SUO 2016 Annual Meeting at the AUA
Saturday, May 7, 2016
8:00 a.m. – 5:00 p.m.
Manchester Grand Hyatt San Diego
San Diego, California

SUO Reception with
Awards & Announcements
5:00 p.m. – 7:00 p.m.
5:30 p.m. – Awards & Announcements
Manchester Grand Hyatt
SUO/SBUR Joint Meeting Educational Needs (Morning Program)
The Joint SUO/SBUR morning sessions at the AUA Annual Meeting will address Therapeutic Resistance in Urologic Oncology. While new therapies in urologic oncology are based upon therapeutic targets and survival gains have occurred in the past 8 years, tumors evolve resistant mechanisms and progress. The biology of therapeutic resistance is important and will be the basis for understanding the evolution of this process. This biology is relevant as it then presents new biomarkers that can be used to stratify responses and select the most effective agent. The mechanisms by which tumors become resistant present new opportunities to co-target and suppress resistant pathways. In addition, optimizing drug selection and testing via micro-dosing can best determine how to treat a patient. In this session we will also explore new approaches to renal cell carcinoma beyond tyrosine kinase inhibitors. The sessions will provide clinicians, medical oncologists, urologists, pathologists, radiologists and basic researchers with the latest updates on how tumors foster resistance mechanisms and the bench to bedside identification and application of new therapeutic strategies.

SUO/SBUR Educational Objectives (Morning Program)
1. Explain how urologic malignancies evolve into a resistant phenotype.
2. Interpret how resistant mechanisms also provide opportunity for new biomarker identification to guide therapeutic selection.
3. Describe the clinical relevance of resistance and how to obtain more benefit from existing agents by co-targeting to suppress resistance.
4. Identify how urethelial cancer can be better treated with new approaches to understanding chemotherapeutic sensitivity.
5. Evaluate what the future holds for treating renal cell carcinoma beyond tyrosine kinase inhibitors.

SUO Annual Meeting at the AUA Educational Needs (Afternoon Program)
The diagnosis and management of urologic malignancies have been dramatically influenced by recent medical, surgical and technological advances. One of the greatest challenges for the practicing urologist is to stay current with the numerous dynamic changes in the field of urology. An internationally acclaimed faculty has been assembled to provide this update with presentations on localized and locally advanced prostate cancer, management of non-invasive as well as invasive bladder cancer, along with critical controversies in both localized and metastatic kidney cancer.

Prostate cancer is the most common non-cutaneous cancer in men in the US, and the second leading cause of male cancer mortality. Patients with high-risk disease, who have the greatest risk or cancer-related mortality, have also been found to be the most likely to be undertreated. Understanding national practice patterns in management of different risk stratified patients will improve clinicians’ awareness of this problem, with the subsequent goal to improve the rates of these patients being offered an aggressive approach to treatment. Meanwhile, physicians continue to struggle with the criteria for and extent of lymph node dissection at the time of prostatectomy in patients treated surgically. An understanding of the advantages and disadvantages of lymphadenectomy facilitates an optimal, patient-centric approach to care. At the same time, emerging data has suggested a value for treating the prostate for patients with clinical evidence of disease outside of the gland, including in local pelvic lymph nodes as well as with documented metastases. However, there has yet been widespread adoption of such an approach. Disseminating the knowledge supporting a benefit for treatment of the prostate in the setting of advanced disease will allow practitioners to offer as fully informed, comprehensive treatment options as possible when discussing risks and benefits of various approaches to care with these patients.

Bladder cancer is the second most common genitourinary cancer in males and the fourth most common in females. There will be an estimated 74,000 new cases and 16,000 deaths from bladder cancer in 2015. Approximately 70% of the time, patients will present with non-muscle invasive disease. Of those, 70% are Ta lesions, 20% T1, and 10% carcinoma in situ (CIS). While intravesical therapy is a recommended approach for patients with high-risk non-muscle invasive tumors, there remain patients not likely to respond to such treatment who would therefore benefit from an up-front aggressive surgical approach with cystectomy. It is important to understand the factors which may be utilized to assess patients’ risk of disease progression in order to guide management recommendations. At the same time, for patients who fail initial systemic therapy, the optimal management continues to be debated. Meanwhile, muscle invasive cancer accounts for the remainder of patients, and for patients undergoing radical cystectomy, conflicting evidence exists regarding the appropriate extent of lymph node dissection during surgery, the value of adjuvant chemotherapy after surgery, and the benefit to subsequent routine oncologic surveillance. As such, practitioners need to be aware of the data surrounding these topics in order to facilitate an individualized approach to care.

