

## EVALUATION SUMMARY

Western Section AUA  
 Tuesday, Oct. 28, 2008, 3:30pm - 5:30pm  
 Bladder & Urethra

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Measure the risks and benefits of surveillance for Stage I and treated Stage IS-III testis cancer.	862	195	4.42		
Determine the complications of open and robotic radical cystectomy.	867	195	4.45		
Analyze the impact of urinary diversion on renal function.	843	195	4.32		

### OVERALL EVALUATION

Increased Awareness of Subject	872	195	4.47	
Will Influence How I Practice	814	195	4.17	
Helped Me Improve Patient Care	839	195	4.30	
Was Educationally Sound and Scientifically Balanced	889	195	4.56	
Avoided Commercial Bias or Influence	901	195	4.62	

#### Points that will influence the way I will practice:

I disagree with principles of overuse of robots.  
 Learned more about early intervention.  
 Advocate robotics for bladder cancer.  
 Robotic cystectomy is real.  
 Need to use template for node dissection.  
 More extensive lymph node dissection cystectomy.  
 Complication rate after radical cystectomy can be as high as 80%.  
 Lymph node dissection - extension - interesting.  
 I'm a PA, not a physician, so this information largely does not change my practice.  
 Watch urethral lesions.  
 Never do a robotic cystectomy.  
 Follow up / imaging schemes.  
 Influence of node counts cystectomy.  
 Familiarized self complications of robotic cystectomy.  
 Learned robotic surgery by laparoscopy complications.  
 Will use surveillance for treated testis cancer with complete response.  
 Consider getting less CT's on testis cancer patients on surveillance.  
 Will study renal function of SCI patients more thoroughly one time.  
 Treat more scrotal infection with regimens effective against MRSA.  
 Robotic cystectomy vs. open cystectomy.  
 Reconsider use of FISH.  
 I will be performing a much more extensive lymph node resection in cystectomy patients.  
 Continue to use Foley after term cp.  
 Consider radiation dose for NSSCT surveillance.  
 Decision making regarding treatment options.

**Points that will influence the way I will practice: (CONTINUED)**

I will continue to include physical therapy with treatment options for chronic pelvic pain syndrome.  
Be cautious of CT MNSGTC surveillance.  
Extended lymph nodes improve survival in bladder cancer patients.  
About a third of scrotal soft tissue infections may be MRSA related.  
Female message therapist may have a role in chronic proctitis.  
Do not do chest CT's for surveillance of testis cancer.  
Lymph node template is more important than numbers.  
Surveillance is risky - 2% of cancer due to XRT.  
Decrease number of CT scans in testis cancer patients.  
Do not order a chest CT with abdominal / pelvic CT if not indicated in Flu testis cancer.  
Use caution in surveillance of testis cancer patients.  
Manual physical therapy for patients with urologic chronic pelvic pain.  
Consider less CT's for testicular cancer surveillance.  
Reduce number of CT scans.  
Principles of cystectomy value of node dissection.  
Extent of LN dissection more important than number of nodes.  
Will decrease use of CT scans in patients with testis cancer on surveillance.  
No RPLND for patients with resolved retroperitoneal LN's.  
Counseling for cystectomy complications.  
Robotic cystectomy indications.

**Timothy Wilson, M.D. - State of the Art**

The speaker demonstrated current knowledge of the topic.	890	195	4.56
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**Moderators**

The moderators guided and enhanced this session	818	195	4.19
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**Comments about moderators:**

Good discussion.  
This was a very informative learning session.  
Good job.  
Well run group.  
Good questions.  
Limited for time.  
Good.  
Satisfactory.  
Great section.  
Great meeting - tremendous work "behind the scenes".  
Good.  
Knowledgeable.  
Minimal input on discussions.

**Comments about speakers/course content:**

Very informative.  
Excellent.  
Good abstracts.  
Medical students should not present data.

**Comments about speakers/course content: (CONTINUED)**

Excellent objective presentation by Dr. Wilson.

Balanced data from Dr. Wilson.

Wilson was very good, balanced.

Very informative and relative to my clinical practice.

Limited for time.

Good.

Good content.

Excellent.

Very knowledgeable and good delivery.

No change.

Excellent choices - good variety of topics.

Great discussion about lymph node dissection.

Wilson talk was outstanding.

Wilson talk poor - needed more videos.