



What's New – March 28, 2019

Urologic Oncology Division Update

The Urologic Oncology Division recently held our interview day for our Society of Urologic Oncology (SUO) fellowship. Thirteen outstanding (truly outstanding!) residents from across the country came to hear about our program, and the message was clear—ours is a unique culture of thoughtful mentorship, diverse research pursuits, and excellence in clinical care. Of course, these are some of the key tenets of our entire Department, and under the leadership of fellowship director Jeff Montgomery, we have been able to ensure that this culture is the centerpiece of our fellowship. The SUO fellows who match with us are committing to two years of dedicated research (plus one clinical year), which stands in contrast to the one research year required by every other oncology fellowship at this point. Critically, applicants see that this will be time well spent, and it is increasingly viewed as a major strength of our fellowship. As a result, we have been, and I am confident will continue to be, a top destination for fellowship training in Urologic Oncology.

A key reason why the Urologic Oncology Division at the U of M has been so successful is the nature of our Departmental environment, and it is virtually impossible to describe how special our environment is here (fortunately, we all know it, so I don't have to...). We are privileged to receive so many internal referrals from others in the department who are expertly diagnosing prostate and bladder cancers, for example, and coordinating their initial care. Similarly, we—and most importantly, our patients—benefit tremendously from the expertise of those in the department who address the harms caused by some of our surgeries, including the detrimental impact on sexual and urinary function. And this extends well beyond our Department, where we get to work with world-class GU pathologists, medical oncologists, radiologists, radiation oncologists, advanced practice providers, nurses, the list goes on. . . It is being part of this larger team across the Department and institution that gives us the confidence to tell patients there is absolutely no better place in the world to be treated for their genitourinary malignancy.

It is difficult to give an update on the Oncology Division without a comment on its size. There are 13 active clinical faculty, an emeritus faculty, and 3 research faculty members. While slightly smaller than MD Anderson and Memorial Sloan Kettering (I think), this is the largest Uro Oncology faculty of any other University/Institution in the country. How are we able to do this? First, by delivering exceptional patient care and being a destination for patients with genitourinary malignancies from throughout the state. To better serve these patients, we have substantially expanded our clinical footprint over the past several years, now including West Ann Arbor, Brighton, Chelsea, and Midland, in addition to Livonia, Taubman, and the Rogel Cancer Center. Our relationship with our West Shore colleagues is another unique strength that allows us to help care for a subset of complex patients while limiting the number of trips these patients and their families have to make down to Ann Arbor.

A second reason we are able to maintain a faculty of this size is the incredible amount of funded research that takes place within the Division and extending across other divisions in the Department. We are lucky that research is so deeply valued here and that we can work with individuals like Greg Mowatt, Steven Thelen-Perry, Tasha Garwood, and Marie Eddy who help us navigate the complex nuances of IRB submission, research coordination, and grant administration. The table below gives a snapshot of some of the ongoing funded research activity in the Division. What is remarkable is not just the number of major federal grants (many in the multi-million-dollar range) but the diversity of research and diversity of funding mechanisms. Research dollars are tight, and capitalizing on different opportunities—whether federal, foundation, or industry—is absolutely critical to maintaining a successful research program. This includes the T32 training grant, which recently received an excellent score from the NIH, would support the research time for two fellows each year if funded again. Additionally, a big kahuna not listed below is the prostate cancer active surveillance P01 led by Brent Hollenbeck and David Miller. This major grant was recently resubmitted after receiving a very strong initial score. Coupled with the existing prostate cancer SPORE (Chinnaiyan/Palapattu) and the prostate cancer bone metastasis P01 (Keller), if we can hit on this next P01, we will be unbelievably well-positioned to make key discoveries that directly impact patient care in the coming years.

