

OUT COMES REPORT

HARTFORD HEALTHCARE
TALLWOOD UROLOGY & KIDNEY INSTITUTE
2022 OUTCOMES REPORT

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Dear Colleagues:

The year 2022 was unprecedented as we rebounded from the recent pandemic and continued to increase access to Tallwood Urology & Kidney Institute programs across the state while focusing on Hartford HealthCare's vision to be most trusted for personalized, coordinated care.

As is the tradition for Hartford HealthCare, I will start with recognition and celebration. This year, we are both recognizing and celebrating Jan Ruderman, our Tallwood administrative leader. Jan retired at the end of 2022 after a 25-year career with Hartford HealthCare. In 2011, Jan was the original facilitator for the formation of the institute model of care embraced at HHC. With amazing foresight, CEO Jeff Flaks selected her to partner with me in 2013. Jan is the epitome of a leader, displaying all aspects of leadership behaviors every day and truly living the HHC values.

Jan built and led all components of our institute — the urology service line in the Medical Group then building all five of our robust clinical councils. Most importantly, she built a legacy by recruiting an amazing administrative team which she coached and mentored, ensuring our institute will continue to improve the delivery of urologic care in the years to come. Jan's focus on patients has been the driving force of Tallwood's commitment to putting patients at the center of everything we do. Her work has positively impacted the lives of hundreds of thousands of patients across Connecticut.

The Tallwood endowment continues to support our new program development and clinical research. Our robust clinical research team includes a medical writer, statistician and two research associates who support all research endeavors and manage our databases for prostate, bladder, kidney and testicular cancer. In 2022, the team, led by Joseph Wagner, MD, made 28 presentations at regional and national meetings and generated 21 publications.

Also supporting our data-driven approach to improving care is our recent enrollment in the AUA Quality (AQUA) Registry, a national Qualified Clinical Data Registry (QCDR) designed to measure, report and improve healthcare quality and patient outcomes.

Foundational to the institute model are our clinical councils, which support our commitment to ensure best practices are applied throughout our system so patients receive the same high standard of care no matter where they live or which HHC facility they choose. Each of our five clinical councils made significant achievements over the past year, some of which are included in this report.

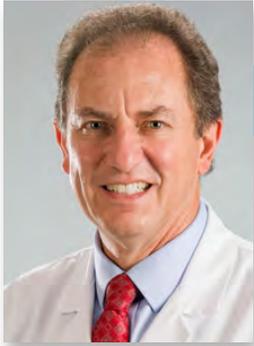
It is my pleasure to provide this glimpse into the full scope of the Tallwood Urology & Kidney Institute activities.

Sincerely,

Steven J. Shichman, MD

Physician-in-Chief, Tallwood Urology & Kidney Institute
Executive Director, Center for Education, Simulation & Innovation (CESI)
Hartford HealthCare

Leadership at the Tallwood Urology & Kidney Institute



Steven J. Shichman, MD

Physician-in-Chief, Hartford HealthCare Tallwood Urology & Kidney Institute

A board-certified urologist, Dr. Shichman specializes in robotic surgery, renal cancer and adrenal disorders. After college and work as a chemical engineer, he completed his medical degree and general surgery/urology residency at the University of Connecticut. He pursued advanced training at New York Hospital and Cornell Medical Center, where he completed a fellowship in laparoscopy and minimally-invasive surgery. Dr. Shichman is an internationally-recognized pioneer in minimally-invasive urologic surgery and among the country's most experienced surgeons in laparoscopic adrenalectomy, and laparoscopic and robotic partial nephrectomy. A course director for the American Urological Association postgraduate courses from 1998 to 2013, he taught laparoscopic techniques to more than 1,200 urologists from around the world. Dr. Shichman has been recognized as one of Connecticut's Top Doctors in urology by Connecticut and Hartford magazines. Over the past 25 years, Dr. Shichman has been instrumental in advancing Hartford HealthCare's international reputation for innovation in laparoscopic and robotic urologic surgery. Under his leadership, HHC hosted numerous post-graduate courses and national symposiums on robotic urologic surgery. Dr. Shichman is executive director of Hartford Hospital's Center for Education, Simulation and Innovation, recognized as one of the largest and most comprehensive medical simulation training complexes in the U.S.



Jan Ruderman

Vice President, Hartford HealthCare Tallwood Urology & Kidney Institute

As vice president of Hartford HealthCare's Tallwood Urology & Kidney Institute through her retirement on December 31, 2022, Ruderman was responsible for engaging stakeholders from across Hartford HealthCare to fulfill our vision of being nationally respected for excellence in patient care and most trusted for personalized, coordinated care. She drove strategic institute initiatives to improve quality, reduce cost and inefficiencies, and enhance patient experience. Ruderman was an architect of our institute model, which redesigned our delivery model to better coordinate care with evidence-based, system-wide standards. Tallwood is one of seven Hartford HealthCare institutes organizing care around diseases and patient needs. Ruderman has a master's degree in business administration with a focus on healthcare, and bachelor's degree in occupational therapy from Tufts University. During her 25 years at Hartford HealthCare, she held various leadership roles in operations, quality and process improvement.

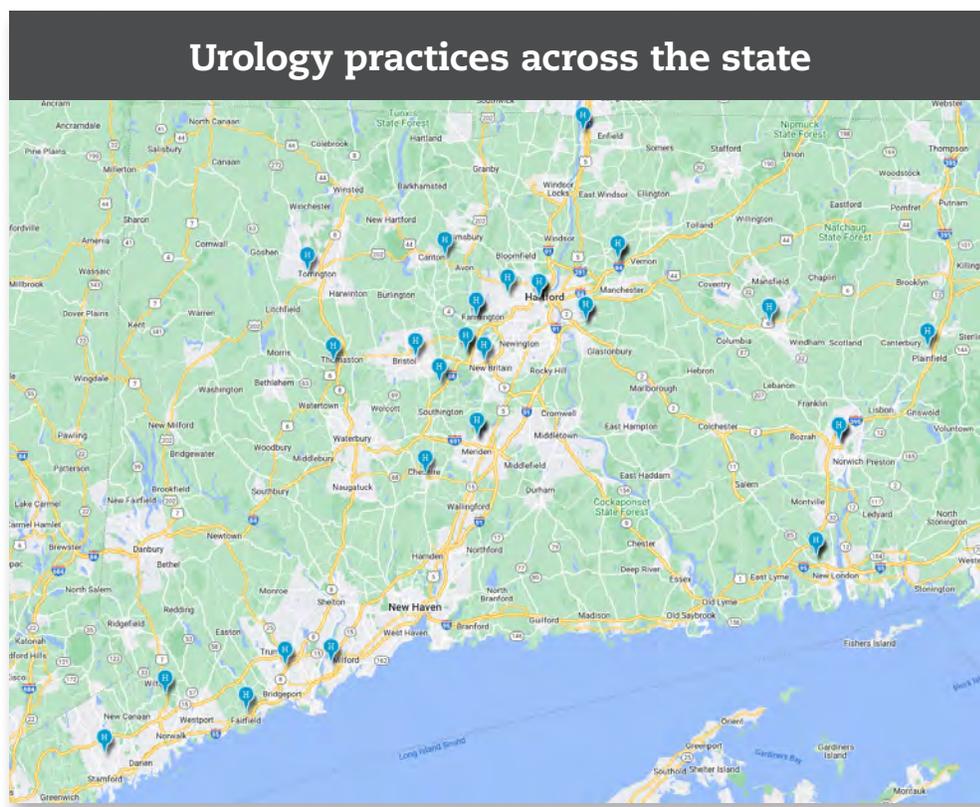
About the Tallwood Urology & Kidney Institute

The Hartford HealthCare Tallwood Urology & Kidney Institute was established in 2015 to provide oversight of the complete patient experience throughout all transitions of care and points of service within the communities served by Hartford HealthCare for individuals being treated for urologic and kidney conditions.

Our innovative institute approach is unlike any other in the state and is among the most highly regarded in the nation. Foundational to the institute model are our clinical councils comprised of physicians and other clinicians with expertise in specific diseases and conditions. The clinical councils support our commitment to ensuring best practices are applied throughout our system so patients receive the same high standard of care no matter where they live or which Hartford HealthCare facility they choose.

The Tallwood Urology & Kidney Institute has more than 30 outpatient locations across Connecticut. Our expansive network of highly talented and trained providers at these locations allow communities greater access to care across all urological specialties and sub-specialties. In addition to our rapidly growing outpatient network, urologic and kidney conditions are treated at the following Hartford HealthCare acute care facilities across the state:

- Backus Hospital
- Charlotte Hungerford Hospital
- Hartford Hospital
- The Hospital of Central Connecticut
- MidState Medical Center
- St. Vincent's Medical Center
- Windham Hospital



The Tallwood Urology & Kidney Institute is organized around five clinical councils

Clinical councils bring providers and leadership together to establish medical guidelines and standards of care that improve quality and outcomes, reduce variability, and enhance the patient experience.

Furthermore, our councils examine gaps in care and explore access opportunities to better serve our communities.

Men's Health Introduced in 2018 under the direction of andrology trained urologist, Jared Bieniek, MD, Tallwood Men's Health launched a new and innovative model of care designed specifically for men. This service is built around a multidisciplinary and clinically-integrated team of specialists in urology, endocrinology, cardiology, behavioral health, medical and surgical weight loss, sleep medicine, colorectal health and primary care. A nurse navigator supports the team to help reduce access barriers to care and ensure men receive a more holistic approach to managing their health. There are now three Men's Health centers located in Farmington, Waterford and Fairfield.

Kidney Stones Under the leadership of Joshua Stein, MD, Tallwood urologists and nephrologists partner with other Hartford HealthCare specialists including radiologists, registered dietitians and emergency care providers to develop clinical guidelines and protocols that improve the way we care for those suffering from kidney stones. Performing procedures such as shock wave and laser lithotripsy, ureteroscopic stone removal and percutaneous nephrostomy, Tallwood leads access in Connecticut with more than 2,800 stone transitions of care annually, all while outperforming national benchmarks in readmissions, mortality and length of stay.

