

From the meeting

AUA returns to its former glory in Chicago



Urologists, scientists and members of the urology community gathered in Chicago from 27 April until 1 May to attend the 118th edition of the American Urological Association (AUA) annual meeting. A dense and variegated programme was put together to cover scientific, clinical and social topics within different urology subspecialties.

In the plenary session on day 1, Dr John Wei from the University of Michigan presented the AUA/SUO guideline updates about early detection of prostate cancer. Areas of lacking or incomplete evidence were highlighted and included screening in non-binary populations as well as how to combine markers with MRI for decision-making.

Results from large studies were also presented in the meeting, including the EMBARK phase III trial, in which patients with high-risk biochemically recurrent prostate cancer were randomized to receive leuprolide acetate (LA) + enzalutamide, enzalutamide monotherapy, or LA + placebo. Patients treated with LA + enzalutamide or enzalutamide alone showed a better metastasis-free survival than patients receiving LA + placebo (HR 0.43, 95% CI

0.30–0.61, $P < 0.0001$ and HR 0.63, 95% CI 0.46–0.87, $P = 0.0049$, respectively). Time to PSA progression and time to antineoplastic therapy were also improved in these patients. These data could be potentially practice-changing, as enzalutamide in combination with leuprolide could become the new standard of care in this setting.

A special focus was put on patient quality of life, which was also the object of a plenary session panel discussion about sexuality after prostate cancer treatment. The main take-home message was that we have all the instruments to help patients recover from therapy-induced sexual dysfunctions, but the most important thing is to listen to our patients and redirect them to psychological interventions to break the cycle of frustration according to which men who have problems in the sexual sphere avoid sexual function and drop out of rehabilitation programmes.

General topics embracing all subspecialties were also covered. In the Urologic Oncology Research symposium, strategies to design and conduct a successful clinical trial were presented. Particular emphasis was put on having a strong hypothesis, which should be the basis of each trial; other crucial factors highlighted were improving population diversity and including precision medicine principles in clinical trials.

Kidney transplantation was the object of a ‘crossfire: controversies in urology’ section about open kidney transplantation (OKT) versus robotic-assisted kidney transplantation (RAKT). Dr Alberto Breda from Fundacio Puigvert, Barcelona, supported RAKT, which has lower perioperative and postoperative complications and should be the preferred technique for patients with obesity and in case of grafts with multiple vessels. Dr Jeffrey Veale from UCLA supported OKT, which he considers faster, cheaper and less dangerous for patients than RAKT. The debate moderator Dr Nicholas Cowan from Virginia Mason Medical Center concluded that OKT is currently suitable for a vast majority of patients,

and that RAKT can be the preferred choice in a subset of patients (such as patients with obesity), but could be adopted in an increasing number of patients as the technique is further refined.

Politics and changes in legislation can influence debates in urology, as observed with the overturn of *Roe v. Wade*, which was discussed in different posters at the meeting, focusing on how this decision is affecting the urology workforce. Moreover, this measure led to an exceptional increase in vasectomies in the USA; thus, one of the plenary session debates was focused on whether vasectomy can be considered as a temporary contraception.

Among the numerous society meetings, a special mention should go to the meeting organized by the Society of Women in Urology (SWIU), which exponentially grew over the past few years and is now not only attracting women, but several male allies supporting and sponsoring women in urology.

Overall, six sessions were dedicated to diversity, equity and inclusion, highlighting how facing these topics has become imperative in urology research and practice. One of the most important messages from these sessions was the definition of minority, which we rightly tend to associate with race, but embraces many more categories, including elderly patients, patients living in rural areas, people from a low socioeconomic background and, of course, sexual minorities. Only if all these voices are heard can we really be sure that we are conducting solid research and that we are providing equitable health care.

The in-person AUA meeting after the 2-year COVID-19 break had already been reintroduced last year in New Orleans; however, it felt like this 2023 meeting in Chicago established the return to a real back-to-normal situation, without restrictions, travel plans’ disruptions, or fear of in-person interactions, and it felt so good!

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