHRT, specifically focusing on: 1) the financial and administrative burden on physician practices, hospitals, and health systems for routine upgrades to certified electronic health record technology (CEHRT), as well as for ongoing maintenance and operations; 2) the cost drivers that contribute to vendors’ escalating fees; and 3) potential solutions to mitigate the amount and frequency of ongoing fees from CEHRT vendors.

- Cosponsor S. 2059, the “EHR Regulatory Relief Act,” introduced by Sens. John Thune (R-SD), Lamar Alexander (R-TN), Richard Burr (R-NC), Mike Enzi (R-WY), Pat Roberts (R-KS), and Bill Cassidy, MD (R-LA). The EHR Regulatory Relief Act would make permanent a 90-day reporting period for the Advancing Care Information performance category of the Merit-based Incentive Payment System (MIPS) and provide flexibility for scoring under that category, to include removing the “all-or-nothing” approach.

BACKGROUND – The passage the American Recovery and Reinvestment Act of 2009 created policy requirements and financial incentives for clinicians to adopt and meaningfully use CEHRT. Under the Medicare Access and CHIP Reauthorization Act (MACRA), Congress implemented significant changes to the incentive structure, discontinuing penalties specifically associated with failure to meaningfully use CEHRT, and instead consolidating meaningful use requirements under MIPS. In final rules promulgated by the Centers for Medicare & Medicaid Services (CMS), clinicians are assessed for use of CEHRT under the Advancing Care Information (ACI) performance category of MIPS as follows:

- Performance is assessed using a continuous 90-day reporting period for each of the first three MIPS performance years. However, CMS declined to make the 90-day reporting period a permanent provision of MIPS.
- To receive credit for the ACI performance category, clinicians must report on all measures included in the calculation of the “base score”. Only after the base score measures are reported may clinicians receive additional credit and bonus points on an expanded set of “performance score” measures. Clinical data registry reporting can contribute to credit under the performance score measures or under bonus scoring, but only after the base score measures have been satisfied.

Separately, through passage of the 21st Century Cures Act, Congress specifically prohibited, and provided penalties of up to $1 million, for entities that engage in “information blocking”, which is defined broadly as a “practice that ... is likely to interfere with, prevent, or materially discourage access, exchange or use of electronic health information” if that practice is known by a developer, exchange, network, or provider as being likely to “interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information.”
RATIONALE – Ongoing revisions to the certification standards required to demonstrate meaningful use result in constant upgrades or turnover in EHR systems by health care practices and facilities. Costs associated with upgrades – as well as with maintenance and routine operations – are substantial and create a significant burden on physician practices. This is exacerbated by concerns among practices that they are “trapped” with their current vendors, given the technological and human resource challenges of migrating to new systems. The cost and vendor-related barriers to upgrading and/or transitioning practice EHR systems not only create a financial and administrative burden for physician offices, but also affect patient access to high-quality care as practices delay incorporating technological improvements that streamline patient care, increase patient safety, promote delivery of evidence-based medicine, and facilitate accurate and timely referrals. Additionally, the high costs of maintenance and routine EHR operations contribute to information blocking on the part of vendors, who are creating barriers to the access and exchange of electronic health information included in EHRs.

Additionally, while the ACI reporting requirements reflect a more flexible scoring methodology for determining meaningful use of CERHT than had previously existed, they still present challenges and create uncertainty for clinicians who must report under this category:

- A full 365-day reporting period for the ACI performance category will limit the time that physicians spend on providing high quality patient care, even beyond year three, and will also create challenges for practices that upgrade or change EHR systems or implement other new technologies.
- The base score requirements establish an “all-or-nothing” requirement that can penalize clinicians who may believe that base score measures are not the most meaningful to their practices. Additionally, the requirements do not fully leverage the use of CEHRT to improve the value and quality of clinical care, for example in the way that could be accomplished by linking the use of CEHRT to participation in qualified clinical data registries (QCDRs) to receive credit for the ACI performance category, given QCDRs’ role in driving improvements in the value of health care. Eliminating the all-or-nothing requirement and instead providing additional flexibility for participation under the ACI category, including providing partial credit for any measure – without a requirement to first complete base score measures – will allow clinicians to focus on those measures that are most meaningful to their practice.

