

Puerto Rico Urological Association

64th Annual Meeting

Meeting

Final Program

"Evidence-Based Urology:
A Case Based Approach"



September 26-28, 2013
The Ritz-Carlton
San Juan Hotel
Isla Verde, Puerto Rico

MESSAGE FROM THE PRESIDENT



It is with great pleasure that I welcome you all to our little piece of heaven. Even though we are only 100 x 35 miles, you will find that what we lack in size we make up for it in hospitality. We are very excited to have you all here for our 64th Annual Scientific Meeting. I am sure and confident that you will find our scientific program to the highest standards of our profession and the social activities to your expectations.

This has been a very exciting year for us as an Urologic community here in Puerto Rico and this meeting is the culmination of all the efforts of the people involved in our Executive Committee in planning this years meeting. We have promoted education as our main point of interest in this whole year and this meeting is no exception.

The program this year is tailor made for the current needs of our fellow members so I hope you enjoy it as much as I will.

Last but not least I would like to thank all the people that made this meeting possible including our sponsors for their support.

I hope to meet all of you in person and start enjoying!!

A handwritten signature in black ink, appearing to read 'Alberto Ramírez López'.

Alberto Ramírez López, MD FACS

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SCIENTIFIC PROGRAM

THURSDAY SEPTEMBER 26, 2013

7:00 – 8:00 AM

Registration and Breakfast

8:00 – 8:15 AM

Opening Remarks

Alberto Ramírez-López, MD FACS
PRUA President

SESSION I - PEDIATRICS

Moderator: Eduardo Canto, MD

8:15 – 9:00 AM

Evaluation and management
of infections and reflux
Christopher Cooper, MD

9:00 – 9:30 AM

Pediatric urology in Puerto Rico: interesting cases
Marcos Pérez-Brayfield, MD

9:30 – 10:00 AM

Antenatal hydronephrosis and fetal surgery:
What every general urologist should know
Christopher Cooper, MD

10:00 – 10:30 AM

Break - Posters and Exhibits

SESSION II - RENAL CANCER

Moderator: Ricardo Sánchez, MD

10:30 – 11:15 AM

Luis A. Sanjurjo MD Lecture

Presenter: Ricardo Sanchez-Ortiz, MD

Integration of systemic therapy and surgery
in the management of renal cell carcinoma
Christopher Wood, MD

11:15 – 12:00 PM

Management of the incidental renal mass:
a changing paradigm?
Christopher Wood, MD

12:00 – 1:00 pm

Lunch

1:00 – 1:20 pm

**A celebration of the life and achievements
of Fernando Recio Mándes, MD**
Presenter – Antonio Puras Báez, MD

SESSION III - NEUROUROLOGY

Moderator: Ramón Ramos, MD

1:20 – 1:50pm

Urodynamic principles and guidelines update
Rolando Rivera, MD

1:50 – 2:20 pm

Urinary stress incontinence in women:
state of the art
Rolando Rivera, MD

2:20 – 2:45 pm

Break - Posters and Exhibits

**SESSION IV - Dr. Bernardino Gonzalez
Flores Pyelogram Conference**

2:45 – 4:15 pm

Resident Case presentations

UROLOGY RESIDENT RESEARCH SYMPOSIUM

2:45 PM

#1 SMOKING ASSOCIATED WITH HIGHER RISK OF PATHOLOGIC UPGRADING IN HISPANIC MEN WITH LOW-RISK PROSTATE CANCER WHO UNDERGO SURGERY: IMPLICATIONS FOR BRACHYTHERAPY AND ACTIVE SURVEILLANCE

José Silva MD, Juan Serrano-Olmo MD, Héctor López-Huertas MD, Ronald Cadillo-Chávez MD and Ricardo Sánchez-Ortiz MD (Presented by Dr. José Silva)

2:52 PM

#2 CAN REGIONAL ANESTHESIA HAVE AN EFFECT ON SURGICAL OUTCOMES ON PATIENTS UNDERGOING DISTAL HYPOSPADIAS SURGERY?

Omar E. Soto-Avilés MD, Karina Escudero MD, Cecilia De Andino MD, Mario Vasquez MD, Juan C. Jorge PhD, Marcos Perez-Brayfield MD (Presented by Dr. Omar Soto-Avilés)

2:59 PM

#3 INCREASING AGE, OBESITY, AND DIABETES INDEPENDENTLY ASSOCIATED WITH URINARY INCONTINENCE AFTER ROBOTIC PROSTATECTOMY IN HISPANIC MEN

Daniel Hoffman MD, Héctor López-Huertas MD, Ronald Cadillo-Chávez MD and Ricardo Sánchez-Ortiz MD (Presented by Dr. Daniel Hoffman)

3:06 PM

#4 PREOPERATIVE INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS) PREDICTS THE RISK OF ANASTOMOTIC LEAK AFTER ROBOTIC PROSTATECTOMY

Eduardo Hernández-Cardona MD, Héctor López-Huertas MD, Ronald Cadillo-Chávez MD and Ricardo Sánchez-Ortiz MD (Presented by Dr. Hernández-Cardona)

