

EVALUATION SUMMARY

Western Section AUA

Sunday, October 26, 2008 - 7:30am - 9:30am

Poster Session I: Prostate I

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Review multifocal prostate cancers and the utilization of LHRH Agonist.	658	157	4.19		
Summarize the effect of robot-assisted medical prostatectomy on timing of surgery, margin status, and lymph node dissection.	623	157	3.97		
Discuss and compare new imaging modality for prostate disease.	657	157	4.18		

OVERALL EVALUATION

Increased Awareness of Subject	698	157	4.45
Will Influence How I Practice	698	157	4.45
Helped Me Improve Patient Care	686	157	4.37
Was Educationally Sound and Scientifically Balanced	677	157	4.31
Avoided Commercial Bias or Influence	688	157	4.38

Points that will influence the way I will practice:

Use of LHRH and Robotics.
 The lesser side effects of Robotics.
 Wait 6 weeks prior to RARP.
 Feel more comfortable using intermittent hormone therapy.
 Better to wait before performing surgery.
 Improved pre/post surgery counseling.
 None really than confirm my current practice.
 Change settings on TRUS.
 Plan to consider learning cryotherapy for prostate cancer.
 Reassurance.
 Feel more comfortable with surgical timing for RRP.
 Multifocal cancer would argue against focal cryotherapy.
 Increased awareness of options.
 Multifocal prostate cancer increased with risk factors.
 Robotic is here to stay.
 How to treat different prostate cancer.
 Discuss imaging with patients.
 Impact of nerve sparing on surgical margin status.
 Delay PRP until 8 weeks post Rx.
 Reinforces idea of lowering LHRH.
 Withhold prostatectomy 4-6 weeks after biopsy.
 Understanding multifocal Dx and Rx.
 Testosterone based utilization of androgen deprivation.
 Will review my technique for urethrovesical anastomosis.
 Consider testosterone testing prior to re dosing.
 Delay of radical prostatectomy post biopsy.
 Confirmation to wait 6 weeks between biopsy and prostatectomy.
 Ideal waiting period from biopsy to robot assisted prostatectomy.
 Testosterone levels in deciding HRT follow-up.

Points that will influence the way I will practice: (Continued)

Delay between prostate Bx and prostatectomy.

Negative findings in extended biopsy scheme is predictive of no SUI.

Can use testosterone band LHRH Rx vs. time band.

Moderators

The moderators guided and enhanced this session.	625	157	3.98
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Comments about moderators:

Knowledgeable.

All well presented.

On point.

Organized.

It isn't necessary to comment on every paper.

Well-informed, knowledgeable about the papers. Good choice.

Excellent job.

Excellent.

Good auxiliary questions.

Good.

Good.

Attentive and pertinent commentary.

They did a great job.

Moderators allowed too much time for each talk.

Kept everything on time and was direct.

Excellent questions.

Very well done - knowledgeable on each poster subject.

Comments about speakers/course content:

Too early.

Knowledgeable.

All well presented.

Good.

Excellent.

Good selection although somewhat diverse for subject.

Good.

Knowledgeable to the field of expertise and research.

Recommended topics for future meetings:

More robotic talks.

Prostatectomy and DVT's.