

Promotion Narrative

A. Clinical Activities

Exceptional - 2

I joined the Division of Urology in 2005, after finishing my fellowship in Urologic Oncology at MD Anderson Cancer Center. I began my career with UT spending a majority of my time at LBJ General Hospital, where I developed a Urologic Oncology clinic which did not exist at the time, and consolidated, expedited and elevated the level of care for those patients. The venture was extremely successful, leading to increased access of care for cancer patients, shortened wait times for surgery, accolades such as the "Best Patient Satisfaction" clinic score and earning LBJ Urology the designation as the Urologic Oncology site for the county at that time. Eventually I was named the Chief of Urology for LBJ, and spent the next five years building our service. We went from staffing 3 clinics and 2 ORs per week to eventually managing a full complement of daily clinics and ORs each week. We currently now run outpatient clinics and procedures five days per week and run ORs almost every day as well. The Urologic Oncology clinic has also developed into a multidisciplinary joint effort with MD Anderson Oncology. We hold twice monthly multidisciplinary conferences where complex patients from the clinic are reviewed in a multispecialty forum which includes radiation oncology, medical oncology, interventional radiology and surgical oncology, and we have a weekly working group with medical oncology during which we review every patient seen in the Urologic Oncology clinic to facilitate joint care plans.

As my responsibilities in the medical center and at the medical school grew, I expanded my clinical time as well at the UT Physicians site. In addition to gradually becoming the busiest Urologist at our partner hospital, Memorial Hermann – TMC, I have worked to expand clinical offerings and services at the Divisional and system level, and restore our financial stability to the medical school. When I was asked to run the Division of Urology in 2012, we had three faculty members including myself, and one moved out of state soon after. The Division was in debt with a negative balance of over half a million dollars per year. Over the past five years we have grown to include seven current faculty who represent the broad range of subspecialties within Urology, and we are on track to balance our fiscal budget. My approach to growth has been one of collaboration within the medical school and medical center. I developed a multidisciplinary specialty "Stone Clinic" for UT Physicians where patients are seen by both an Urologist and Nephrologist. The clinic has received outstanding praise from patients, from both a convenience and care perspective. Through a joint effort with the Department of Pediatric Surgery, we now have a Pediatric Urologist, a specialty which has been absent from the medical school for over 15 years. For our female urology patient needs, I worked closely with the Department of Obstetrics and Gynecology to collaborate on sharing an Urogynecologist, and as part of that project I initiated and developed the current Pelvic Health Center at Memorial Hermann Hospital – TMC. Currently we are in the process of expanding clinical services to community sites, and are close to finalizing a merger with a Urology group located at Memorial Hermann South East and Pearland. This will be the first such merger to occur since the new regulations between the medical school and hospital have gone into effect, and as such will be influential in aiding future successful collaborations across the school. Getting back to basics, I would like to mention that while focusing on Division growth in these many ways over the past few years, as a Division we have also achieved acknowledgments of excellence in patient care. The

Press Ganey scores at our UTP clinic in the medical center have risen steadily. As an example, the "Likelihood of recommending the practice" score rose from 91.4 in 2014 to 94.6 in 2017, which is now well above the mean. I have also been named "Top Doctor" in Urology by Houstonia Magazine for the past three years in a row, a meaningful honor as the nominees are selected by physician peers.