3:13 PM

#5 CLINICAL FACTORS PREDICTIVE OF FALSE BIOCHEMICAL FAILURE AFTER RADICAL PROSTATECTOMY: THE IMPORTANCE OF A CONFIRMATORY TEST BEFORE SALVAGE TREATMENT

Juan Guzmán MD, Héctor López–Huertas MD, Ronald Cadillo–Chávez MD and Ricardo Sánchez–Ortiz MD (Presented by Dr. Juan Guzmán)

3:20 PM

#6 CLUSTERING OF HYPOSPADIAS CASES IN PUERTO RICO

Marcos Pérez-Brayfield MD, Cecilia De Andino MD, Karina Escudero MD, Luis A. Avilés PhD, Laureane Alvelo-Maldonado MPH, Irmari Padró-Mojica MSc, José Seguinot PhD, Juan Carlos Jorge PhD (Presented by Dr. Cecilia De Andino)

3:27 PM

#7 PREOPERATIVE INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS) PREDICTS THE PRESENCE OF AN INGUINAL HERNIA IN PATIENTS UNDERGOING ROBOTIC PROSTATECTOMY

Omar Soto–Avilés MD, Carolina Andrade–Geigel, Héctor López–Huertas MD, Ronald Cadillo–Chávez MD and Ricardo Sánchez–Ortiz MD (Presented by Dr. Omar Soto–Avilés)

3:34 PM

#8 SIGNIFICANCE OF PERSISTENT ASYMPTOMATIC MICROSCOPIC HEMATURIA ONE YEAR AFTER ROBOTIC PROSTATECTOMY: A REVIEW OF CLINICAL AND ENDOSCOPIC FINDINGS

Cecilia De Andino MD, Héctor López–Huertas MD, Ronald Cadillo–Chávez MD and Ricardo Sánchez–Ortiz MD (Presented by Dr. Cecilia De Andino)

3:41 PM

#9 URETERAL TRIPLICATION WITH MID/INTERPOLAR ECTOPIC MEGAURETER MANAGED WITH ROBOTIC URETEROURETEROSTOMY: A CASE REPORT

Juan Guzman MD Vanessa Ortiz-Hernández MD Norman Colon-Casasnovas MD Marcos Pérez-Brayfield, MD (Presented by Dr, Juan Guzmán)

3:48 PM

#10 PRIMARY CARCINOID TUMOR OF THE KIDNEY: ARCHIVES REVIEW AND CASE REPORT

José Silva MD, A Gonzalez, Luis Muñiz and Antonio Puras-Baez MD (Presented by Dr. José Silva)

SMOKING ASSOCIATED WITH HIGHER RISK OF PATHOLOGIC UPGRADING IN HISPANIC MEN WITH LOW-RISK PROSTATE CANCER WHO UNDERGO SURGERY: IMPLICATIONS FOR BRACHYTHERAPY AND ACTIVE SURVEILLANCE

José Silva MD1, Juan Serrano-Olmo MD2, Héctor López-Huertas MD1, Ronald Cadillo-Chávez MD3 and Ricardo Sánchez-Ortiz MD1

1University of Puerto Rico and Robotic Urology and Oncology Institute, San Juan, PR; 2San Pablo Pathology, Bayamón, PR; 3Robotic Urology and Oncology Institute, San Juan, PR

Introduction and Objectives:

In contrast to Mexican American Hispanics, the Puerto Rican community has a greater West African genetic admixture, a group with a higher risk of adverse prostate cancer. Using a prostatectomy series, we evaluated the risk of pathologic upgrading or upstaging in Puerto Rican men with low-risk disease who could have otherwise been candidates for brachytherapy or active surveillance.

Methods:

Of 453 consecutive patients who underwent robotic prostatectomy (RP) by a single surgeon, 188 patients were identified with the following criteria: PSA \leq 10 ng/ml, Gleason score \leq 6 (3+3) on biopsy, $<$ 50% positive cores, and cT2b or less. All outside slides were centrally reviewed by a single pathologist. Preoperative variables were correlated with prostatectomy pathology to ascertain which were predictive of upgrading or upstaging. Multivariate analysis was performed with SPSS.

Results:

Of 188 men with low-risk disease who underwent prostatectomy, 20.2% had their Gleason score upgraded to 7 (3+4) or greater and 8% had extraprostatic extension (combined: 25.5%). Fifty percent (94/188) were found to have perineural invasion not previously identified on the prostate biopsy. Nearly 30% of patients were past or current smokers (56/188). Having a history of smoking was the only variable which correlated with a higher likelihood of Gleason score upgrading (30.4% vs. 15.9%, $p <$ 0.001) or having new perineural invasion identified in the prostatectomy specimen (62% vs. 45%, $p <$ 0.038). There was a trend for patients with diabetes to have a higher risk of extraprostatic extension (16% vs. 6.7%, $p =$ 0.12) but this was not statistically significant. There were no other clinical variables predictive of adverse features after prostatectomy including age (mean: 56.7 years, range: 41 to 75), BMI (27.7), prostate volume (47.6 g), family history of prostate cancer, hypertension, positive biopsies at the base or laterally, or preoperative International Prostate Symptom score.