Pelvic Health Co-led by female pelvic medicine reconstructive surgeons - Richard Kershen, MD, and Elisabeth Sappenfield, MD - Tallwood urologists and urogynecologists are recognized as regional and national leaders in their field. Through this program, specialty care moves beyond the walls of the hospital and into the community. Tallwood enlists Hartford HealthCare specialty-trained physical therapists to help patients better manage pelvic pain and pelvic floor conditions including female and male incontinence. Our expertise and vast experience mean we can help, even when previous treatments or surgeries have been unsuccessful. For this reason, we are a primary referral center for Connecticut and southern New England.

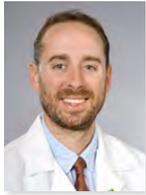
Genitourinary Oncology Led by Anoop Meraney, MD, a nationally-recognized leader in urologic oncology, Tallwood's urologic oncology surgeons partner with oncology specialists from the Hartford HealthCare Cancer Institute, a charter member of the Memorial Sloan Kettering Cancer Alliance, to treat all urologic cancers including adrenal, bladder, kidney, penile, prostate and testicular. Patients not only have access to state-of-the-art treatment options but also have opportunities to participate in clinical trials closer to home.

Chronic Kidney Disease Our kidney care team, led by board-certified nephrologist Jarrod Post, MD, is committed to providing advanced care for individuals with chronic kidney disease. Our multidisciplinary team includes representatives from urology, nursing, social services, care management, dialysis, nephrology, hospital medicine, nutrition, radiology and transplant surgery. The team is focused on getting patients into treatment as early in their disease process as possible, to ensure better outcomes, improved quality of life and dramatically better survival rates will result.

The Tallwood Urology & Kidney Institute's physician network continues to grow

At the Tallwood Urology & Kidney Institute, we provide world-class urology and kidney care with a team of regional and national leaders. Many patients who have not had success with other treatments find solutions to even the most frustrating urologic problems here. Our highly-skilled surgeons have advanced sub-specialty training in endourology, andrology, oncology, urogynecology and female pelvic medicine and reconstructive surgery. They are backed by a full team of interdisciplinary medical and surgical specialists. With our wide network of care, Tallwood offers the very highest standard of treatments conveniently delivered close to patients' homes. Over the past year, **Tallwood has added 10 providers to expand our reach and increase access to care. We welcome the following providers:**

East Region

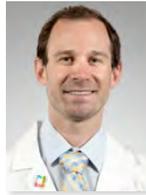


Shaun Hager, DO
Endourology
East Region



Dmitry Volkin, MD
Female Pelvic Medicine &
Reconstructive Surgery
East Region

Central Region



Evan Shreck, MD
General Urology
Central Region



Kathryn Wagner, MD
General Urology
Central Region

Hartford Region



Eric Katz, MD
Endourology
Hartford Region

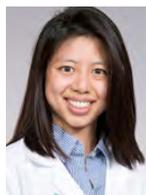


Elisabeth Sappenfield, MD
Urogynecology
Hartford Region

Fairfield Region



David Ahlborn, MD
Urologic Oncology
Fairfield Region



Christine Liaw, MD
Endourology
Fairfield Region



Michael Siev, MD
Endourology
Hartford Region



Adine Regan, MD
Female Urology
Hartford Region

New Offices

Tallwood continues to provide great access in every area of Connecticut. **In addition to the more than 30 office locations across the state, Tallwood introduced the following four new offices this year:**



Wilton
60 Danbury Road, Suite 101



Fairfield
1262 Post Road



Enfield
7 Elm Street, Suite 307



Waterford
5 Dayton Road, Suite 202

Statistical Highlights

Tallwood Urology & Kidney Institute is providing improved access across Connecticut for urology and kidney disease. As a leader in urologic health, patients seek us out for care, and system-wide access continues to increase year over year in areas like urologic cancer, men's health, kidney stones, chronic kidney disease and pelvic health and incontinence.

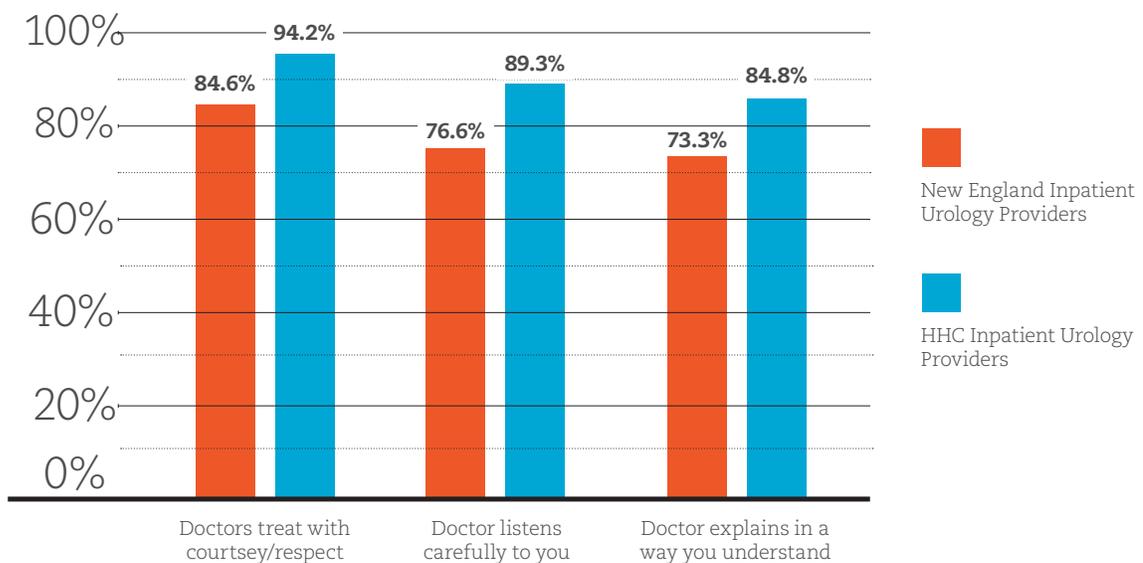
106,417
arrived visits

15,144
episodes of care
(in hospital-based settings)

9,646
surgeries

With high volume comes added opportunities for our physicians to interact with more patients. The experience and engagement of our physicians in complex, and routine procedures and visits also means better outcomes for patients. Our Tallwood providers listen carefully, provide clear explanations and show respect for what our patients have to say. Patient survey results around effective communication demonstrate this commitment to patient experience. Tallwood providers earn high marks for communication delivered in the hospital setting.

Effective Communication Puts Patients' Concerns First

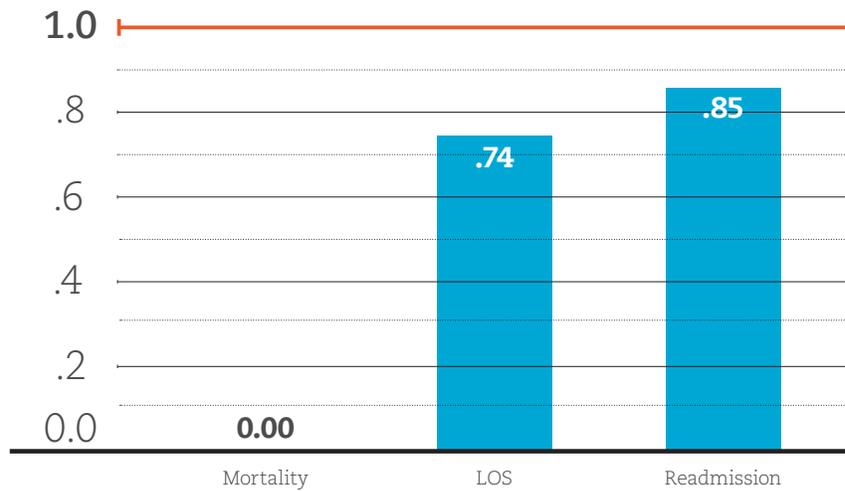


Source: CAHPS, FY2021

Outcomes

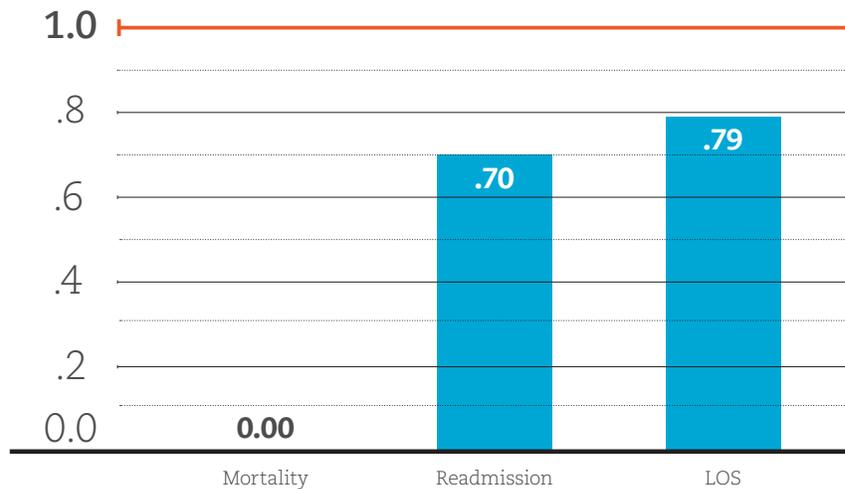
The Tallwood Clinical Council structure has a dedicated focus on establishing and improving clinical standards of care which resulted in achieving better-than-expected mortality, length of stay and readmission outcomes for men's health, kidney stones, pelvic health, urologic cancer care and chronic kidney disease (CKD).