In the field of kidney cancer, while renal preservation using partial nephrectomy has gained acceptance over the past decade and now is the treatment of choice for small lesions, debate exists regarding the relative importance of renal ischemia versus the percentage of renal parenchymal volume preserved after resection. An understanding of the modifiable factors that may be targeted to enhance postoperative renal function will aid surgeons during partial nephrectomy. Meanwhile, current guidelines for surveillance after nephrectomy lack an individualized approach, and therefore enhancing awareness of variables which may be used to tailor surveillance will assist in comprehensively capturing recurrences while most efficiently allocating resources. With regard to management of metastatic renal cell carcinoma, cytoreductive nephrectomy has been demonstrated in randomized trials to improve survival among patients for metastatic disease, the role of up-front surgical resection is less clear. It is therefore important to understand the relative risks and benefits of management with initial cytoreductive surgery versus an approach with systemic targeted therapy first, with possible surgical resection to follow pending patient response to treatment.

SUO Annual Meeting at the AUA Educational Objectives (Afternoon Program)
At the conclusion of the SUO at the AUA 2016 Annual Meeting, attendees should be able to:

• Describe current practice patterns for the treatment of men with high-risk prostate cancer in the US.
• Identify patients who would benefit from a lymphadenectomy at the time of prostatectomy, and understand the appropriate extent of dissection to be performed.
• Evaluate recent data supporting treatment of the primary tumor in the setting of advanced prostate carcinoma.
• Recognize features that place patients with T1 bladder cancer at the highest risk for progression and thereby provide a rationale for cystectomy in these patients.
• Describe the options for management available for patients with BCG-refractory non-muscle invasive bladder cancer.
• Define the appropriate extent of lymph node dissection to be performed at the time of radical cystectomy.
• Employ a state of science look at the evidence supporting adjuvant chemotherapy as part of a multimodality treatment for invasive bladder cancer.
• Assess the relative benefit to routine oncologic surveillance among patients undergoing radical cystectomy.
• Evaluate the existing, often conflicting data on the relative roles of ischemia versus parenchymal preservation among patients undergoing partial nephrectomy.
• Create strategies to optimize surveillance following nephrectomy.
• Assess the comparative risks and benefits of up-front cytoreductive nephrectomy versus initial treatment with
The morning session is a combined meeting of the Society of Urologic Oncology (SUO) and the Society of Basic Urologic Research (SBUR).

SUO/SBUR:
Therapeutic Resistance in Urologic Oncology
8:00 a.m. – 11:50 a.m.

8:00 a.m. - 8:05 a.m.
Welcome & Introductory Remarks
Program Chairs: Christopher P. Evans, MD, FACS
Hari K. Koul, MSc, PhD, FACN, FASN

8:05 a.m. - 8:55 a.m.
Identification and Targeting Resistance in Castration-Resistant Prostate Cancer

8:05 a.m. - 8:25 a.m.
Mechanisms of Castration-Resistance
Speaker: Timothy C. Thompson, PhD

8:25 a.m. - 8:50 a.m.
Biomarkers of Resistance and Therapeutic Implications
Speaker: Emmanuel S. Antonarakis, MBBCh

8:55 a.m. - 9:50 a.m.
Resistance and Options in Urothelial Carcinoma

8:55 a.m. - 9:20 a.m.
What's So Difficult About a New Approach Post - BCG?
Speaker: Michael A. O'Donnell, MD FACS

9:20 a.m. - 9:45 a.m.
Microdosing for Chemo-Therapeutic Response in Advanced Urothelial Cancer
Speaker: Chong-Xiang Pan, MD, PhD

9:45 a.m. - 9:50 a.m.
Panel Discussion and Q&A

9:50 a.m. - 10:00 a.m.
Break

10:00 a.m. - 10:55 a.m.
Moving Past TKI's in Renal Cancer

10:00 a.m. - 10:25 a.m.
Mechanisms of Therapeutic Resistance in Renal Cancer: Moving Past TKI's in Renal Cancer
Speaker: W. Marston Linehan, MD