Conclusions:

Caribbean Hispanic patients with a history of smoking and apparent low-risk prostate cancer have nearly twice the risk of Gleason score upgrading (30.4% vs. 15.9%) and a 38% higher risk of having occult perineural invasion (62% vs. 45%). The relationship between smoking and recurrence in Hispanic men with low-risk disease managed with brachytherapy or active surveillance deserves further study.

CAN REGIONAL ANESTHESIA HAVE AN EFFECT ON SURGICAL OUTCOMES ON PATIENTS UNDERGOING DISTAL HYPOSPADIAS SURGERY?

Omar E. Soto-Avilés MD, Karina Escudero MD, Cecilia De Andino MD, Mario Vasquez MD, Juan C. Jorge PhD, Marcos Perez-Brayfield MD, FAAP
Urology Section, Dept. of Surgery and Department of Anatomy and Neurobiology, School of Medicine, University of Puerto Rico Medical Sciences Campus, San Juan, PR

Background:

Caudal and penile blocks are the most popular regional anesthetic techniques used in infants and children undergoing urological surgery. A recent report has suggested that penile venous pooling resulting from caudal blocks could affect surgical outcomes after hypospadias surgeries. We report our experience in patients with distal hypospadias undergoing repair with caudal vs penile block.

Methods:

A retrospective clinical database was constructed for patients who underwent distal hypospadias repair at our sponsoring institutions for the time period 2008-13 (n=192). All surgeries were performed by the same surgeon (MPB). Collected data included: hypospadias classification (glanular, coronal, sub-coronal), chordee status, perioperative anesthesia (caudal vs penile), and assessment of postoperative complications (fistula and meatal stenosis).

Results:

The mean age for distal hypospadias repair was 11 months with mean f/u of 3 years. Close to 50% of the sample underwent caudal or penile anesthesia block for post-op pain control (n= 91 vs. 101, respectively). Thirteen cases (6%) required further interventions; where 11 patients had urethral fistulas and 2 patients had meatal stenosis. Most patients with urethral fistula underwent caudal anesthesia (n=9/11). Risk ratio analysis for all distal hypospadias cases revealed that there is a higher risk of developing complications in patients who underwent caudal anesthesia vs patients who underwent penile block. (Risk Ratio = 3.47 [95% CI 0.99-12.24])

Conclusion:

Our distal hypospadias repair complication rate (6%) compares to contemporary series. We found that caudal anesthesia was associated with a higher risk of fistula formation after undergoing distal hypospadias repair. Further studies are required to elucidate whether regional anesthetic techniques should be adjusted according to severity of the condition.

**INCREASING AGE, OBESITY,
AND DIABETES INDEPENDENTLY ASSOCIATED WITH URINARY INCONTINENCE
AFTER ROBOTIC PROSTATECTOMY IN HISPANIC MEN**

Daniel Hoffman MD1, Héctor López-Huertas MD1, Ronald Cadillo-Chávez MD2
and Ricardo Sánchez-Ortiz MD1

1University of Puerto Rico and Robotic Urology and Oncology Institute, San Juan,
PR; 2Robotic Urology and Oncology Institute, San Juan, PR

Introduction and Objectives:

According to the American Diabetes Association, Puerto Ricans have the highest rate of diabetes mellitus (DM) of any ethnic group in the US (13.8% vs. 7.1% of non-Hispanic Caucasians). DM has been associated with a higher risk of post-prostatectomy incontinence. Herein we present the initial report of the impact of DM on urinary continence after robotic prostatectomy (RP) in Puerto Rican men.

Methods:

A prospective database was created for 453 consecutive prostate cancer patients who underwent RP by a single surgeon. All patients underwent anterior and posterior (Rocco) reconstructions. The cohort consisted of 300 men with follow-up \geq 1 year. Clinical variables were correlated with continence one year after surgery. Continence was defined as zero pads per day after 12 months. Multivariate analysis was performed with SPSS.

Results:

After a median follow-up of 25.2 mo., 9.7% (29/300) of men exhibited stress urinary incontinence (SUI). Fifteen (45/300) percent of all patients had type II DM and 28% (83/300) were obese or greater. The 3 variables that were independently predictive of SUI in multivariate analysis were age (mean: 60.3 in incontinent men vs. 57.4 yrs, $p < 0.04$) (Odds ratio (OR):3.25, 95% Confidence Intervals (CI): 1.45 to 7.31), BMI (28.9 vs. 27.5, $p < 0.05$) (OR:2.09, 95% CI:1.02 to 4.73), and a history of DM (31% of men with SUI had DM vs. 12.3%, $p < 0.03$) (OR:2.59, 95%CI:1.07 to 6.31). The risk of SUI increased linearly both with BMI: (BMI < 30: 8.8%, BMI 30 to 34.5: 12.7%; BMI 35 to 39.9: 22.2%, and BMI \geq 40: 33.3%) and age: (age \leq 50: 2.3%, age 51 to 60: 6.8%, age 61 to 70: 16%, and age \geq 71: 25%) ($p < 0.05$). Diabetic patients exhibited a 20% risk of SUI compared with 7.8% in non-diabetics ($p < 0.03$), even in patients with a BMI \leq 25 (42.9% with DM vs. 4.1%, $p < 0.003$). No other variables adversely affected continence including PSA, preoperative SHIM score, IPSS, prostate weight, OR time, EBL, surgical margins, anastomotic leak, nerve-sparing status, pT stage, history of hypertension, or smoking.