Men's Health Outcomes: Observed/Expected <1 is Better than Expected



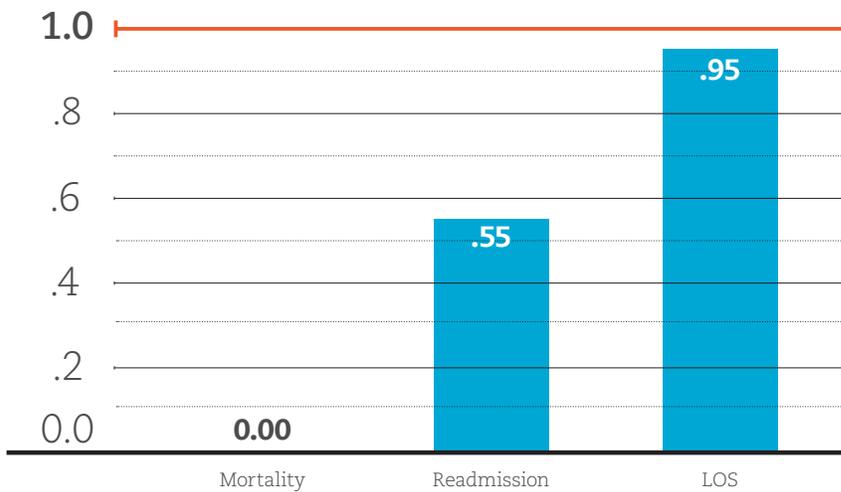
Source: Premier Outcomes: FY21, Men's Health Program, Surgery

Stones Outcomes: Observed/Expected <1 is Better than Expected



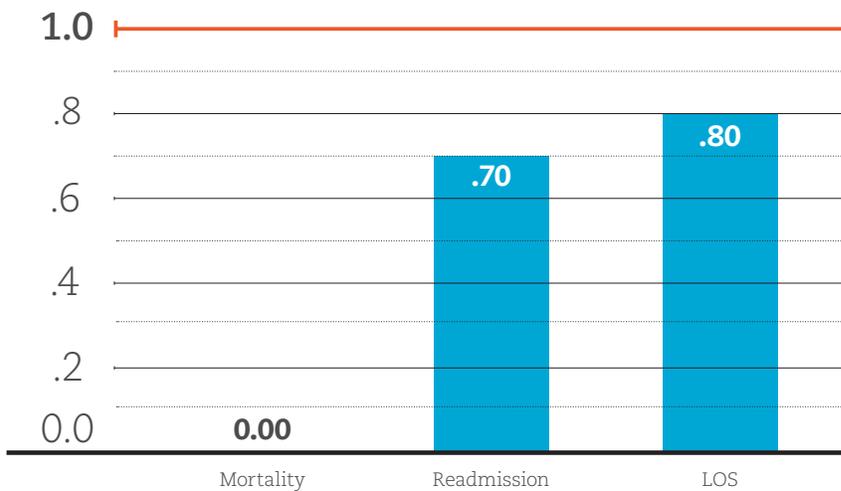
Source: Premier Outcomes: FY21, Stones Program, Surgery

Pelvic Health Outcomes: Observed/Expected <1 is Better than Expected

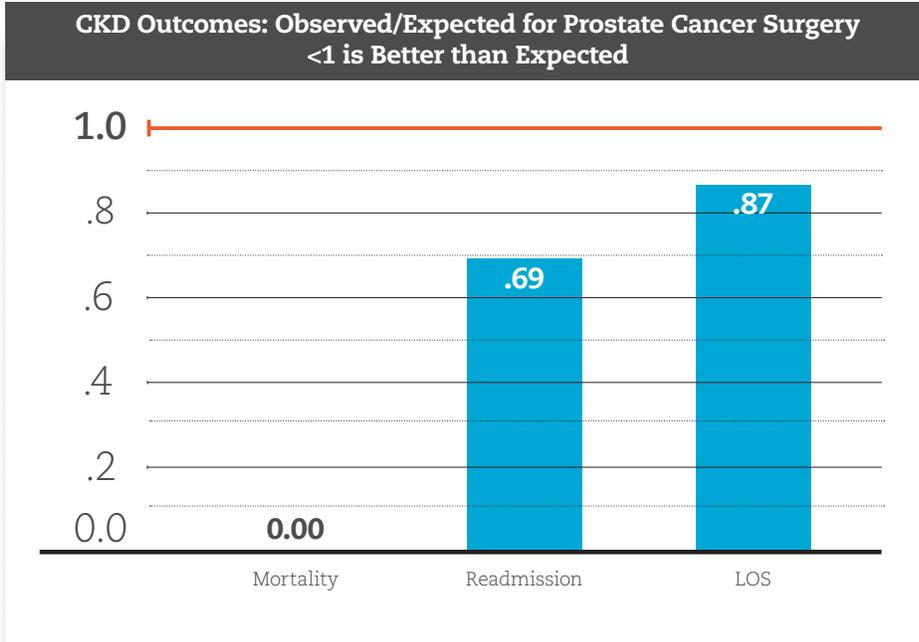


Source: Premier Outcomes: FY21, Pelvic Health Program

GU Cancer Outcomes: Observed/Expected for Prostate Cancer Surgery <1 is Better than Expected



Source: Premier Outcomes: FY21, GU Cancer Program, Prostate Cancer Surgery, Urology Attending



Source: Source: Premier Outcomes: FY21, Kidney Program, MS – DRGs 684 and 919 [Renal Failure]

Program Development & Highlights

Men's Health

Tallwood Men's Health has made tremendous strides in improving the health of men in our communities by identifying and caring for their unique needs. Men are nearly 1.4 times more likely as women to die from almost every chronic medical condition. As in all of healthcare, it was important to shift the paradigm to proactively treat the whole person instead of addressing illness and disease as they arise. Partnering with other Hartford HealthCare specialists and community providers who understand male-specific disease processes, and with locations in Farmington, Waterford, and Fairfield, the Tallwood Men's Health team is fulfilling the vision of providing exceptional, multidisciplinary care to men in comfortable, accessible settings.

"We believe New England men deserve the highest level of care. We want to see men live healthier, longer lives. That's our mission at Tallwood Men's Health," said Medical Director Jared Bieniek, MD.

Tallwood Men's Health serves more than **20,000** unique male patients each year. The value of clinical integration between men's health specialties is supported by the increased rate of referral threefold over the last two and a half years.

Interval	Dates	Unique Male Patients	Referrals Made via NN	Rate of Referral (95% CI)
1 year pre-launch	10/2017 – 9/2018	20,258	168	0.83% (0.71 – 0.96%)
1 year post-launch	10/2018 – 9/2019	23,518	347	1.48% (1.32 – 1.64%)
2.5 year post-launch	3/2021 – 2/2022	20,308	610	3.00% (2.77 – 3.25%)

Table 1: Unique male patients, referrals made, and rate of referral per patient seen (95% CI) before and after launch of novel men's health model

Source: Creating Access with a Novel Men's Health Model Utilizing Preventative Care Checklists and a Nurse Navigator
By: Jared Bieniek*, Ashley Bodamer, Ilene Staff, Tara McLaughlin

We continue to provide new and advanced treatments for men's health at Tallwood. This year, we have added two minimally-invasive treatments to treat benign prostate hyperplasia (BPH) – Rezum and HoLEP.

Program Development & Highlights

Pelvic Health

Our pelvic health team created a warning in the electronic medical record to identify patients with an implanted artificial urinary sphincter to alert providers not to insert a urinary catheter without deactivating the patients sphincter device. This initiative prevents urethral injury and/or artificial urinary sphincter erosion. Any provider who orders or inserts catheters (nurses, residents, advanced practice providers, doctors) will receive this alert.

GU Oncology

To enhance provider collaboration, and ensure best practice we have expanded our multidisciplinary tumor board to meet four times per month and include specialists from all Hartford HealthCare regions.

A team of HHC urologists and pathologists have partnered with Cytoveris, a biotechnology company in the Farmington valley on an innovative platform involving the use of advanced tissue imaging and artificial intelligence to improve the accuracy of trans urethral resection of bladder tumor (TURBT) procedures.

TURBT procedures are used to diagnose and treat patients with bladder cancer. The ultimate goal is to use this technology to improve procedure accuracy, elevating the standard of care and reducing the number of procedures required per patient.

The team was awarded a National Institutes of Health grant (NCI SNR phase 1 grant \$400,000). The principal investigator is Anoop Meraney, MD, HHC director of urologic oncology.

Urologic Oncology and Robotic Surgery Fellowship

Under the direction of Anoop Meraney, MD, director of urologic oncology at Hartford HealthCare and double fellowship-trained at Cleveland Clinic and Memorial Sloan Kettering, our fellowship attracts physicians from the most prestigious and competitive residency programs across the country. The Hartford Hospital Urologic Oncology and Robotic Surgery Fellowship Program is a one-year clinical fellowship for urology graduates seeking to improve their surgical skills and knowledge base in urologic oncology and robotic surgery. This fellowship provides an opportunity for new graduates to work closely with physicians who have pioneered cancer and robotic treatments in Connecticut and the United States.

