



Urology

2019 HIGHLIGHTS

Expanding Options for Advanced Bladder

Top 20

U.S. News & World Report

#4

NIH Clinical Research Center

1 in 8

Prostate Cancer National Longitudinal Study



reconstruction with creation of a neobladder. The procedure allows the patient to live without an ileal conduit, which collects urine in an external bag through a stoma.

The surgery was uneventful.

The surgeons did not discover any tumor outside the bladder, and the lymph nodes appeared unremarkable. Surgeons preserved both of the patient's neurovascular bundles for restoration of erectile function post-surgery.

Postoperative findings were significant for high grade urothelial carcinoma with 3 of 19 nodes positive. Specifically, the cancer was pathologically staged as pT2N2, or tumor invasion into the muscularis propria, with multiple regional lymph node metastasis in the true pelvis. Recovery after surgery was uncomplicated, and the ureteral stents were removed on postoperative day seven, with discharge home.

NEXT-GENERATION TUMOR SEQUENCING EXPANDS OPTIONS

With extensive experience in immunotherapies for bladder cancer, Dr. Steinberg hopes that personalizing treatment will optimize patient care, particularly in cases where the cancer has not responded adequately to initial treatments. In this case, the patient was referred to Dr. Balar for next-generation tumor sequencing and consideration of targeted adjuvant therapy.

On postoperative day 21, the patient's physical

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Urologist Dr.

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Incidental detection of small kidney tumors has risen dramatically over the past several decades due to increasing use of diagnostic imaging.

In the past, surgery was the standard approach to managing all of these lesions, but recent research suggests that many small, incidentally discovered tumors frequently do not become aggressive; therefore, in select patients, these small masses can be safely managed through an initial period of observation or active surveillance.

SMALL KIDNEY TUMORS POSE LOW RISK OF MORTALITY

A Clinical Update was published in the April 23/30, 2019 issue of *JAMA*, describing investigations by William C. Huang, MD, associate professor of urology, chief of the Urology Service at Tisch Hospital, and co-director of the Robotic Surgery

Center at NYU Langone, and others.19 issrding to their research, small

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for very small lesions, in the absence of comorbid conditions, and also be given the option to pursue biopsy when warranted.

Decisions about whether to pursue surgery versus surveillance should take into account the overall health and anticipated longevity of the patient. In addition, tumor

information and talked with friends

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