Conclusions:

Puerto Rican patients undergoing RP have more than double the incidence of DM of the general US population (15% vs. 7.1%) and a high rate of obesity (28%). While Puerto Rican patients who undergo RP who are not diabetic, have a BMI < 30 and are younger than 61 years have a rate of incontinence of 3.4%, this may increase to 14.5% with obesity (BMI \geq 30), 16.3% if older than 60 years, and beyond 20% with DM even in the absence of obesity. These are important data to discuss with patients in order to establish realistic expectations before surgery.

PREOPERATIVE INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS) PREDICTS THE RISK OF ANASTOMOTIC LEAK AFTER ROBOTIC PROSTATECTOMY

Eduardo Hernández–Cardona MD1, Héctor López–Huertas MD1, Ronald Cadillo–Chávez MD2 and Ricardo Sánchez–Ortiz MD1

1University of Puerto Rico and Robotic Urology and Oncology Institute, San Juan, PR; 2Robotic Urology and Oncology Institute, San Juan, PR

Introduction and Objectives:

Animal models using the rabbit bladder have shown that outlet obstruction is associated with bladder fibrosis and diminished aerobic metabolism. We evaluated the relationship between preoperative voiding dysfunction and anastomotic leaks in a series of patients treated with robotic prostatectomy (RP).

Methods:

A prospective database was developed to collect data from 453 consecutive patients who underwent RP by a single surgeon. The bladder neck was not spared and reconstructed at the 5 and 7 o'clock positions with 3–0 Monocryl. An anterior and posterior (Rocco) reconstruction was performed in all cases, and a running anastomosis was performed using 3–0 Monocryl in the initial 166 and 2–0 Quill in the last 287 cases. The incidence of anastomotic leaks was reviewed and correlated with preoperative parameters. Multivariate analysis was performed with SPSS.

Results:

Anastomotic leaks were seen in 2.6% (12/453) of patients; all were confirmed with cystography after clinical suspicion. This group had a longer mean length of stay (2.1 vs. 1.3 days, $p < 0.001$) and catheterization time (15 vs. 8 days, $p < 0.001$) versus those without a leak. Patients with a history of voiding dysfunction before surgery ($IPSS \geq 15$) had a higher risk of a urine leak (6.8 vs. 1.4%, $p < 0.007$) compared to those without and independent of prostate size (49.7 vs. 45.6 grams, $p = 0.4$) on multivariate analysis (Odds ratio: 5.26, 95% Confidence Intervals: 1.58 to 17.5). There was a trend for the urine leak group to have a higher BMI (29.4 vs. 28.1, $p = 0.25$), more bladder neck contractures (8.3 vs. 0.7%, $p = 0.11$), and more incontinence but this was not statistically significant (16.7 vs. 9.5% requiring ≥ 1 pad/day after one year, $p = 0.46$). There were no statistical differences between groups with regards to the year of surgery, suture used (Monocryl or Quill), age (57.9 vs. 57.4 yrs), PSA (5.1 vs. 5.8), clinical stage, OR time (196 vs. 182 min), EBL (167 vs. 128 cc), positive margin (8.3% vs. 9.2%), type of surgery (nerve sparing vs. non–nerve sparing), history of hypertension, diabetes, or smoking.

Conclusions:

Although uncommon, anastomotic urine leaks after robotic prostatectomy are nearly five times more likely in patients with preoperative voiding dysfunction. Whether this association is due to underlying bladder neck ischemia which may be minimized by bladder neck preservation or avoidance of excessive cautery deserves further study.

CLINICAL FACTORS PREDICTIVE OF FALSE BIOCHEMICAL FAILURE AFTER RADICAL PROSTATECTOMY: THE IMPORTANCE OF A CONFIRMATORY TEST BEFORE SALVAGE TREATMENT

Juan Guzmán MD1, Héctor López–Huertas MD1, Ronald Cadillo–Chávez MD2 and Ricardo Sánchez–Ortiz MD1

1University of Puerto Rico and Robotic Urology and Oncology Institute, San Juan, PR; 2Robotic Urology and Oncology Institute, San Juan, PR

Introduction and Objectives:

Occasionally, patients with a detectable serum PSA after prostatectomy exhibit a normal value after repeating the study. Given the patient anxiety associated with serum PSA values, we evaluated whether any clinical characteristics were predictive of a false–positive result.