PI	Mechanism/Agency	Title
Arvin George	NanoSpectra	A Study of MR/US Fusion Imaging and Biopsy in Combination with Nanoparticle Directed Focal T
Brent Hollenbeck	R01/NIA	Accountable care organizations and the diffusion of new surgical procedures
	R01/AHRQ	Impact of urologist practice organization and health policy on prostate cancer treatment, overtreat
	F32/NCI	Impact of the Dissemination of Surgical Technology on Cancer Surgery Outcomes
Sam Kaffenberger	Bristol-Myers	A Phase 2, Randomized, Open label Study of Nivolumab or Nivolumab Alone or Combined with
Evan Keller	R01/NIH	Osteocytes in prostate cancer bone metastasis
	P01/NIH	The Biology of Prostate Cancer Skeletal Metastases
	SPORE	Mechanisms of Sensitivity and Resistance
	M-Cubed	Incorporating mechanotransduction ability into synthetic 3D bone scaffolds
	GlycoMimetics, Inc	Evaluation of glycomimetics in bone cancer
	Janssen Research	Dual targeting of EGFR and Met in prostate cancer using JNJ61186372
David Miller	R01/NCI	Understanding optimal delivery systems for cancer care
	BCBSM	Michigan Urological Surgery Improvement Collaborative (MUSIC)
Jeffrey Montgomery	STTR/NIH	Accurate Prostate Cancer Diagnosis for Active Surveillance Patients Using a Novel Needle with Lo
	Twine	Neoadjuvant Chemotherapy Prior to Cystectomy: Understanding the Barriers to Use
	MEDPACE	A Phase III, Open Label Study to Evaluate the Safety and Efficacy of INSTILADRIN®
Todd Morgan	R01/NIH	Reducing the Effects of Active Surveillance Stress, Uncertainty and Rumination thru Engagement
	Prostate Cancer Foundation	Mechanisms of PCa Relapse in Marrow
	MDxHealth	Targeted Early Detection Program in Men at High Genetic Risk for Prostate Cancer
	GenomeDX	Prospective Randomized Trial of Genomic Classifier Impact on Adjuvant Treatment Decisions in H
	Canary Foundation	Prostate Active Surveillance Study
Ganesh Palapattu	T32/NIH	Advanced Training in Urologic Oncology
	R01	Prostate Cancer Metabolomics
	Prostate Cancer Foundation	Testing Targeted NK (TaNK) cell Therapy in Prostate Cancer
	Joint Institute (UM/Peking)	Comprehensive molecular profiling of renal cell carcinoma
Simpa Salami	Prostate Cancer Foundation	Molecular Characterization of the Biologically Dominant Nodule in Multifocal Prostate Cancer with
	Department of Defense	Radiogenomic Characterization of Prostate Cancer: Distinguishing Aggressive from Indolent Disea
	M-Cubed	Machine Learning Approach for Radiogenomic Dissection of Multifocal Prostat
Ted Skolarus	R01/NCI	De-implementation of low value castration for men with prostate cancer
Alon Weizer	U01	Biomarkers For Staging And Treatment Response Monitoring
	Chiltern	An Open-Label, Multicenter, Phase 3 Study to Evaluate the Efficacy and Tolerability of Intravesica
Daniela Wittmann	Movember	True NTH USA Interventions in Prostate Cancer

More than anything, we are lucky to have a talented, energetic, and diverse group who bring an incredible range of ideas to the table. This extends to our SUO fellows, Deborah Kaye, Parth Modi, and Jeff Tosoian, who drive a tremendous amount of research and help us consider new perspectives in all aspects of our research and clinical activities. It is impossible to predict many of the changes that will occur in the coming years and that will likely affect our clinical, research, and educational missions. The key, above all, is an ability to recognize those changes early and adapt accordingly. Whenever I sit in a Division meeting or tumor board, I am struck by the wide array of ideas that are expressed and the openness to these ideas. To me, this is a hallmark of a strong Division that will continue to excel in the years ahead.



Summer Fun



Lunch with VP Kutikov



Two Peas in a Pod



Toast to Graduating Fellows



Go Blue



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