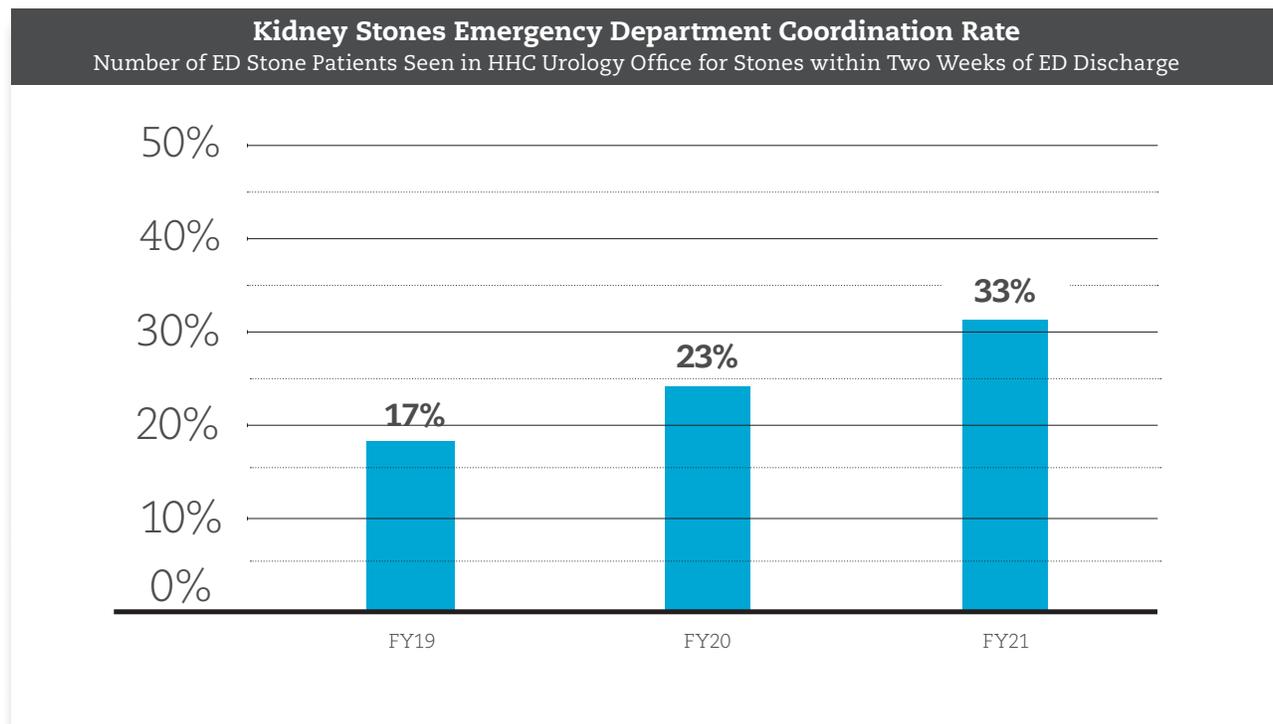
Our fellows work in Hartford Hospital operating rooms equipped with four daVinci™ robots. They also have access to CESI, a state-of-the-art surgical simulation center that includes bio, cadaver and inanimate laparoscopic training labs that house robotic, surgical and diagnostic simulators and a daVinci surgical system. Our fellowship program provides clinical research opportunities as the urology department employs research associates and maintains bladder, kidney and prostate cancer databases.

Program Development & Highlights

Tallwood Kidney Stone Center

The Tallwood Urology & Kidney Institute team recognizes that kidney stones affect 1 in 11 Americans and can develop anywhere in the urinary tract, causing a myriad of troublesome symptoms. The Kidney Stone Center was developed as an innovative approach to caring for this condition through the skills and collaboration of a multidisciplinary group of urologists, nephrologists, emergency care providers, dietitians and interventional radiologists. Dedicated nurse navigators coordinate care for patients to ensure they can be seen in a timely manner and get back to daily activities as soon as possible. This effectively leads to better outcomes and earns high praise from our patients. In addition, our clinical outcomes for kidney stones rank above national benchmarks in such areas as length of stay and hospital readmission rates.

The Tallwood Kidney Stone Center is providing more timely care for patients suffering from kidney stones. Our dedicated nurse navigators call each patient seen in Hartford HealthCare emergency departments, triage the patients and get them seen by a urology provider in a timely manner, based on clinical timing criteria set by our Kidney Stones Clinical Council. Since the creation of our Tallwood Kidney Stone Center, we've seen significantly increased coordination rates with Hartford HealthCare emergency departments year over year (see below).



Program Development & Highlights

Chronic Kidney Disease

Lifeline Program Pilot

The Lifeline Program supports a group of end-stage renal disease patients who recurrently miss dialysis treatments, causing life-threatening risk to themselves and an increased dependability on emergent care. Despite best efforts by their healthcare providers, these patients continue this pattern, which can lead to a sense of frustration and hopelessness.

The goal of Lifeline is to use an integrated team approach with this population to gain a deeper understanding of their specific challenges related to social determinants of health. The Lifeline team partners with colleagues from primary care, behavioral health and social services to rapidly engage these patients with support. The goal is to decrease readmission rates, repeat emergency department visits and missed dialysis treatments. Additionally, we hope to increase the sense of support and improve the overall experience for both colleagues and patients.

Preventive Nephrology

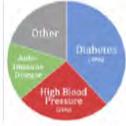
The **Chronic Kidney Disease Clinical Council** created a preventive nephrology patient education handout that provides plain language information to give patients a clear understanding of their disease and the care plan necessary to treat CKD.





Living with Chronic Kidney Disease (CKD)

CKD is the slow loss of the kidney's ability to filter wastes from the blood. It can sometimes lead to kidney failure, dialysis or kidney transplant. We treat CKD because even diseased kidneys can keep your blood clean and it's important to prevent further damage. Treating it can also help you avoid other associated illnesses like cardiovascular disease and infections.



Why do I have CKD?
Many factors can cause CKD (see chart to the left). The most common is high blood pressure and diabetes. People who are obese, older, smoke, or have heart disease or a family history of CKD are at higher risk. Your provider can talk to you about what contributed to your CKD and how to best manage it.



How do we treat CKD?
This is general advice for most people with CKD. Your provider will create a care plan that works best for you.

- **Manage your blood pressure.** At rest, recommendations say your systolic pressure (upper number) should be less than 130 and your diastolic pressure (lower number) less than 80. Your care provider may suggest different goals for you.
- **Avoid certain medications.** Nonsteroidal medications (NSAIDs) can manage pain, fevers and colds. But they can make CKD worse. **AVOID ibuprofen (Advil® and Motrin®) and naproxen (Aleve®).** **INSTEAD, use acetaminophen (Tylenol®).** Ask your care provider about using low-dose aspirin. Many other medications and antibiotics need to be adjusted for people with CKD.
- **Eat a balanced diet.** Reduce the sodium in your diet to less than 2500mg a day. Your care provider may also recommend you lower your protein intake by limiting foods like beef, pork, fish, chicken, eggs, milk and cheese. Some people may benefit from eating less than 1g of protein per two pounds of body weight.
- **Control your diabetes.** If you have diabetes, control your blood sugar levels. High blood sugar can damage your kidneys and other major organs.
- **Avoid dehydration.** Getting dehydrated or overheated can hurt your kidneys. Call your care provider if you have nausea, vomiting and/or diarrhea, or if you can't keep fluids down.
- **Don't smoke.** Smoking damages the kidneys and other organs.
- **Notify your care providers.** Let your providers know about your CKD, especially new providers. This may influence their decisions about your care, such as changing or holding some medications before surgery or avoiding contrast agents during CT scans or MRIs.

Program Development & Highlights

Nurse Navigators

Nurse navigators ensure our patients get the coordinated care they deserve, making their healthcare journey as easy and streamlined as possible. **This happens by:**

- Providing a consistent contact for patients and families throughout the continuum of care.
- Advocating for patients and helping them navigate the complex healthcare process.
- Serving as a resource and consultant for patients and their families, and developing a presence in our communities.
- Providing support and education throughout a patient's journey.
- Helping to schedule appointments for initial consultations, follow-up visits and services with other healthcare providers.
- Acting as a liaison between healthcare providers, patients and families.



Kimberly Diamond
Hartford County
Councils
Men's Health, Kidney Stones



Mary Porter
Southwest & Northwest
Connecticut
Councils
Urologic Oncology,
Kidney Stones, Men's Health



Susanne Carrier
Hartford County
Councils
Urologic Oncology



Rachael Rheahme
Central Connecticut
Councils
Urologic Oncology,
Kidney Stones



Candie St. Jean
Hartford County
Councils
Urologic Oncology



Bethany Buckridge
Eastern Connecticut
Councils
Men's Health, Kidney Stones

Program Development & Highlights

Webinars

Our team believes that educated patients get better outcomes. We have provided more than 25 community education events this year based on topics our clinical council members identify as valuable for patients to know.

Some highlights are:

- Prostate Problems & Fixes
- Understanding Kidney Stones
- Bladder Problems in Women
- Precision Medicine to Treat Prostate Cancer
- Understanding Erectile Dysfunction
- Advancing Technology in Prostate Cancer Care
- What's New in Bladder Cancer Care
- New Treatments Options for an Enlarged Prostate
- Weight Loss Help for Men
- Understanding Kidney Cancer
- Get Help for Urinary Incontinence
- Managing Kidney Stones with Nutrition



Pair jumpstart LPN studies with Gelfenbien Scholarship

Two Hartford HealthCare colleagues were recently awarded the first 2022 Gelfenbien Family Scholarship to support their pursuit of advanced education.

The Gelfenbien Family Scholarship – created by donations from the Gelfenbien family, longtime supporters of Tallwood Urology & Kidney Institute — is available to colleagues working in urology through the Hartford HealthCare Medical Group (HHCMG) and System Support Offices.

This year's winners were Courtney Kelley of Glastonbury, a licensed practical nurse with HHCMG for 11 years who is seeking an associate's degree at Capital Community College, and Logan Ann Licki of Bristol, a patient services coordinator for two years with HHCMG who is attending Stone Academy to become a licensed practical nurse.



Courtney Kelley



Logan Ann Licki

Both women came highly recommended by supervisors.

"Some things cannot be taught in school and Courtney has them all," reads a letter of recommendation for Kelley from Dr. Jared Bieniek, medical director of Tallwood Men's Health. "Her character, positive attitude, communication skills and work ethic are second to none... At times, I find myself trying, hoping to emulate Courtney's initiative. I am confident that having her in my corner has allowed me to relax in my practice, dedicate myself to patient care and provide a better experience."

Harry Gangadin, office manager of the Urology Call Center at the system's Access Center, called Licki "a phenomenal employee." "Logan goes above and beyond for our patients and is very caring and hard working...She will be a great asset to our company as an LPN."