Materials and Methods:

A prospective database was maintained for all men who underwent radical prostatectomy by a single surgeon (73% robotic, 27% retropubic). Of 602 patients, 562 had at least one post–operative PSA determination. Biochemical recurrence was defined as a serum PSA of 0.1 ng/ml or greater. PSA values were drawn every 4 or 6 months depending on the recurrence risk. All PSA values of 0.1 ng/ml or greater were repeated at our reference laboratory using the chemiluminescence method.

Results:

During follow–up, twelve percent of patients (67/562) had a serum PSA of 0.1 ng/ml or greater. After repeating all detectable values at our reference laboratory, 11 of these 67 patients had a serum PSA less than 0.1 ng/ml for a false–positive rate of 16.4%. The true biochemical recurrence rate was 10% (56/562) after a median follow–up of 20.8 months (range 2 to 99). All patients with two consecutive serum PSA values of 0.1 ng/ml or greater continued to exhibit a PSA rise. The mean false–positive serum PSA level was 0.25 ng/ml (range: 0.1 to 0.5), and 82% of false–positive results had been performed at community laboratories ($p < 0.001$). Patients with a false–positive serum PSA were also less likely to have a higher prostatectomy Gleason score ($p < 0.001$) or pathologic T3 disease ($p < 0.001$), but had no differences in body–mass index, age, preoperative serum PSA, prostate size, or surgical margins compared with those with a true–positive result.

Conclusions:

Approximately 16% of patients with a detectable PSA after radical prostatectomy may have false biochemical failure. Repeating the serum PSA in all patients with a detectable level is paramount before making treatment recommendations, especially if the study was not performed in a reference laboratory and the patient had Gleason score 6, negative margins, and organ–confined disease.

CLUSTERING OF HYPOSPADIAS CASES IN PUERTO RICO

Marcos Perez-Brayfield MD, FAAP1, Cecilia De Andino MD1, Karina Escudero, MD, Luis A. Avilés PhD2, Laureane Alvelo-Maldonado MPH3, Irmari Padró-Mojica MSc4, José Seguinot PhD4, Juan Carlos Jorge PhD5
1Urology Section, Dept. of Surgery, School of Medicine, University of Puerto Rico (SoM-UPR), 2 Dept. of Social Sciences, School of Public Health (SPH-UPR), 3 Birth Defects Prevention and Surveillance System, Department of Health of Puerto Rico, 4 Dept. of Environmental Health, SPH-UPR, 5 Dept. of Anatomy and Neurobiology, SoM-UPR

Background:

It is as a tenet in the field that most hypospadias cases are idiopathic. In spite of great research efforts, there is little information about the relationships between the genetic and environmental underpinnings of the condition to geographical space. Therefore, we aimed to determine the spatial distribution of cases within a well-defined geographic location.

Methods:

The dataset for this study was produced by the Birth Defects Prevention and Surveillance System of the Department of Health of Puerto Rico (2007-10; n=279) and a clinical dataset from three participating institutions from 2007-13 (n=142). A population-based case-control study was conducted to estimate the potential effects of maternal, paternal, birth-related variables, and social risk factors for hypospadias. Two types of geographical information systems (GIS) methods (Anselin Local Moran's I and Getis-Ord G) were used to determine the spatial distribution of hypospadias according to prevalence and severity.

Results:

Gestational age (25 to 37 weeks), age of the mother (40 +), and being non-poor were found as risk factors for having a newborn with hypospadias as confirmed with univariate and multivariate analyses at 95% CI. A cluster of hypospadias cases was detected in the north-central region of Puerto Rico with both GIS methods ($p < 0.05$). Clusters of cases were also detected according to severity.

Conclusions:

The clustering of hypospadias by prevalence and severity provides an opportunity to assess the underlying causes of the condition and their relationships with geographical space.

PREOPERATIVE INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS) PREDICTS THE PRESENCE OF AN INGUINAL HERNIA IN PATIENTS UNDERGOING ROBOTIC PROSTATECTOMY

Omar Soto–Avilés MD1, Carolina Andrade–Geigel2, Héctor López–Huertas MD1, Ronald Cadillo–Chávez MD2 and Ricardo Sánchez–Ortiz MD1

1University of Puerto Rico and Robotic Urology and Oncology Institute, San Juan, PR; 2Robotic Urology and Oncology Institute, San Juan, PR

Introduction and Objectives:

While prior studies have shown that encountering an incidental inguinal hernia during robotic prostatectomy (RP) is not uncommon, none have identified preoperative variables that may predict which patients will require a concurrent hernia repair. We report our experience with simultaneous robotic prostatectomy and intraperitoneal inguinal hernia repair using prosthetic mesh.

Methods:

Our cohort consisted of 453 consecutive patients who underwent RP by a single surgeon over a 4–year period. Inguinal hernia defects were identified once the bladder was dissected and were repaired with mesh by the same surgeon after the anastomosis. The mesh used was equal parts absorbable polyglactone–25 monofilament and non–absorbable polypropylene monofilament (UltraPro, Ethicon). Statistical analysis was performed with SPSS to ascertain which variables were predictive of a hernia.

