July in academic medicine—The hails and the farewells

Welcome to our July 2021 issue of *BJUI Compass*. We have enjoyed tremendous support from many young authors and reviewers to make this second year of our existence a success and an opportunity to grow in quantity and quality of papers. As I go through another June to July transition in my home training programs, I am reminded of so many traditions and cycles in academic medicine—experiencing them as a trainee and now a mentor. June is kind of a unique month where you have graduating residents and fellows. They perform at a high level and their peers look up to them for their experience and ability to solve most problems. Of course, a lot of transitioning is ongoing for the graduates—new jobs, new housing, new institutions, etc. Before they go, we give them a fun farewell party full of gifts, nice speeches, and thanks for their hard work. Last year they were all Zoom farewells—hoping to have them partially in person this year. Depending upon the culture of your program, there might even be a "roast" of the fellows and faculty.

*FIGURE 1*  With multiple papers from Australia—a return to the beauty of the outback near Alice Springs. Even this photo cannot quite duplicate the experience of seeing stars in the desert without any city lights or clouds in the way.
And then it is July and the official good-bye time and best of luck in the next step of your career. Behind the graduates, a new group moves up in the hierarchy, including brand new residents. As many like to jest, "don't get sick in July." I do remember my first night of general surgery call and having that first middle of the night patient problem to fix. I had reasonable answers for the nurse but I did cleverly work in a question for her along the lines of "what did the resident on call last week usually do in this situation?"—early crowd sourcing. In modern training and institutional-speak, we now have to "on-board" new residents, so they have a smooth transition and perform safely. In my era, "on-boarding" was mostly being "thrown into the fire." It was quite simple really, as my chief told me on day 1 of urology residency: "you are now a urologist. So go put in that catheter in room 5 and get back to our case."

As we release this issue, I will post additional pictures, stories on social media and perhaps we can all enjoy each other's stories from this interesting time in training.

For the July issue of BJUI Compass, we have eight new articles from five countries: Australia, UK, China, US, and India. For this month's picture review, it is all author-country themes. Enjoy Figures 1–5.

**To the Journals...** Lim et al from Australia performed a nice systematic review on the literature around intra-operative sling at the time of radical prostatectomy. They narrowed their search to 10 studies and could only find benefit in the first few months following surgery. There are so many ways to potentially improve continence—nerve sparing, fascial reconstruction, sparing retzius space, etc. This technique always seemed too complicated for me to advocate—but good to see a thorough evidence analysis. Malde et al reviewed the topic of pharmacological interventions in BPH. This is an "editor's special" from several of our board members, and I am thankful for their efforts here. This is a highly practical paper for trainees, as it seems they will all have to know

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**FIGURE 2** Several editors teamed up to review BPH. This photo was taken from the initial BJUI Compass planning meeting in London. Left to right: Clare Dunne (editorial staff), Rupert Cousens (Wiley Publishing), Zainal Adwin (Editorial Board), Raymond Man (Editorial Board), Sachin Malde (Editorial Board), Scott Millar (Editorial Manager), John Davis (Editor), Hashim Hashim (Associate Editor), Paul Anderson (Associate Editor), Prokar Dasgupta (BJUI Editor 2012–2020), Molly Andrews (editorial staff), Nicola Quinnen (Chief Executive BJUI International Charity)
and operationalize the pharmacological pathways described. However, the surgical treatments likely have overlapping efficacy, and trainees will need a strategy for choosing which ones to champion in their practice. At least in the Houston market, it has been interesting to observe the practice "niches" this type of surgery can fall under—as part of a general practice, reconstructive/incontinence fellowship, or even under andrology/"men's health" clinics.

- **To the Clinic...** The paper by Qiu et al is a randomized trial we are proud to have in our journal—addressing anesthesia during rigid cystoscopy. This was a funded and registered trial effort from China. I can understand a common response to this paper might be that many practice situations will use flexible cystoscopy with lidocaine gel as a preferred strategy for pain control. But flexibly cystoscopy may not be available in all parts of the world, and the authors present an evidence-based improvement for the rigid method. See their discussion points on whether a trial with flexible cysto might be of use, given that the membranous urethral insertion is one of the pain spots. Shahait et al from the USA present a clinical utility paper on the genomic classifier "Decipher." In localized prostate cancer, we now have several validated prognostic genomic profile tests. As these are not predictive or therapy linked by nature of how they were developed and tested, it is important to follow-up on prognostic biomarker performance to be sure clinical utility is present and the marker adds value. In this paper, the authors could correlate the prognostic biomarker to use of post prostatectomy second-line treatments when the marker classified the patient as high risk for metastatic progression. Figure 2 is a good paper summary if you are giving a talk on this topic. Finally, Farag et al from Australia revisit the ureteroscopy vs lithotripsy debate for ureteric calculi from the point of view of the COVID-19 pandemic. In this point of view, the lithotripsy strategy will have the advantage for minimizing procedures, hospital stay, and conserving hospital resources. This is not only valuable information for now, but also wondering if these types of findings will resurface if we have future pandemics of this magnitude.

- **To the Drawing Board...** Anderson et al from Australia look at the very old teaching of surgical margins with partial penectomy surgery. The basis for this teaching was pathological and related to microfoci of tumor observed beyond visible surgical margins. These authors looked at a grade-stratified approach and suggest
a narrower margin in the lower grades. As with all rare tumors, we struggle with sample size issues, but good ideas can lead to collaborative studies to overcome the needed statistical power. Kay et al from Austin, Texas (USA) present a tertiary care center experience with urethroplasty surgery and demonstrate the various predictors of recurrence—obesity and stricture length the most significant. On a side note, the authors on this paper are urologic “pioneers” in my home state of Texas. Senior author Charles Osterberg is part of the new UT-Dell medical school in Austin, and first author Hannah Kay is graduating from the school this year—just their second graduating class so far. I met Dr Kay during the residency interview process and pleased to learn she matched into our specialty—more papers in the future, I hope.

• **To the Future...** Jaipuria et al from India take us to the surgical innovation table. Senior author Sudhir Rawal (a member of our board) has been working on this technique for quite some time—a form of neobladder from the Studer type design, with a modification to improve its reach to the urethral anastomosis—a feature of added benefit for emerging robotic techniques. They also address Studer’s concern with kinking of the anastomosis leading to retention. The paper puts their experience through multiple follow-up tests and Qol surveys. See the embedded video link for the technical aspects of the procedure.

John W. Davis MD, FACS, Editor—BJUI Compass
FIGURE 5  A. This month features our first paper from India. I made my first trip to Delhi in 2010, and although there is tremendous sightseeing there, many will take the triangle tour to include Agra and Jaipur. This picture features the famous Taj Mahal in Agra, but from the river view shooting from within the Agra Fort. On the tour, they note that the sultan who built the fort was later deposed by his son and imprisoned in the Agra Fort with this viewpoint. And yes—I did the tourist shot from the front of the taj like I’m holding the roof—but I’m not showing that. B. The Agra Fort—a must see on the Agra trip from Delhi.