B. Scholarly Activities

Exceptional - 2

The majority of my scholarly activities over the past twelve years involve aspects of dissemination and implementation of evidence-based medicine (EBM) in Urology and Urology Guideline development on a national and international level. Early in my career upon joining the medical school I identified an interest in EBM, an unusual field of pursuit for my specialty. After attending a few courses and identifying mentors, I completed the prestigious training in EBM at McMaster University. Soon after I became interested in guidelines development as well and as a result am also one of very few Urologists in the world formally trained in the GRADE methodology for guideline development. This foundation has since led to many related scholarly pursuits. One of my earliest activities after returning from McMaster was to create and develop an EBM in Urology curriculum for the UT Urology Residency Program, which includes didactic lectures, hands-on literature appraisal incorporated into weekly case presentation conferences and a monthly journal club, and point of contact patient care during rounds and patient visits. When I developed this UT was one of only three programs in the country to have such a curriculum. I have participated as faculty in and subsequently led numerous courses and workshops on EBM and literature appraisal locally, regionally, nationally, and internationally over the years. I served on the steering committee of the American Urological Association's (AUA) Evidence Based Journal Club, an international online EBM journal club sponsored through the AUA office of education which was a popular free CME activity for many years. On the national stage I served as co-faculty teaching the EBM course on finding and using the best evidence in Urology at the AUA's annual meeting, and subsequently developed and led similar courses for the European School of Urology (ESU) and the Société Internationale d'Urologie (SIU). These activities led to invitations for the publication of numerous educational papers on EBM topics in the Urologic literature, including contributions to the seminal "Evidence Based Urology in Practice" series in the British Journal of Urology International (BJUI). I personally created and edited a similar series in the Urologic Oncology journal on more advanced EBM concepts, using demonstrative oncology examples to illustrate the concepts. I have also accepted invitations to contribute chapters to EBM in Urology textbooks.

My work on EBM in Urology got me noticed by my colleagues in Europe, and I was approached by the European Association of Urology (EAU) Guidelines Office to assist with a workshop on creating evidence-based guidelines. The EAU Guidelines are the most widely known, read and utilized resource to guide clinical practice in Urology across all of Europe and beyond. Although the EAU Guidelines were already excellent and widely accepted, they tended to rely heavily on expertise in the field and utilized less stringent assessment of the evidence. A new Chairman of the Guidelines was named who was a Cochrane section editor and the head of the EBM unit in Aberdeen. He recognized the need to revise their current guidelines process and product to reflect best current methodologic standards and improve guidance. The initial workshop was a success, with over fifty EAU Guideline chairs and panel members in attendance, and I was asked to run the workshop

again the following year. Next, under the leadership of the new Guidelines Office Chair, a five year plan was enacted, whereby the methodologies and processes described in the workshops would be implemented in real time across all twenty-one guidelines panels comprising the EAU Guidelines. I became a member of the Renal Cell Carcinoma (RCC) Guideline Panel, the test group for the process. Over the following four years, my colleagues and I on the RCC panel rewrote the entire Guideline, a process which included the production of many Cochrane level systematic reviews to provide the evidence for the GRADE methodology, which were published in European Urology, the highest impact journal in our field. During this time the EAU Guideline Office also formed a new "Methodology Committee" tasked with overseeing the conversion process for all the guidelines. As a member of this small committee, I created, chaired and led workshops and lectures on GRADE methodology specific to moving from the evidence to the recommendation statement, including rating the quality of the evidence, determining the strength of the recommendation, and the phrasing of statements. My colleagues and I have seen this plan through successfully over the past five years. The EAU publishes new guidelines each year, and each year we have made strides forward in quality. While some guidelines are not yet to the standards we set with the RCC panel, all have incorporated new process, phrasing, and strength ratings for the guidelines statements which are a direct result of my work, which continues with the organization.

In addition to publications of systematic reviews developed with the RCC Guidelines panel with which I have been involved, a number of publications have also been produced by our Methods Committee. We seek to tackle common or complex issues in methodology which impact the guidelines creation process and may be applicable to all organizations. We have most recently produced a manuscript addressing the problems which arise in guidelines creation when a new, well conducted and high quality randomized control trial is reported with results that directly conflict with an established metaanalysis. Another manuscript currently in press outlines the entire guidelines creation process we now follow in the EAU, for which I contributed the chapter on GRADE methodology.

One additional area of recent scholarly activity merits mention. Another collaboration I initiated is with the UT School of Public Health. For the past few years I have worked with an epidemiologist there who has a research interest in Men's Health Outcomes. Through this collaboration we have explored the interactions and associations of racial and ethnic disparities in Urology, obesity, metabolic syndrome, sugar, caffeine, testosterone, urinary symptoms, erectile dysfunction, PSA and urologic malignancies, utilizing large outcomes data sets including the SEER, NHANES and the Harvard Health Professional's Follow Up Study. Our discoveries have been presented at our national meetings and published in the literature. The collaboration has been fruitful and has added further knowledge of these associations to the field.