Results:

Inguinal hernias were encountered during RP in 8.7% (37/453) of patients. These were unilateral in 6.2% (28/453) and bilateral in 2% (9/453) for a total of 46 sides. Locations were right (43.3%), left (32.3%), and bilateral (24.3%); 56.7% were direct, 32.4% indirect, and combined in 10.9%. Only 50% (18/36) of men had hernias evident on their preoperative examination or staging studies. Patients with a preoperative IPSS ≥ 15 had a 21.4% chance of requiring a hernia repair compared with 4.4% in patients without voiding dysfunction ($p < 0.001$) (Odds ratio: 6.37, 95% Confidence Intervals 3.01 to 12.2). There were no statistically significant differences between groups with regards to prostate weight (44.4 grams in hernia group vs. 45.9, $p = 0.07$), Body–mass index (27.5 vs. 28.1), age (57.9 vs. 57.3 years), EBL (110 vs. 130 cc), transfusions (1/37 vs. 1/412, $p = 0.08$), OR time (183 vs. 182 min), length of stay (1.4 vs. 1.3 days), intraoperative, early, or late complications, history of diabetes, hypertension, or smoking. After a median follow–up of 18.2 months, there was 1 hernia recurrence (2.2%, 1/46) repaired with open surgery. There were no patients with mesh–associated neuralgic pain or erosion.

Conclusions:

Independent of prostate size, men with preoperative voiding dysfunction have five times the risk of requiring a hernia repair at the time of robotic prostatectomy (21.4% vs. 4.4%). Given that 50% of these hernias are subclinical, patients with an IPSS ≥ 15 should be counseled regarding the potential need for a concurrent hernia repair and its potential complications.

SIGNIFICANCE OF PERSISTENT ASYMPTOMATIC MICROSCOPIC HEMATURIA ONE YEAR AFTER ROBOTIC PROSTATECTOMY: A REVIEW OF CLINICAL AND ENDOSCOPIC FINDINGS

Ceciliana De Andino MD1, Héctor López—Huertas MD1, Ronald Cadillo—Chávez MD2 and Ricardo Sánchez—Ortiz MD1

1University of Puerto Rico and Robotic Urology and Oncology Institute, San Juan, PR; 2Robotic Urology and Oncology Institute, San Juan, PR

Introduction and Objectives:

Occasionally patients exhibit microscopic hematuria (MH), which persists 1 year after robotic prostatectomy. The clinical significance and predictors of MH in this setting have not been reported.

Methods:

453 Hispanic patients were identified in our prospective database who underwent robotic prostatectomy (RP) for cancer by a single surgeon. Follow-up beyond 1 year was available in 300 patients. Men with preoperative MH due to a history of bladder cancer (2) or renal cancer (1) and 2 patients who underwent bladder stone removal with RP were excluded. Patients were seen at 2 months (mo.) with a PSA and urinalysis and then every 4 or 6 mo. depending on their recurrence risk. MH was defined as 3 red blood cells per high power field in one urinalysis in the absence of an obvious benign cause. If MH was present after 6 mo., a CT or MR urogram was obtained if no preoperative renal imaging was available. If MH persisted after 1 year, all patients underwent a cystoscopy and upper tract imaging. Clinical and endoscopic findings were evaluated.

Results:

Of 300 men with a median follow-up of 25.2 mo., MH beyond one year was present in 8.7% (26/300) of patients. CT or MR findings included renal calculi (1) and simple cysts (5/26). Cystoscopic findings included incidental fossa navicularis (1/26) and bulbar strictures (1/26). Clinical variables that correlated with the presence of MH in univariate analysis included a history of a postoperative leak (11.5% vs. 1.1%, $p < 0.01$), pathologic stage T3a/3b (14.9% vs. 6.9%, $p < 0.05$), a positive surgical margin (22.6 vs. 7.1%), and a history of postoperative radiation (21% vs. 8%, $p < 0.03$). In multivariate analysis, a history of a leak was the only variable predictive of MH (Odds Ratio: 6.64, 95% Confidence Intervals: 1.45 to 30.5). No other factors correlated with MH including BMI, age, PSA, preoperative International Prostate Symptom Score, prostate size, history of diabetes, hypertension, or smoking, blood loss, incontinence, bladder neck scar, perineural invasion, or biochemical failure.

Conclusions:

Asymptomatic microscopic hematuria may persist in 8.7% of patients 1 year after prostatectomy and is independently associated with a history of an anastomotic leak (Odds ratio: 6.64). While a standard hematuria evaluation is warranted for these men, patients could be reassured that a life-threatening finding is unlikely.

URETERAL TRIPLICATION WITH MID/INTERPOLAR ECTOPIC MEGAURETER MANAGED WITH ROBOTIC URETEROURETEROSTOMY: A CASE REPORT

Juan Guzman, MD Vanessa Ortiz Hernández, MD Norman Colon Casanovas, MD Marcos Pérez Brayfield, MD FAAP
Department of Urology, University of Puerto Rico School of Medicine, San Juan, Puerto Rico

Introduction:

Ureteral duplication is a common urological malformation but the presence of three ureters in the same renal unit is a rare congenital anomaly. Less than 100 cases of ureteral triplication have been reported in the literature since its first description in 1870. This anomaly is commonly associated with other urological malformations such as ureteral ectopia, contralateral ureteric duplication and renal dysplasia. Obstructed megaureter of a mid/interpolare ureter associated with ureteral triplication has never been described.