The women themselves said the awards were just the boost they needed to further their healthcare careers.

"I was complacent as an LPN and didn't think I had the money or time to go back to school. I'm now more than halfway through my first semester for pre-requisites for my RN degree. I'm doing well and enjoying it," Kelley explained. "If I hadn't received this scholarship, I don't know if I ever would have gone back to school. I'm so grateful to the Gelfenbien family for affording me the ability to further my career and open new doors for me in the future."

Licki agreed, saying, "It was peace of mind. The scholarship provided me the opportunity to not only pay off the outstanding balance I had with the school, eliminating my monthly payments, but also allowed me to pay of a portion of my loans to reduce my overall student loan debt."

To be eligible for Gelfenbien scholarships, colleagues must have worked at HHC for at least a year and work in urology. Preference is given to applicants who do not currently have a college degree and are experiencing financial hardship. Awards are up to \$10,000 each.

Scholarship applications are solicited every February.

PATIENT SUCCESS STORIES



Roger Brancoforte

Feeling independent and whole after prostate cancer surgery

A former Marine and retired West Hartford police lieutenant, Roger Brancoforte liked to think of himself as self-sufficient. He wasn't prepared for the impact prostate cancer, and the ensuing incontinence after surgery to remove the prostate, would have on his life, his independence and his sense of self.

The journey for 58-year-old Brancoforte started when routine bloodwork in 2020 showed elevated PSA levels, a sign of prostate cancer. A biopsy revealed it was a slow-growing form of the disease at first, so he held off on action. A year later, tests showed that was not the case, and he needed surgery to remove the cancerous prostate quickly.

The loss of his prostate began a difficult year of adjustment and withdrawal for the jovial West Hartford resident. "The prostate affects a lot of what makes you a man. It's like breast cancer for a woman – it's the same emotional roller coaster," he says. "It hits at the heart of your maleness." It also caused incontinence in his case. He tried physical therapy and Kegel exercises to strengthen muscles in the groin. He underwent electronic stimulation. "Nothing worked to get my incontinence under control. I was wearing pads all the time for about a year," Brancoforte says. Such uncertainty permeated his life. Daily walks with his wife were largely out of the question, as were many basic outings and family gatherings.

"It affects every facet of your life. You can't really go anywhere. You're worried about leaking, having to change pads, bringing extra clothes. You wonder how long can you go with a pad, where can you stop to use the bathroom," Brancoforte recalls.

Finally, a Hartford HealthCare employee suggested a visit with Dr. Richard Kershen of the Hartford HealthCare Tallwood Urology & Kidney Institute. Dr. Kershen evaluated the situation and suggested implanting the Advance XP Male Urethral Sling to enhance his sphincter function and resolve his leakage. While Brancoforte says the surgery was more painful and required a longer recovery period than the minimally-invasive procedure to remove the prostate, he has no regrets. "With the sling, I'm back to going out and doing things. We can go for a walk and even stop for a cup of coffee!" he says of his treks with his wife. "I'm still young – this is the time I'm supposed to be enjoying my life and traveling!" The connection he formed with Dr. Kershen also helped throughout the surgery and recovery period.

"He's available, considerate and compassionate. He gives it to you straight, which I appreciate. He takes the human factor into consideration, understanding that it's difficult, especially for someone like me who was always self-sufficient," Brancoforte says. "I didn't think I needed the emotional support, but you do. And he provided that."



He's available, considerate and compassionate.

PATIENT SUCCESS STORIES



Lori Henry

Bodybuilder wins most important competition of her life

The tears come whenever Lori Henry starts talking about the series of health issues that eventually found her in the offices of Steven Shichman, MD, a Tallwood Urology & Kidney Institute urologist.

A strong, athletic woman who ran marathons and competed as a bodybuilder, the 53-year-old Farmington mother of two was grappling with disc degeneration in her back and sudden adrenaline rushes at random times, giving her crushing headaches and causing her blood pressure to soar or crash.

“I had other healthcare providers tell me there was nothing they could do, that I just had to live with it,” Henry said.

When an MRI revealed a mass on one of her adrenal glands, her primary care provider referred her to Hartford HealthCare and Dr. Shichman, who diagnosed her with a rare condition called pheochromocytoma. Only about 1,500 new cases of pheochromocytoma are diagnosed in the country each year.

The tumor, arising from the adrenal gland, was producing extremely high levels of catecholamines (adrenaline). These dangerously high levels caused all of the symptoms and physiologic changes Henry was experiencing, including wide swings in blood pressure, headaches and irregular heartbeats. The levels, she said, “were off the charts, like I was Superwoman.”

Treatment was surgery to remove the tumor, which measured the size of a baby’s head in the abdominal cavity of the 113-pound Henry. Dr. Shichman organized a team of specialists — his partner Anoop Meraney, MD; cardiovascular surgeon Mohiuddin Cheema, MD; and transplant surgeon Patricia Sheiner, MD — for the job.

“This extraordinary situation required a multidisciplinary team of experts in a variety of specialty services,” Dr. Shichman explained. “This high level of coordinated care is what enabled her to get her life back and helps her stay healthy as she will need to be followed closely for many years to come.”

In addition to the surgical team members, Dr. Shichman credits the system’s endocrinology team with Henry’s preoperative medical preparation and specialty imaging services that provided the surgical team the state-of-the-art imaging needed to support this complex surgery.

Of her doctor, Henry said, “He saved my life.”

The recovery proved both physical and emotional demanding, with Henry often feeling tired because, “I didn’t know what normal adrenaline levels felt like.” Even so, she calls herself a unicorn, meaning miraculous.

“It’s been so emotional because I feel like I’ve been fighting for my life for so many years. Now I’m supersensitive to any pain,” said Henry, who feels her new purpose is to support women as they advocate for themselves and their health. “Too many women don’t get what they need because they’re afraid to ask questions.”



He saved my life.

PATIENT SUCCESS STORIES



Dale Molesky

Team approach to prostate cancer treatment streamlines process for patient

It wasn't until he had a heart attack in 2017 while shoveling, requiring four stents to fix, that Dale Molesky started regular visits to a healthcare provider. The 72-year-old retired Meriden cabinetmaker said tests showed that his PSA level, which indicates potential cancer in the prostate, was a little high, but nothing too serious. He and his provider watched it until he could "put off" a visit to the urologist no longer. Radiology tests showed two "suspicious areas" that found him making an appointment with Ryan Dorin, MD, a urologist at Tallwood Urology & Kidney Institute.

When prostate cancer was confirmed, Molesky was referred to a new Tallwood program that connects patients with the multidisciplinary trio of specialists needed for treatment. Visits can be entirely virtual, with the patients connecting via Zoom, with the help of an oncology nurse navigator, for 30-minute sessions with three cancer specialists:

- A urologist to discuss the cancer, lab results and surgical options.
- A radiation oncologist to review and recommend available state-of-the-art radiation therapies for prostate cancer.
- And, a medical oncologist who can provide perspective on treatments for advanced prostate cancer, precision medicine and genetics.

The team of doctors then conducts a group meeting with the patient to communicate their consensus recommendations for treatment and answer any questions. Visits can also be held in the urologist's office, with the specialist connecting the patient virtually from there to the other two members of the treatment team. "This is the best thing that could have ever happened with this!" Molesky said. "All doctors should do it like this!"

After spending a little time watching YouTube videos with experts around the world talking about prostate cancer and treatment, Molesky connected virtually with the team closest to his home in central Connecticut — Dr. Dorin, medical oncologist Brian Byrne, MD, and radiation oncologist Allan Kratzer, MD. Tallwood also offers teams for virtual prostate visits in Fairfield and Hartford counties. "I didn't have to make three separate trips to separate doctors and try to remember the questions I had based on the information I had gotten at the previous doctor's," Molesky said.

The men talked about his individual case, and he then opted for a minimally-invasive robotic radical prostatectomy in spring 2022, with Dr. Dorin, who is one of the few surgeons in New England able to perform the operation using a new technique called "Retzius Sparing," which helps reduce urine leakage after surgery. While he still has to undergo regular PSA check to be sure the cancer is gone, the retiree recovered easily, with excellent urinary function and no sign of prostate cancer. "I would not have known there was an issue," Molesky said.



All doctors should do it like this!

PATIENT SUCCESS STORIES



Ann Marie Maffuid

Patient finds hope — and freedom — with urethral sling

It started small, needing to wear a pad during her exercise classes, but soon urinary leakage was affecting most aspects of Ann Marie Maffuid's life. "You feel like you always have to go. Then, psychologically, you think that if you go more, you'll leak less," said the 58-year-old Colchester resident. "I was living with it, but you don't realize how much it negatively impacts your life."

The leakage started shortly after a partial hysterectomy a few years ago. A practice manager for an outpatient behavioral health clinic, Maffuid said it was stressful to anticipate and prepare for any leakage.

"I couldn't dance like I'd want to at a wedding, or take a walk around the block to talk to a friend," she said. "There was nothing stressful on my body that would cause the leakage, and it affected my emotional health and caused a lot of anxiety."

Then the mother of four made an appointment with Elena Tunitsky, MD, a urogynecologist with Tallwood Urology & Kidney Institute at Hartford HealthCare. Emotionally, she began to heal quickly. "I left that first appointment feeling hopeful for the first time in a while," Maffuid said.

After a thorough examination and several tests, Dr. Tunitsky suggested a urethral sling to restore the support under the urethra. "This is a straightforward and fast outpatient procedure with less than one week recovery," Dr. Tunitsky explained. "It restores the woman's confidence and allows her to exercise, run around with their children and grandchildren and just live without fear of having an accident. It truly changes the lives of so many women."

That's the result Maffuid experienced after undergoing the procedure in October. "Dr. Tunitsky is amazing, patient, compassionate and thorough," she said. "She looked me in the eyes when I talked."