CONTACTS –

- To cosponsor S. 2059, please contact Danielle Janowski with Sen. Thune (R-SD) at 4-2321 or danielle_janowski@thune.senate.gov.
Dear Colleague:

We are living in extraordinary political times, and it has never been more important to have lawmakers in office who understand the unique challenges facing our nation's urologists. As the AUA continues to advocate in Washington, DC, for the specialty of urology, we are pleased to offer interested members the opportunity to participate in the political fundraising process by taking advantage of the newly launched individual political giving campaign.

Individual giving is an important – and impactful – part of the political process. In 2010, for example, individual donors accounted for the majority of funds given to Congressional candidates; with small donations (less than $200) accounting for 13 percent of donations and large donations (more than $200) accounting for nearly half of all contributions!

This initiative has one simple goal in mind: to allow AUA members the opportunity to directly contribute to the re-election of pro-physician candidates. Our organization has uniquely positioned itself to inform members and attend key political fundraisers hosted by groups such as the American Medical Association, American College of Surgeons, and the Alliance of Specialty Medicine. We are harnessing these opportunities by creating a select network of urologists and urologic professionals who "opt in" to be solicited for donating to political campaigns.

How Does It Work?

Participating in this program is surprisingly easy. Simply email the AUA's Government Relations & Advocacy Department at GovernmentRelations@AUAnet.org. AUA staff will follow up with additional details on this process, including a short list of lawmakers to consider whose positions align with the AUA's legislative policy objectives. Individual giving affords donors greater freedom and flexibility in deciding which candidates to support, with full transparency of where the money goes. We expect that donors may have opportunities to interact with these same lawmakers during high-profile events, such as the Annual Urology Advocacy Summit held in Washington, DC every March.

Political giving is one of the most important things you can do for the profession and our patients. The AUA is thrilled to offer its members the opportunity to contribute to the legal, political-giving process that garners attention for our important issues and further raises urology's profile on Capitol Hill.

Christopher Gonzalez, MD
Chair, AUA Public Policy Council

According to the Federal Election Commission (FEC), the limit for 2017-2018 is $2,700 per person, per candidate for each election (or $5,400 for the entire election cycle, covering both the primary and general elections). Under federal law, all contributions of more than $200 to federal candidates must be itemized and disclosed to the FEC. Donors must report their name, address, employer and occupation, and these records are publicly available from the FEC and several other websites. These donations are not tax deductible.
Adam, Rosalyn M.
Adey, Gregory Steven
Albala, David Mois
Aleksic, Ilija
Alukal, Joseph
Andonian, Sero
Armm, Milton
Arora, Hans C.
Asafu-Adjei, Denise A.
Ashman, Phillip Miller
Averch, Timothy David
Babayan, Richard K.
Barlog, Kevin J.
Barthold, Julia Spencer
Bass, Robert A.
Basurto, Carlos
Basurto, Olivia
Bearse, Jamie
Beilan, Jonathan Andrew
Bensen, Carleen Tortello
Benz, Karl
Berger, Alisa Marie Driscoll
Berquist, Sean
Bhatt, Vikas S.
Bielinski, Roger A.
Bivalacqua, Trinity Jude
Blackburn, Melissa
Blackburne, Rose
Bohnert, William W.
Brand, Timothy Charles
Breton, Peter N.
Burnett, Arthur
Campbell, Jeffrey Brian
Carlson, Kirsten*
Carroll, Peter Robert
Chai, Toby C.
Chew, Ben
Childs, Lane Clifford
Chiles, Kelly A.
Chisolm, Stephanie
Chouhan, Jyoti
Cisur, Theodore
Clark, Peter Earl
Clark, Roderick K.
Clemens, Quentin
Cleveland, Curtis H.
Colinot, Darrelle L.
Coogan, Christopher Lee
Cummings, James M.
D'Agostino, Louis A.
Dallas, Kai
Daneshvar, Michael
Darson, Michele F.
Das, Anurag Kumar
Das, Sanjay
Davies, Kelly*
Davis, III, Ronald Lee
Decker, Ann*
DeLong, Jessica
Devon, Octavia Nanagas
Domino, Paula
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