Case Summary:

We report the case of a 4-year-old girl who presented with total urinary incontinence, recurrent abdominal pain and UTI. Imaging showed left ureteral triplication with left mid/interpolare moiety hydroureteronephrosis due to ectopic ureteral insertion causing obstruction. Upper and lower poles of the affected kidney were without evidence of obstruction or vesicoureteral reflux. Normal right side renal unit and collecting system were seen. A robotic left ureteroureterostomy with resection of the distal ectopic megaureter was successfully performed. The patient is currently pain free with resolution of her urinary incontinence and no interval UTI.

Conclusions: This report describes the rare occurrence of ureteral triplication associated to mid/interpolare ectopic megaureter in a pediatric. A novel approach using robotic ureteroureterostomy resulted in total urinary continence with resolution of symptoms.

PRIMARY CARCINOID TUMOR OF THE KIDNEY: ARCHIVES REVIEW AND CASE REPORT

Silva JE, Gonzalez A, Muniz L, Puras-Baez A From the Urology Section, Department of Surgery Medical Science Campus, University of Puerto Rico, San Juan, Puerto Rico

Introduction:

Carcinoid tumors are characteristically low-grade malignant tumors with neuroendocrine differentiation. The majority of reported carcinoid tumors are localized in the gastrointestinal tract (74%) and the bronchial system (25%), while less than 1% has been reported in the genitourinary (GU) system. Furthermore, renal carcinoids represent 19% of all GU carcinoid tumors.

Objectives: To review the literature for case reports of primary renal carcinoids, describe epidemiology, natural history, histopathology, management, and prognosis of this condition.

Methods:

Extensive literature review was done from the medical literature, including National Cancer Data Base and PubMed.

Results:

Less than 91 cases of primary carcinoid tumors of the kidney have been reported in the literature. Mean age of presentation appears to be in younger individuals mean age 48-49 (n=91). Most common presentations were non-specific pain (48%, n=24) and incidental finding on imaging studies (31%, n=24). No preference was observed between right and left side (48%, 45% respectively). All patients with tumor disease more than 7cm (38%, n=24) had either lymph node invasion or metastatic disease.

Conclusions:

Renal carcinoid is an extremely rare tumor of the kidney. It is the third most prevalent GU carcinoid in men, and second most prevalent in women. These tumors are usually misdiagnosed due to similarity in presentation as other renal masses. Only 3 patients have been shown to have an increase level of urinary 5-HIAA, all of them presented with metastatic liver disease. Most of the time they display a benign behavior, although tumors over 3cm may show metastatic disease. Good prognostic factors include young age, tumor size less than 4, and extra capsular tumor extension. Nephron sparing surgery should be considered for tumors of 3cm or less, while patients with larger tumors should undergo radical nephrectomy.

FRIDAY SEPTEMBER 27, 2013

7:00 – 8:15 AM

Registration and Breakfast

SESSION IV - PRACTICE MANAGEMENT

Moderator: Norman de la Rosa, MD

8:00 – 8:30 AM

Coding tips for 2013

Michael Ferragamo, MD

8:30 – 9:00 AM

Economic situation in Puerto Rico:
where do we stand?

Carlos Ubiñas Esq.

9:00 – 9:30 AM

OR of the future

Raymond Leveillee, MD

9:30 – 10:15 AM

Legal issues in urology:
avoiding malpractice and employee problems

Eugene Hestres, Esq.

10:15 – 10:45 AM

Break – Posters and Exhibits

10:45 – 11:15 AM

Estate and asset protection planning:
The basic documents everyone should have

Eugene Hestres, Esq

11:15– 12:00 noon

Roberto Fortuño MD Lecture

When to use neoadjuvant chemotherapy for
muscle invasive bladder cancer?

Michael O'Donnell, MD

12:00 – 1:00 PM

Lunch

SESSION V - VARIED TOPICS

Moderator: Gil Nieves, MD

1:00 – 1:30 PM

Expanded urological indications
and uses of the robot

Daniel Eun, MD

1:30 – 2:00 PM

The interventional radiologist:
the urologist's best friend

Javier Nazario, MD

2:00 – 2:30 PM

Robotic partial nephrectomy in T1b tumors:
challenging cases

Daniel Eun, MD

2:30 – 3:00 PM

What to do when BCG fails (or it's not available)
Michael O'Donnell, MD

3:00 – 3:30 PM

Break - Posters and Exhibits

3:30 – 3:45 pm

State of the AUA and Southeastern Section
Raymond Leveillee, MD

3:45 – 4:15PM

Coding tips II: ICD10 and beyond
Michael Ferragamo, MD

SATURDAY SEPTEMBER 28, 2013

7:00 – 8:15AM

Registration and Breakfast

8:15 – 8:45 AM

Interesting cases in urinary tract calculi: Part I
Julio Davalos, MD

SESSION VI - HEALTH POLICY AND OUTCOMES
Moderator: Roberto Canto, MD

8:45 – 9:15 AM

Fresh Frozen Plasma: Myths and Reality
Aryeh Shander, MD

9:15 – 10:00 AM

Charles Higgins MD Lecture
PSA screening: What should we do in 2013
based on the data?
David Penson, MD