Since getting the sling, Maffuid has experienced no leakage. "My life has completely changed. I go to high-impact aerobics classes, I've been hiking in Devil's Hopyard, and I've danced at a wedding! It's been amazing!" she said. The process has also included behavioral modification with Dr. Tunitsky's help to undo the ways she had devised to live with urinary leakage.

"Dr. Tunitsky is so responsive and very calming," Maffuid said.



*Dr. Tunitsky is amazing, patient,
compassionate and thorough ...*

PATIENT SUCCESS STORIES



Shirrana Lewis

Transplant inspires patient to spread awareness, information in community

After nine years of three-hour dialysis appointments, three days a week, Shirrana Lewis told God during a treatment that she couldn't do it anymore. The treatments to artificially perform the work of her ailing kidneys — cleaning body waste from the blood and pumping it back into the body — were physically and emotionally draining. They disrupted her regular days as a college student and left her spent for the rest of the night. "The very next day, I got a call that they had a kidney for me," the Bloomfield resident recalled.

Lewis' trouble began as a young teen when doctors discovered her kidneys were operating at just 30% capacity due to an aggressive kidney disease called focal segmental glomerulosclerosis. A living transplant from her brother failed after two years, and dialysis became the only option to keep her alive. She contracted a rare syndrome where her body was attacking the small blood vessels in her brother's kidney, and then throughout her body said Jarrod Post, MD, her nephrologist with the Hartford HealthCare Tallwood Urology & Kidney Institute. "She was incredibly challenged, this vibrant young woman who had to begin dialysis therapy. It was the only way to save her."

In 2013, however, Lewis underwent a kidney transplant using a donor organ from a dying patient and said she has felt healthy and blessed ever since. Her body accepted the new kidney, Dr. Post explained, and the organ quickly began functioning properly, eliminating the need for dialysis.

"My life was difficult before as my friends were going out and traveling while I was on a machine. But, now my life is amazing," said the 39-year-old Lewis, an aide at the American School for the Deaf "I was limited in what I could do because of the dialysis, but I'm free now. I can enjoy a day full of activities."

She credited much of her health to Dr. Post, who has been her specialist since she was a teenager. He's often the only one whose direction she will follow, she admitted. "When I was younger, I was in the hospital and the staff had to call him in on his day off because I wouldn't listen to anyone but him," Lewis said. "To me, he's underneath God. He never forces me to do anything, he respects me and he will never leave until I completely understand everything."

Since her life-changing transplant, she said she's focused on improving the understanding and openness to organ donation in the African-American community. "There is a myth in the minority community that if you're a donor on your death bed, they wouldn't give you the best care because they want your organs, which is so not true," she explained. "I would like people to be more open-minded and do the research. We are the number one community that kidney disease affects!"

Dr. Post praised the positive example she sets for other minorities, showing how successful transplants can change lives and helping to eliminate fear and hesitation. As for him, Lewis said he's her favorite person. "In my culture, he's invited to all the cookouts!" she laughed.



I'm free now. I can enjoy a day full of activities.

PATIENT SUCCESS STORIES



Stones Center navigator provides caring connection

Lisa Pepin has struggled with kidney stones for 20 years, going to Backus Hospital's Emergency Department for relief when they get particularly bad. During the pandemic, her condition worsened but when she went to the hospital, she emerged with a connection she believes "saved her life." After that visit, the Canterbury woman received a phone call from Bethany Buckridge, nurse navigator for the Tallwood Urology & Kidney Institute Stones Center.

"She was the first person who listened to me and what I was going through," Pepin recalled.

That connection and knowing Buckridge was her advocate, quickly getting her appointments with a Stones Center specialist, was more helpful than surgical stents and other treatments she's had through the years. "She asked me, 'What can we do?'" Pepin said. "It's been a journey, but she is the most wonderful person. If I have a question, she finds an answer. Before, I'd call and didn't feel supported. They didn't know me the same way she does. She has changed my life."

Emotional support

It's all part of the job, Buckridge said. She works with 1,000 to 1,200 kidney stone patients every year, calling them within one day of their ED visit to either Backus or Windham Hospital, and getting them in to see a specialist within five days. But, it's the conversation and counseling done over the phone that makes the biggest difference to patients like Pepin.

"There is a lot of emotional support going on. These are people who are scared because it's a type of pain they've often never felt before in their lives," Buckridge said. "I reassure them that they did the right thing going to the hospital, then I review their visit with them because, between nervousness and the pain, they were not really hearing what they needed to hear in the ED."

She runs through points such as:

- What to expect in the coming days
- Why they're taking certain medications
- What will happen during the urologist visit
- How to catch stones that pass in the urine with a strainer
- Suggestions on how to prevent future kidney stones from developing
- Signs they should return to the hospital

Her intervention continues as patients come to the Stones Center for care. She follows up by phone to see if a stone has passed, a process that takes about 30 days, and she reconnects if more stones form. A more immediate source of answers, she prevents many patients from returning to the ED.

"I become a touchpoint throughout their entire treatment, holding their hand and guiding them throughout the process," Buckridge said.

Providers appreciate the groundwork she lays for them.

"They know exactly what's going on when the patient comes in so they can tailor the conversation," Buckridge said.

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Highlight/Abstracts

Use of EPIC 26 to Identify Men likely to Benefit from Surgical Interventions for Urinary Incontinence after Radical Prostatectomy.

Purpose: To examine outcomes of surgical procedures for urinary incontinence after radical prostatectomy (post-RP UI) and to identify patients who may benefit from a surgical intervention to treat post-RP UI.

Methods: A retrospective chart review identified men who underwent radical prostatectomy (RP) from July 2004 through July 2016 at our institution. Cases underwent surgical interventions for UI following RP. Controls had RP during the study period but did not have an intervention for UI following RP. We used the UI scale of the Expanded Prostate Index Composite (EPIC) 26 to: (1) quantify post-RP UI before and after UI intervention overall and for specific surgical procedures; (2) evaluate the significance of improvement in post-RP UI before and after UI intervention and (3) identify controls with levels of post-RP UI that were comparable to the cases.

Results: 2,968 RPs were performed; 48 patients underwent further surgical intervention (39 slings, 9 artificial urinary sphincter, AUS). For 20 cases with complete EPIC UI data (15 slings, 5 AUS), the median (IQR) pre-UI intervention score was 27.00 (IQR 22.75-42.75). Improvement was significant overall ($p < 0.001$) and for slings ($p = 0.001$). 71/2085 controls had post-prostatectomy UI scores ≤ 27.0 , suggesting that they may have benefited from a post-RP surgical intervention for UI.

Conclusion: Data supports the effectiveness of surgery to treat post-RP UI. A sizeable population of unidentified men may benefit from a surgical intervention to treat urinary incontinence after RP.

Alam S, Kershen R, Staff I, McLaughlin T, Tortora J, Wagner J. Use of EPIC 26 to Identify Men likely to Benefit from Surgical Interventions for Urinary Incontinence after Radical Prostatectomy. *World J Urol.* 2021 May;39(5):1439-1443. doi: 10.1007/s00345-020-03325-6. Epub 2020 Jun 27.

Pelvic Organ Prolapse Severity and Genital Hiatus Size with Long-Term Pessary Use.

Objectives: To evaluate the association between pessary use lasting more than one year and change in prolapse severity.

Methods: This is a secondary analysis of a previously published, randomized controlled trial of women undergoing office management of pessaries for management of symptomatic pelvic organ prolapse and incontinence. The primary outcome was a change in pelvic organ prolapse quantification measurement genital hiatus (GH). Secondary outcomes included change in prolapse stage, type of pessary, size of pessary, number of pessary changes and duration of use. Baseline data were collected from the earliest documented examination within the hospital record before pessary placement and compared with their final study visit. Demographics were analyzed using descriptive statistics. Student t test and Mann-Whitney tests were used for categorical comparisons. Pearson and Spearman correlation coefficients were used to evaluate change over time.

Results: The cohort was 132 predominantly non-Hispanic White (75%) women with symptomatic prolapse >stage 2 (70.5%). All were postmenopausal. Median duration of pessary use was 39.5 months (interquartile range, 17-64.5 months). Genital hiatus ($P = 0.014$) and prolapse stage ($P = 0.001$) decreased as duration of pessary use increased. Those with baseline stages ≥ 3 had a significant decrease in GH as duration of pessary use increased compared

with stages <3 (-0.5 cm vs 0 cm, $P < 0.001$). There was no difference in change in GH when comparing women with baseline GH less than 3 to 3 cm or greater.

Conclusions: Pessary use by women with pelvic organ prolapse causes a change in vaginal anatomy over time as seen by decreasing stage and point GH.

Boyd SS, Subramanian D, Propst K, O'Sullivan D, Tulikangas P. Pelvic Organ Prolapse Severity and Genital Hiatus Size With Long-Term Pessary Use. *Female Pelvic Med Reconstr Surg*. 2021 Feb 1;27(2):e360-e362. doi: 10.1097/SPV.0000000000000937.

Identification of a Five Gene Signature to Predict Time to Biochemical Recurrence after Radical Prostatectomy.

Background: Identification of novel biomarkers associated with high-risk prostate cancer or biochemical recurrence can drive improvement in detection, prognosis and treatment. However, studies can be limited by small sample sizes and sparse clinical follow-up data. We utilized a large sample of prostate specimens to identify a predictive model of biochemical recurrence following radical prostatectomy and we validated this model in two external data sets.

Methods: We analyzed prostate specimens from patients undergoing radical prostatectomy at Hartford Hospital between 2008 and 2011. RNA isolated from formalin-fixed paraffin-embedded prostates was hybridized to a custom Affymetrix microarray. Regularized (least absolute shrinkage and selection operator [Lasso]) Cox regression was performed with cross-validation to identify a model that incorporated gene expression and clinical factors to predict biochemical recurrence, defined as postoperative prostate-specific antigen (PSA) > 0.2 ng/ml or receipt of triggered salvage treatment. Model performance was assessed using time-dependent receiver operating curve (ROC) curves and survival plots.