C. Teaching Activities

Commendable - 1

As mentioned, I have spent my entire career to date in educational pursuits on all levels. This includes teaching activities on the local level at the medical school, where I run the Urology Residency Program. Teaching residents is a natural, daily activity in the clinic and operating room. Additionally I started a Urology elective for medical students when I realized there was not enough

exposure to our field at their level. The stand-alone elective plus a Urology choice during the mandatory Surgery rotation has dramatically expanded exposure and interest and we now mentor numerous UT medical students who decide to pursue Urology. I receive very complimentary evaluations from the students and high ratings from the residents on our GME rotation reviews. I have participated in and run educational courses focused on evidence-based clinical practice on the local, regional, national and international levels. Examples include the medical school renal didactic module, the graduate school literature appraisal course, the UT Urology Residency Program, the Baylor College of Medicine APEX "MS2MD" course, the AUA Annual Meeting EBM course, the European School of Urology, the International Society of Urology, the EAU Guidelines Office, and the Mexican Societies of Urology.

Regarding this last activity, I have been assisting with the AUA's international educational initiative for the past six years. I helped develop and act as the course director for "Lessons in Urology", the AUA's Annual Review Course held in Mexico each year. The course covers the gamut of Urology topics in a Board Review style format and is geared toward the certification exam. This course has been tremendously successful at preparing approximately two hundred Mexican and Latin American Urology residents each year, and has fostered close relationships with the AUA's partner organizations in Mexico.

D. Service and/or Administrative activities

Exceptional - 2

I am currently the Chief of Urology for the UT McGovern Medical School and Memorial Hermann Hospital – TMC and the Program Director for the UT Urology Residency Program. Prior to this I served as the Chief of Urology for LBJ General Hospital. As highlighted in the clinical activities section, my tenure to date as Chief of Urology has been spent stabilizing and growing the clinical and academic service at both of our hospital locations and fostering interdepartmental collaborations. While I was Chief at LBJ I served on numerous Harris Health committees including the Credentialing Committee, the Procedure Case Review Committee, which I chaired, and the Medical Executive Committee. I have served on the faculty senate at the medical school in the past. Currently I serve on the Graduate Medical Education Committee for the medical school, and Memorial Hermann's Quality Review and Surgeon's Councils. For the Residency Program I lead the required Program Education Committee and Clinical Competency Committees. Since taking on the Program Director role I have helped us successfully navigate an ACGME Site Visit and have put a number of program citations I inherited behind us. Our residents continue to achieve great success with preferred positions and prestigious fellowships, and we still boast a one hundred percent Urology Board pass rate for our residents. I have worked to improve rotations, case numbers, and have expanded to an additional site in the past few years, and these positive changes are reflected in the ACGME annual residency survey.

On the national level I have worked closely with our parent organization, the American Urological Association, on numerous committees and working groups. I was a steering committee member of the AUA EBM Journal Club, which involved planning strategy, content and timelines for each year's monthly offerings. I have served on the AUA Practice Guideline Committee (PGC), a coveted position in our organization which oversees the selection, planning and creation of the AUA Guidelines. More recently I serve on the AUA's Electronic Health Record Working Group, an

offshoot from the PGC tasked with developing practical ways to incorporate the AUA Guidelines directly into the many functional EHRs in use in Urology at present. I also continue to serve as Course Director for the AUA Lessons in Urology review course held in collaboration with the Mexican Urology Societies each year. This role requires course topic selection and schedule planning coordination with our Mexican Society partners, selecting and securing course faculty, meetings and administrative tasks, and course review, feedback and implementation of changes each year. I act as a diplomatic liaison between the international office of the AUA and the two Mexican Urology Societies as well, an important role for the AUA and one they continue to entrust to me.

Finally I remain a member of the EAU Guidelines Methodology Committee, where we continue the process of guideline revision and improvement across the many guidelines. There is much work to be done on this committee, besides our two large international meetings each year when lectures and workshops are held. During the year we develop protocols, forms and documents pertinent to the new guidelines format we have created. The twenty-one guideline panels select many topics for potential systematic review work each year, and the methods committee must review each protocol and application from each committee and provide guidance. There is often a tight schedule as the EAU publishes updates to all its guidelines every year.