10:25 a.m. - 10:50 a.m.
Role of Non-Coding RNA in Renal Cancer
Speaker: Rajvir Dahiya, PhD, DSc

10:50 a.m. - 10:55 a.m.
Panel Discussion and Q&A

10:55 a.m. - 11:45 a.m.
Donald S. Coffey Lecture
Speaker: Carlo M. Croce, MD
The John W. Wolfe Chair In Human Cancer Genetics

11:50 a.m.
Adjourn

SUO: Balancing the Risks of Overtreatment Versus Undertreatment
12:30 p.m. – 5:00 p.m.

12:30 p.m. - 12:35 p.m.
Welcome and Introductions
Program Chairs: Stephen A. Boorjian, MD
Alexandre Zlotta, MD

12:35 p.m. - 12:45 p.m.
Introduction to the Whitmore Lecture
Speaker: Robert E. Donohue, MD

12:45 p.m. - 1:05 p.m.
Whitmore Lecture: The Art and Business of Cancer Drug Development: Implications for Urological Oncology
Speaker: Arie S. Belldegrun, MD, FACS

1:05 p.m. - 2:35 p.m.
Prostate Cancer: Be Wary of the Undertreated High-Risk Patient
Moderator: Neil Fleshner, MD, MPH, FRCPSC

1:05 p.m. - 1:15 p.m.
The Problem of Undertreatment of Men with High-risk Prostate Cancer in the US
Speaker: Matthew R. Cooperberg, MD, MPH

1:15 p.m. - 1:25 p.m.
Underestimating Disease Risk in the Patient Being Considered for Active Surveillance: The Implications of Race
Speaker: Edward M. Schaefter, MD, PhD

1:25 p.m. - 1:35 p.m.
Active Surveillance in Men with Gleason Pattern 4 Disease
Speaker: Antonio Finelli, MD

Carlo M. Croce, MD is one of the most highly recognized and awarded researchers in the world, having received almost every significant award for cancer research that one can earn. His studies have proved genetic links to a variety of cancers, and that chromosomal abnormalities are capable of contributing to cancer initiation and progression. Dr. Croce was also the first investigator to discover and sequence BCL2, and later defined a role for this protein in various lymphomas. Recently, he has studied the role of microRNAs and their role in oncology. He is the director of human cancer genetics, chairman of molecular virology, immunology and medical genetics, and director of the Institute of Genetics at The Ohio State University Comprehensive Cancer Center, as well as professor of medical oncology at the University of Ferrara School of Medicine.

Arie S. Belldegrun, MD, FACS is the director of the UCLA Institute of Urologic Oncology, professor of urology, and chief of the Division of Urologic Oncology at the David Geffen School of Medicine. He is internationally recognized in the field of surgical and medical management of urological cancers, design and conducting large-scale clinical trials, and in the development of innovative therapies for patients with localized and metastatic kidney, bladder, and prostate cancer. His laboratory at UCLA has been a pioneer in the fields of genetic cancer therapy, immunotherapy, cancer vaccines, and targeted molecular therapy for urological malignancies.
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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Panelists</th>
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<tr>
<td>1:35 p.m.</td>
<td><strong>Identifying the Patient Who Benefits of Lymphadenectomy at the Time of Prostatectomy</strong></td>
<td>James A. Eastham, MD</td>
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<td>1:45 p.m.</td>
<td><strong>Is There a Role for Definitive Local Therapy in the Setting of cN+ Disease?</strong></td>
<td>Jason A. Efstathiou, MD, DPHIL</td>
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<td>1:55 p.m.</td>
<td><strong>Radical Prostatectomy in the Setting of M1 Disease: A New Paradigm?</strong></td>
<td>Brian F. Chapin, MD</td>
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<td>2:05 p.m.</td>
<td><strong>Evolving Role of Image-Guided Treatment for Pelvic Nodal Relapse After Definitive Local Therapy</strong></td>
<td>Alberto Briganti, MD</td>
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<td>2:15 p.m.</td>
<td><strong>Case-Based Discussion of High-Risk/Advanced Disease</strong></td>
<td>Neil Fleshner, MD, MPH, FRCSC</td>
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<td><strong>Break</strong></td>
<td>Brian F. Chapin, MD</td>
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<td><strong>Minimizing Morbidity while Maximizing Oncologic Efficacy in Bladder Cancer</strong></td>
<td>Matthew R. Cooperberg, MD, MPH</td>
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<td><strong>Selection of TI Patients for Initial Cystectomy</strong></td>
<td>Albert Briganti, MD</td>
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<td><strong>What to Do with BCG Refractory NMIBC When Cystectomy is Not an Option</strong></td>
<td>Michael S. Cookson, MD, MMHC</td>
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<td>3:05 p.m.</td>
<td><strong>Bladder Cancer: What Defines an Extended Dissection and How Do We Know it Helps?</strong></td>
<td>Eila C. Skinner, MD</td>
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<td>3:15 p.m.</td>
<td><strong>Is There a Role for Adjuvant Chemotherapy or Novel Targeted Agents After Radical Cystectomy?</strong></td>
<td>Matthew I. Milowsky, MD</td>
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<td>3:25 p.m.</td>
<td><strong>Issues Surrounding Surveillance After Radical Cystectomy</strong></td>
<td>Bernard H. Bochner, MD</td>
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<td><strong>Questions/Cases</strong></td>
<td>George Thalmann, MD</td>
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**Controversies in Kidney Cancer from Early to Late Stage Disease**