Results: A total of 606 prostate specimens with gene expression and both pre- and postoperative PSA data were available for analysis. We identified a model that included Gleason grade and stage as well as five genes (CNRIP1, endoplasmic reticulum protein 44 [ERP44], metaxin-2 [MTX2], Ras homolog family member U [RHOU], and OXR1). Using the Lasso method, we determined that the five gene model independently predicted biochemical recurrence better than a model that included Gleason grade and tumor stage alone. The time-dependent ROCAUC for the five gene signature including Gleason grade and tumor stage was 0.868 compared to an AUC of 0.767 when Gleason grade and tumor stage were included alone. Low and high-risk groups displayed significant differences in their recurrence-free survival curves. The predictive model was subsequently validated on two independent data sets identified through the Gene Expression Omnibus. The model included genes (RHOU, MTX2, and ERP44) that have previously been implicated in prostate cancer biology.

Conclusions: Expression of a small number of genes is associated with an increased risk of biochemical recurrence independent of classical pathological hallmarks.

Corradi JP, Cumarasamy CW, Staff I, Tortora J, Salner A, McLaughlin T, Wagner J. Identification of a Five Gene Signature to Predict Time to Biochemical Recurrence after Radical Prostatectomy. *Prostate*. 2021 Jul;81(10):694-702. doi: 10.1002/pros.24150. Epub 2021 May 18.

Radiation and Androgen Deprivation Therapy with or without Docetaxel in the Management of Nonmetastatic Unfavorable-Risk Prostate Cancer: A Prospective Randomized Trial

Purpose: Although docetaxel is not recommended when managing men with unfavorable-risk prostate cancer (PC) given negative or inconclusive results from previous randomized trials, unstudied benefits may exist.

Methods: Between September 21, 2005, and January 13, 2015, we randomly assigned 350 men 1:1 with T1c-4N0M0 unfavorable-risk PC to receive radiation therapy (RT) and androgen deprivation therapy (ADT) plus docetaxel (60 mg/m² once every 3 weeks for three cycles before RT and 20 mg/m² once weekly during RT) versus ADT + RT. We evaluated the treatment effect of adding docetaxel to ADT + RT on the primary end point of overall survival (OS) and the incidence of RT-induced cancers and explored whether the impact of the treatment effect on OS differed within prostate-specific antigen (PSA) subgroups (< 4, > 20 v 4-20 ng/mL) using the interaction test for heterogeneity adjusted for age and PC prognostic factors.

Results: After a median follow-up of 10.2 years, 89 men died (25.43%); of these, 42 from PC (47.19%). Although OS was not significantly increased in the docetaxel arm (the restricted mean survival time over 10 years was 9.11 v 8.82 years; P = .22), significantly fewer RT-induced cancers were observed (10-year estimates: 0.61% v 4.90%; age-adjusted hazard ratio of 0.13; 95% CI, 0.02 to 0.97; P = .046). The treatment effect of adding docetaxel to ADT + RT on OS significantly differed in men with a PSA < 4 ng/mL versus 4-20 ng/mL (adjusted hazard ratio: 0.27 and 1.51, respectively) because of less PC-specific mortality on the docetaxel arm (0.00% v 28.57%) among men with PSA < 4 ng/mL.

Conclusion: Adding docetaxel to ADT + RT did not prolong OS in men with unfavorable-risk PC, but decreased RT-induced cancer incidence, and may prolong OS in the subgroup of men with a PSA < 4 ng/mL by reducing PC-specific mortality.

D'Amico AV, Xie W, McMahon E, Loffredo M, Medeiros S, Joseph D, Denham J, Kumar P, Bublely G, Sullivan M, Hellwig R, Carlos Vera J, Freter R, Jeffrey Baker W, Wong JY, Renshaw AA, Kantoff PW. Radiation and Androgen Deprivation Therapy with or without Docetaxel in the Management of Nonmetastatic Unfavorable-Risk Prostate Cancer: A Prospective Randomized Trial. *J Clin Oncol.* 2021 Sep 10;39(26):2938-2947. doi: 10.1200/JCO.21.00596. Epub 2021 Jul 1.

Demonstrating the Effectiveness of the Fundamentals of Robotic Surgery Curriculum on the RobotiX Mentor Virtual Reality Simulation Platform

Fundamentals of robotic surgery (FRS) is a proficiency-based progression curriculum developed by robotic surgery experts from multiple specialty areas to address gaps in existing robotic surgery training curricula. The RobotiX Mentor is a virtual reality training platform for robotic surgery. Our aims were to determine if robotic surgery novices would demonstrate improved technical skills after completing FRS training on the RobotiX Mentor, and to compare the effectiveness of FRS across training platforms.

An observational, pre-post design, multi-institutional rater-blinded trial was conducted at two American College of Surgeons Accredited Education Institutes-certified simulation centers. Robotic surgery novices (n = 20) were enrolled and trained to expert-derived benchmarks using FRS on the RobotiX Mentor. Participants' baseline skill was assessed before (pre-test) and after (post-test) training on an avian tissue model. Tests were video recorded and graded by blinded raters using the Global Evaluative Assessment of Robotic Skills (GEARS) and a 32-criteria psychomotor checklist. Post hoc comparisons were conducted against previously published comparator groups.

On paired-samples T tests, participants demonstrated improved performance across all GEARS domains ($p < 0.001$ to $p = 0.01$) and for time ($p < 0.001$) and errors ($p = 0.003$) as measured by psychometric checklist. By ANOVA, improvement in novices' skill after FRS training on the RobotiX Mentor was not inferior to improvement reported after FRS training on previously published platforms. Completion of FRS on the RobotiX Mentor resulted in improved robotic surgery skills among novices, proving effectiveness of training. These data provide additional validity evidence for FRS and support use of the RobotiX Mentor for robotic surgery skill acquisition.

Martin JR, Stefanidis D, Dorin RP, Goh AC, Satava RM, Levy JS. *Demonstrating the Effectiveness of the Fundamentals of Robotic Surgery (FRS) Curriculum on the RobotiX Mentor Virtual Reality Simulation Platform*. *J Robot Surg*. 2021 Apr;15(2):187-193. doi: 10.1007/s11701-020-01085-4. Epub 2020 May 14.

Patient-Initiated Telephone Calls in the Postoperative Period after Female Pelvic Reconstructive Surgery.

Objective: The aim of this study was to evaluate reasons and factors associated with patient calls in the postoperative period after female pelvic medicine and reconstructive surgery.

Methods: A retrospective review using electronic medical records was performed on consecutive patients who underwent surgery within our academic female pelvic medicine and reconstructive surgery practice during a six-month period. Calls after postoperative discharge until first scheduled postoperative visit were included. Reasons and number of calls were tabulated. Clinical and surgical factors were extracted. Continuous data were evaluated with a Student *t* test or analysis of variance; categorical data were evaluated with a χ test. $P < 0.05$ was considered significant.

Results: During the designated period, 302 patients underwent surgery, and 173 (57.3%) patients made 345 calls (mean \pm SD, 2.0 ± 1.5 calls). Reasons were categorized under six distinct domains: bowel, pain, activity, medication regimen, urinary and bleeding. The most frequent concern within each domain was constipation (11.6%), abdominal pain (6.4%), physical activity (8.7%), pain regimen (14.5%), urinary catheter related (13.3%), and vaginal bleeding (12.1%), respectively. A greater number of phone calls were recorded among patients discharged home with catheters ($P = 0.015$), and patients who underwent posterior colporrhaphy ($P = 0.005$) and retropubic urethropexy ($P = 0.014$). Patients discharged with home nursing (11, 6.4%) demonstrated a significantly higher number of phone calls (3.8 ± 2.5 , $P < 0.001$). Evaluations were required for 37% of callers. Twelve patients were seen in the emergency department, of whom three (1.7%) were readmitted to the hospital.

Conclusions: Postoperative patient-initiated telephone calls after pelvic reconstructive surgery are common. Bowel-, urinary- and medication-based phone calls account for the highest frequency and volume.

Ramaseshan AS, LaSala C, O'Sullivan DM, Steinberg AC. *Patient-Initiated Telephone Calls in the Postoperative Period After Female Pelvic Reconstructive Surgery*. *Female Pelvic Med Reconstr Surg*. 2020 Oct;26(10):626-629. doi: 10.1097/SPV.0000000000000636.

Predictors of Delayed Postoperative Urinary Retention after Female Pelvic Reconstructive Surgery.

Introduction and hypothesis: Risk factors can be used to determine what patients will develop delayed postoperative urinary retention after female pelvic reconstructive surgery.

Methods: A case-control study was performed including all female pelvic reconstructive surgeries necessitating a voiding trial. All patients passed their previous voiding trial. Cases had an acute encounter for urinary retention. Controls did not have acute postoperative urinary retention. Cases and controls were stratified based on procedure. Demographics, medical/surgical histories, voiding symptoms, urodynamic testing and intraoperative data were collected. Cases were matched to controls in a 1:3 ratio. Mann-Whitney U and chi-square tests were used for univariate analyses; logistic regression was used to determine predictors of delayed postoperative urinary retention (DPOUR).

Results: A total of 1,219 patients underwent pelvic reconstructive surgery that met eligibility; 51 cases of DPOUR (4.3%) were identified and matched with 153 controls without postoperative urinary retention. Of the procedures performed, 41.2% had prolapse surgery, 10.3% had incontinence surgery, and 48.5% had both prolapse and incontinence surgery. There were no differences between cases and controls in age, race, prior surgery, medical comorbidities, prolapse stage ≥ 3 , voiding symptoms and surgical characteristics. Cases had a lower BMI than controls ($p < 0.001$). There was no difference in preoperative urodynamic variables. Cases had lower percent voided volume on their last voiding trial than controls ($90.2\% \pm 28.6\%$ vs. $110.7\% \pm 39.5\%$, respectively; $p = 0.001$); however, clinically, we consider a voided volume of two-thirds or greater of the instilled volume to be a normal result.