E. Evidence of Peer Esteem

The natural progression of my pursuit of EBM in Urology has led me from the local arena, to our regional South Central Section of the AUA, to the national AUA organization, and finally to work with my international colleagues. At each step along the way I have accepted invitations to join as a faculty member for courses, workshops, journal articles or book chapters, which would then turn into opportunities to lead or develop new courses, workshops, and articles on my own. While these invitations all demonstrate peer esteem, one of the most personal and meaningful awards of recognition came when I was selected in 2012 as an AUA Leadership Program recipient. This is a highly competitive program sponsored by the AUA every two years to identify promising up and coming leaders in our field. Nominees are selected and promoted by each of the regional sections. Leadership and colleagues from our region, the South Central Section (SCS) of the AUA, identified me as a nominee, and after reviewing my application, the national AUA leadership selected me for the program. During my two year tenure I participated with my colleagues in many activities salient to the advancement and improvement of our field. The experience led to further and future opportunities in the organization, such as placement on various AUA committees, and being invited to run the AUA Lessons in Urology Course.

I continue to get invitations to lecture and moderate at meetings both national and international. To name a few recent examples, I will be giving a Grand Rounds talk at Methodist Hospital in the Texas Medical Center next month. At our annual section meeting of the AUA I am a frequent session moderator and judge. This year I was invited to lead a panel discussion on high risk prostate cancer. I have been an invited lecturer at Urology conferences in Shanghai and Dubai. Last winter I was the invited Visiting Professor lecturer for the Columbia University Department of Urology in New York. As an invited guest I have provided multiple evidence-based guidelines lectures and workshops throughout Europe in partnership with the EAU, and last fall I represented the EAU Guidelines Office as a delegate with the European Alliance for Personalized Medicine at the 71st General Assembly of the United Nations in New York City.

I have been invited on numerous occasions to join editorial boards or to guest edit special editions. I accepted one such invitation a few years ago and was the oncology editor and reviewer for a CME publication called "Practical Reviews in Urology". I participated in this for approximately two years and published over seventy reviews. Finally I have been the recipient of a number of awards which suggest peer esteem. Most notable recent awards are the "Young Urologist of the Year" which I received at our national meeting in 2013 from the AUA Young Urologist Society, and the Distinguished Alumnus Award from MD Anderson Cancer Center Department of Urology, which I received at their annual Advances in Urologic Oncology Meeting in 2014. One final award which is exciting to mention was for the "Best Paper", recently bestowed by the Engineering and Technology Society at this year's AUA annual meeting for our abstract on nanoparticle directed focal ablation of prostate tumors, an innovative research protocol we are currently running at UT.

F. Summary Statement of Progress at Current Rank

Composing a narrative of one's achievements is an exercise in maintaining humility in the face of self-promotion. My curriculum vitae reflects the broad exposure of any fairly successful academic specialist. I have not attempted to list every one of the many publication or presentation I have been involved with over the past five years, nor have I spent much time discussing the research projects and grants in which I have participated, though they exist. Rather I have tried to focus on what sets me apart specifically in the field, and how my main focus on EBM and guidelines development in Urology has grown. While the tenets of EBM are crucial for any physician who hopes to practice with the ability to continually adapt, and while teaching these skills is an honorable pursuit, the ultimate goal for me has always included the pursuit of the evidence-based guidelines process as well. The GRADE group, our peers who pioneered EBM in the first place, developed this methodology because they felt the same way. Grants for EBM in general and guidelines creation essentially do not exist, but guidelines organizations are usually well funded. Therefore to truly pursue this type of academic research and work, one needs to align themselves with such an organization. I have been fortunate to meet the right people and have been lucky that my goals are being realized in such an impactful way. I have worked with my national organization, the AUA, on their guidelines in the past as a committee member, but my current role as the sole American working with our European counterpart, the EAU, is even deeper and more satisfying. The opportunity to work directly on the entire guidelines process and product for one of the largest Urology organizations in the world over the past five years is a culmination of all my academic achievements to date and should demonstrate the scope and scale commensurate with the rank of full professor. For me this is just the beginning and I look forward to continuing my work with urology guidelines and EBM, in addition to my many other academic interests and pursuits. Our Division continues to grow and strives to provide the best patient care available in the region. It is a pleasure and an honor to work at the UT McGovern Medical School with the best colleagues in the world. Sincere thanks to the promotion and tenure committee for your time and commitment in considering my application.

Sincerely,