10:00 – 10:15AM

Break - Posters and Exhibits

10:15– 10:45 AM

Mechanisms of overuse of blood transfusions
Aryeh Shander, MD

10:45 – 11:30AM

Active surveillance for prostate cancer:
state of the art
David Penson, MD

11:30– 12:00PM

Interesting cases in urinary tract calculi: Part II
Julio Davalos, MD

12:00 – 2:30 PM

Lunch and Business Meeting

ACCREDITATION

SPONSORSHIP STATEMENT (JOINT)

This activity is jointly sponsored by The Ponce School of Medicine and the Puerto Rico Urological Association.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The Ponce School of Medicine & Health Sciences and the Puerto Rico Urological Association. The Ponce School of Medicine & Health Sciences is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Ponce School of Medicine & Health Sciences is accredited by the Puerto Rico Board of Licensing and Medical Disciplines with the provider No. 016-FB 15-JLD M.



CREDIT DESIGNATION

The Ponce School of Medicine & Health Sciences designates this live activity for a maximum of 16.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACKNOWLEDGMENT OF COMMERCIAL SUPPORT

This activity is supported by an educational grant from:

1. Lilly USA, LLC - For further information concerning Lilly grant funding visit, www.lillygrantoffice.com
2. Sanofi-Aventis

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The faculty will report financial relationships or relationships to products or devices they or their spouse/partner have with commercial interests related to the content of this CME activity.

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TARGET AUDIENCE

This activity has been designed for urologists and other physicians involved in the management of urologic conditions.

NEED ASSESSMENT 2013

Our conventions are one of the very limited opportunities for urologists in practice within Puerto Rico to attend a CME activity without having to fly outside the island. For this reason, there is a clear need for a well balanced, unbiased, educational program that will bring our local urologists up-to-date on the diagnosis and management of common urological problems as well as the prevention of complications that could arise in the diagnosis and management of urologic conditions. This year the focus of the meeting will be "Evidence-based Urology" to highlight the importance of practicing urology based on the data derived from the published literature.

OBJECTIVES:

1. Review the management and prevention of urinary tract infections in children
2. Understand the importance of antenatal hydronephrosis
3. Discuss the role of systemic therapy in locally advanced renal cancer
4. Review basic urodynamic concepts in urology
5. Discuss how the management of the incidental renal mass has changed.
6. Review the indications for blood transfusions in urological surgery
7. Review the management of bladder cancer and the role of chemotherapy.
8. Understand the new guidelines for prostate cancer early detection and active surveillance
9. Review the new applications of robotic surgery in urology
10. Discuss the legal and business aspects of a urology practice
11. Understand the management of non-muscle invasive and locally advanced bladder cancer
12. Review the applications of interventional radiology in urology

AMERICANS WITH DISABILITIES ACT

The Ponce School of Medicine and the Puerto Rico Urological Association fully comply with the legal requirements of the ADA and rules and regulations thereof. Please notify the Puerto Rico Urological Association if you have any special needs in the registration table.

STATEMENT OF RESPONSIBILITY/UNLABELED USE DISCLOSURE

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The opinions or views expressed in this CME activity are those of the presenters and do not necessarily reflect the opinions or recommendations of their affiliated institutions, The Ponce School of Medicine, or the Puerto Rico Urological Association. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

SOCIAL EVENTS

THURSDAY SEPTEMBER 26, 2013

7:30 - 11:00 pm

Presidential Welcome Reception
Cuban Night at Hacienda Campo Rico
**Transportation will depart the
Ritz-Carlton Lobby at 7:15pm*

FRIDAY SEPTEMBER 27, 2013

11:30 am to 4:30 pm

Spouses Activities
Mares Private Room

*Jewelry Exhibition by **Letrán Joyeros***

11:30 am

Welcome
Joannie Calo

12:15 pm

Lunch

1:30 – 2:15 pm

“Hay que bregar con lo que hay que bregar”
Cristina Soler

2:20 – 3:20 pm

Procedural Dermatology
Alexander Lugo, MD FAAD

3:30 – 4:30 pm

Fashion Show
Presented by Tatzy
Ballroom 4 & 5

5:00 – 9:00 pm

Get Together
Exhibit Area, The Ritz-Carlton San Juan Hotel

SATURDAY SEPTEMBER 28, 2013

7:00 – 8:00 am

Meet the Professors Residents Breakfast
La Luna

64th Anniversary Gala Dinner
Ballroom, The Ritz-Carlton San Juan Hotel

7:30 pm

Champagne Reception

8:15 pm

Protocolary Event

9:00 pm

Dinner and Dance
Music by: Juan Manuel Lebrón
Orchestra and Cien del Cielo