Conclusions: DPOUR is an uncommon postoperative event. Demographic and clinical factors and urodynamic findings were unable to predict DPOUR. Percent voided volume on voiding trial was greater in controls.

Sappenfield EC, Scutari T, O'Sullivan DM, Tulikangas PK. Predictors of Delayed Postoperative Urinary Retention after Female Pelvic Reconstructive Surgery. *Int Urogynecol J*. 2021 Mar;32(3):603-608. doi: 10.1007/s00192-020-04372-8. Epub 2020 Jun 12.

Perioperative Adverse Events for Stress Urinary Incontinence Surgery: A National Analysis.

Objective: The aim of the study was to compare perioperative morbidity of stress urinary incontinence surgery using data from a nationwide cohort.

Methods: This is a retrospective cohort study of the American College of Surgeons' National Surgical Quality Improvement Program database from 2005 to 2016. Stress urinary incontinence surgery was defined using current procedural terminology (CPT) for abdominal retropubic colposuspension (CPT 51840, 51841), laparoscopic retropubic colposuspension (CPT 51990, 51992), and suburethral sling (CPT 57288). Patients were excluded if they underwent any concomitant surgery except for cystoscopy (CPT 52000). Surgical approach and perioperative morbidity were examined using suburethral sling as the referent population. Patient characteristics, operative data and 30-day postoperative events were collected.

Results: Overall, 19,093 women underwent a stress urinary incontinence surgery: 317 abdominal retropubic colposuspension, 357 laparoscopic retropubic colposuspension, and 18,419 suburethral sling. Patients undergoing abdominal retropubic suspension had more inpatient procedures compared with suburethral sling and laparoscopic retropubic colposuspension (65% vs 10.4% and 17.6%, $P < 0.001$) and longer length of stay (1.6 ± 2.9 vs 0.3 ± 2.7).

and 0.3 ± 0.6 , respectively, $P < 0.001$). Abdominal retropubic colposuspension had the longest odds ratio time compared with suburethral sling (72.0 ± 64.6 vs 38.1 ± 34.2 minutes, $P < 0.001$). Composite morbidity was significantly higher for abdominal retropubic colposuspension compared with suburethral sling and laparoscopic retropubic colposuspension (7.9% vs 3.4% and 2.0%, $P < 0.001$). After adjusting for comorbidities, composite morbidity was higher for abdominal retropubic suspension ($P = 0.007$) compared with suburethral sling.

Conclusions: Compared with suburethral sling, laparoscopic retropubic colposuspension had the lowest 30-day comorbidity and abdominal retropubic colposuspension had the highest 30-day comorbidity.

Sappenfield EC, O'Sullivan DM, Tulikangas PK. Perioperative Adverse Events for Stress Urinary Incontinence Surgery: A National Analysis. *Female Pelvic Medicine & Reconstructive Surgery*. 2021 Jan 1;27(1):e187-90.

Sacrocolpopexy Using Autologous Rectus Fascia: Cohort Study of Long-Term Outcomes and Complications.

Objective: To evaluate objective and subjective outcomes of patients who underwent sacrocolpopexy using autologous rectus fascia to provide more data regarding non-mesh alternatives in pelvic organ prolapse surgery.

Design: Ambispective cohort study with retrospective and prospective data.

Setting: A single academic medical center.

Population: Women who underwent abdominal sacrocolpopexy using autologous rectus fascia between January 2010 and December 2019.

Methods: Patients were recruited for a follow-up visit, including completing the Pelvic Floor Distress Inventory (PFDI-20) and Pelvic Organ Prolapse Quantification (POP-Q) examination. Demographic and clinical characteristics were collected.

Main outcome measures: Composite failure, anatomic failure, symptomatic failure and retreatment.

Results: During the study period, 132 women underwent sacrocolpopexy using autologous rectus fascia. The median follow-up time was 2.2 years. Survival analysis showed that composite failure was 0.8% (95% CI 0.1%-5.9%) at 12 months, 3.5% (95% CI 1.1%-10.7%) at 2 years, 13.2% (95% CI 7.0%-24.3%) at 3 years and 28.3% (95% CI 17.0%-44.8%) at 5 years. The anatomic failure rate was 0% at 12 months, 1.4% (95% CI 0.2%-9.2%) at 2 years, 3.1% (95% CI 0.8%-12.0%) at 3 years and 6.8% (95% CI 2.0%-22.0%) at 5 years. The symptomatic failure rate was 0% at 12 months, 1.3% (95% CI 0.2%-9.0%) at 2 years, 2.9% (95% CI 0.7%-11.3%) at 3 years and 13.1% (95% CI 5.3%-30.3%) at 5 years. The retreatment rate was 0.8% (95% CI 0.1%-5.9%) at 12 months and 2 years, 9.4% (95% CI 4.2%-20.3%) at 3 years and 13.0% (95% CI 6.0%-27.2%) at 5 years.

Conclusion: Autologous rectus fascia sacrocolpopexy may be considered a safe and effective alternative for patients who wish to avoid synthetic mesh.

Wang R, Reagan K, Boyd S, Tulikangas P. Sacrocolpopexy Using Autologous Rectus Fascia: Cohort Study of Long-Term Outcomes and Complications. *Authorea Preprints*. 2021 Sep 24

Variations in Volume and Costs of Inpatient Admissions for Female Pelvic Reconstructive Procedures across the United States.

Objectives: We aim to describe the volume and cost of female pelvic reconstructive surgeries across the United States and evaluate the relationship between volume and cost of inpatient care for these surgeries.

Methods: Medicare Severity Diagnosis Related Group was used to identify admissions for female pelvic reconstructive procedures and aggregated at the state and census region levels using the 2016 Inpatient Medicare Provider Utilization and Payment Data. Total hospital charges were converted to cost using the cost-to-charge ratios for each state. For context and comparison with another benign gynecologic procedure, we replicated the analysis for benign uterine and adnexal surgeries.

Results: We identified 2,133 patients admitted for female pelvic reconstructive procedures. Across all states, the average cost was US \$11,857, and the average number of procedures per 100,000 Medicare beneficiaries was 4.4. The Northeast had the lowest cost, and the West had the highest. The regression model showed that, for each additional admission per 100,000 Medicare beneficiaries, the cost of inpatient care decreased (US \$549, $P = 0.04$). In comparison, we identified 8,340 admissions for benign uterine and adnexal surgeries and found a minimal, nonsignificant decrease in cost for each additional admission.

Conclusions: There are variations in the volume and cost of admissions for female pelvic reconstructive surgeries across the United States. We identified that an inverse association between volume and cost for female pelvic reconstructive surgery was not seen in benign uterine and adnexal surgeries.

Wang R, Tulikangas P, Hacker MR. Variations in Volume and Costs of Inpatient Admissions for Female Pelvic Reconstructive Procedures across the United States. *Female Pelvic Med Reconstr Surg*. 2021 Jan 1;27(1):e177-e179. doi: 10.1097/SPV.0000000000000877.

Does Post Prostatectomy Decipher Score Predict Biochemical Recurrence and Impact Care?

Purpose: To examine the ability of the Decipher test to predict early biochemical recurrence after radical prostatectomy and to impact clinical decisions in advance of metastasis and death.

Methods: We identified Decipher tests ordered after radical prostatectomy for adverse pathology in men treated for prostate cancer between January 1, 2014 and August 31, 2018. Biochemical recurrence was defined as prostate-specific antigen > 0.02 ng/mL. Decipher score is reported as lower risk (< 0.6) and higher risk (≥ 0.60). Kaplan-Meier analysis was used to examine the relationship between Decipher score and time to biochemical recurrence (months). Cox regression was used to analyze the relationship between Decipher score and time to biochemical recurrence while controlling for a number of clinical characteristics. Secondary analyses focused on a subset of men with prostate-specific antigen > 0.02 and < 0.20 ng/mL to determine if high-risk Decipher scores were associated with receipt of salvage treatment.

Results: A total of 203 cases were analyzed: 37.9% and 62.1% had lower and higher risk Decipher scores respectively, and 56.2% had a biochemical recurrence. Median (inter-quartile range) follow-up was 20 (13.5, 25.3) months. Decipher score was significantly associated with time to biochemical recurrence ($p = 0.027$) while in the secondary analyses, high-risk Decipher scores (≥ 0.60) were associated with salvage treatment ($p = 0.018$). Stage category and Decipher score were significant predictors of time from elevated PSA to salvage treatment in the secondary analyses.

Conclusion: While it might not contribute statistically, Decipher score can be clinically useful in helping patients reach treatment decisions.

White C, Staff I, McLaughlin T, Tortora J, Pinto K, Gangakhedkar A, Champagne A, Wagner J. Does Post Prostatectomy Decipher Score Predict Biochemical Recurrence and Impact Care? *World J Urol.* 2021 Sep;39(9):3281-3286. doi: 10.1007/s00345-021-03661-1. Epub 2021 Mar 20.

Implementation of a Clinical Protocol to Reduce Urinary Tract Infections among Women with Urinary Retention after Pelvic Reconstructive Surgery: A Prospective Quality Improvement Study.

We implemented and assessed a clinical practice quality improvement protocol aimed at decreasing postoperative urinary tract infections (UTIs) among patients who needed a catheter after pelvic reconstructive surgery. The new protocol consisted of three easy changes: (1) the patients came in sooner to the office to have the catheter removed (1-3 days after the surgery); (2) the urine cultures were not sent routinely; and (3) the patients were recommended to drink 2L of water daily for three days after the catheter was removed. The protocol resulted in a dramatic decrease in the UTI rates among patients who needed a catheter postoperatively – from 65% to 40%. The rate of UTIs among patients who did not need a catheter remained the same, at about 12%.

Rui Wang MD, Taylor Scutari BS, Elena Tunitsky-Bitton MD. Presented at the national scientific meeting for American Urogynecologic Society, 2021, Phoenix, AZ.



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