

EVALUATION SUMMARY

Western Section AUA
 Thursday, Oct. 29, 2009, 8:00am - 10:25am
 Prostate II

| | Scale: = POOR / ADEQUATE / EXCELLENT | | | | |
|--|--------------------------------------|------------|-----------------|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| PROGRAM OBJECTIVES | Total Pts | # Returned | Total Ave Score | | |
| Describe new techniques in the management of BPH. | 419 | 116 | 3.61 | | |
| Review the usefulness of PSA velocity in prostate cancer diagnosis and recurrence after radical prostatectomy. | 534 | 116 | 4.60 | | |
| Consider the role of active surveillance in the management of localized prostate cancer. | 535 | 116 | 4.61 | | |

OVERALL EVALUATION

| | | | |
|---|-----|-----|------|
| Increased My Awareness/Understanding of the Subject | 530 | 116 | 4.57 |
| Will Influence How I Practice | 517 | 116 | 4.46 |
| Helped Me Improve Patient Care | 523 | 116 | 4.51 |
| Was Educationally Sound and Scientifically Balanced | 537 | 116 | 4.63 |
| Avoided Commercial Bias or Influence | 544 | 116 | 4.69 |

Points that will influence the way I will practice:

- Alter apical dissection in prostatectomy.
- Bleeding factor associated with BPH treatment options.
- Extend my option of Radical Prostatectomy to men >70, <75 yrs old.
- Consider costs of active surveillance.
- I learned about bleeding associated with Holap procedure.
- Avoid apex + margin.
- High grade cap causes a high PSA velocity.
- Will consider active surveillance in more patients.
- Increase surveillance of black patients during PSA earlier than age 50.
- Impact of + margins.
- Techniques for decrease + margin rate robotic RP.
- May use open laparoscopy prostatectomy as a new option.
- I will purchase the prostate stent.
- Better margin at apex of prostate.
- Techniques and use of active surveillance for CAP.
- Consider active surveillance in more patients.
- There is no clinical utility for ultrasensitive PSA.
- Better dissection of prostate apex.
- Cancer specific mortality less after RRP than rad treatment or ADT.
- More work needed to prevent positive margins.

| | | | |
|--|-----|-----|------|
| Thomas Ahlering, M.D. - State of the Art | | | |
| The presenter demonstrated current knowledge of the topic. | 562 | 116 | 4.84 |

(State of the Art - Continued)

| | | | |
|--|-----|-----|------|
| Moderators: Dr. Christopher Evans & Dr. Mitchell Sokoloff | | | |
| The moderators guided and enhanced this session. | 553 | 116 | 4.77 |

Comments about moderators:

Good job, excellent questions.

Good control of time, stimulated audience participation.

Well done.

Very good.

Good job.

Knowledgeable.

Good job.

Had good questions, however allowed us to run over on time.

Dr. Christopher Evans is great.

Good.

Good comments/questions.

Excellent job guiding discussion, keeping things on track. Need better time managing.

Could have been more dynamic.

Comments about speakers/course content:

Excellent.

Excellent talk by Dr. Ahlering.

Excellent.

Excellent.

Good presentations.

Knowledgeable.

Impressive-meticulous technique needed to get our margins.

Good job.

Dr. Ahlering's discussion was excellent.

Very good course.

Brutally honest.

Timely information-very enlightening-great talk.

Chinn's presentation-seemed industry sponsored. i.e. video.

#269-Desai/Berger-admitted he already presented at AUA-we don't want recycled presentations.

Good.

Recommended topics for future meetings:

Perineal Prostatectomy.

Comparison of monopolar vs. bipolar TUR resection of prostate and bladder tumors.

Something on cryo for prostate cancer and something on microwave for B.P.A.

Same;but more on the RARP technique.

New technology section-novel PC markers.

State of gene therapy.

Chemotherapy for prostate cancer.