Moderator: Robert G. Uzzo, MD

3:50 p.m. - 5:00 p.m.

**Novel Imaging Modalities for the Solid Renal Mass: Are We Ready for a Radiographic Biopsy?**

Speaker: Robert G. Uzzo, MD

4:00 p.m. - 4:15 p.m.

**Debate: The Importance of Ischemia Versus Volume of Parenchyma During Partial Nephrectomy Ischemia**

Debaters: Scott E. Eggener, MD

**Volume of Preserved Parenchyma**

Debater: Steven C. Campbell, MD, PhD

4:15 p.m. - 4:25 p.m.

**Moderator-Prompted Questions to Debaters**

Moderator: Robert G. Uzzo, MD

Debaters: Steven C. Campbell, MD, PhD

4:25 p.m. - 4:35 p.m.

**Optimization of Surveillance Following Nephrectomy for RCC**

Speaker: Suzanne B. Merrill, MD

4:35 p.m. - 4:50 p.m.

**Kidney Cancer Debate: Optimal Sequencing of Treatments for Patients with Newly Diagnosed Metastatic Kidney Cancer**

**Surgery First**

Debater: Christopher G. Wood, MD, FACS

**Systemic Therapy First**

Debater: Bradley C. Leibovich, MD

4:50 p.m. - 5:00 p.m.

**Moderator-Prompted Questions/Challenging Cases to Debaters**

Moderator: Robert G. Uzzo, MD

Debaters: Bradley C. Leibovich, MD

Christopher G. Wood, MD, FACS

5:00 p.m.    | **Adjourn**                                                                                                       |
systemic therapy among patients with metastatic renal cell carcinoma.

Society of Urologic Oncology (SUO)

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- Peer review for valid, evidence-based content of all materials associated with an educational activity by the course/program director, editor, and/or Education Content Review Committee or its subgroup
- Limit content to evidence with no recommendations
- Introduction of a debate format with an unbiased moderator (point-counterpoint)
- Inclusion of moderated panel discussion
- Publication of a parallel or rebuttal article for an article that is felt to be biased
- Limit equipment representatives to providing logistics and operation support only in procedural demonstrations.
- Divestiture of the relationship by faculty

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MARK YOUR CALENDAR

17th Annual SUO Winter Meeting

Wednesday, November 30 – Friday, December 2, 2016

YUO Dinner: Wednesday, November 30
SUO Reception: Thursday, December 1

Grand Hyatt San Antonio
600 East Market Street | San Antonio, TX 78205
Phone: (210) 224-1234

SUO is happy to provide discounted room rates of $159.00, plus applicable tax at the host hotel. The block may sell out prior to the hotel deadline of November 8, 2016; therefore, attendees are strongly encouraged to make early reservations.

Visit our website at www.suonet.org for updates on the program agenda and meeting registration.