

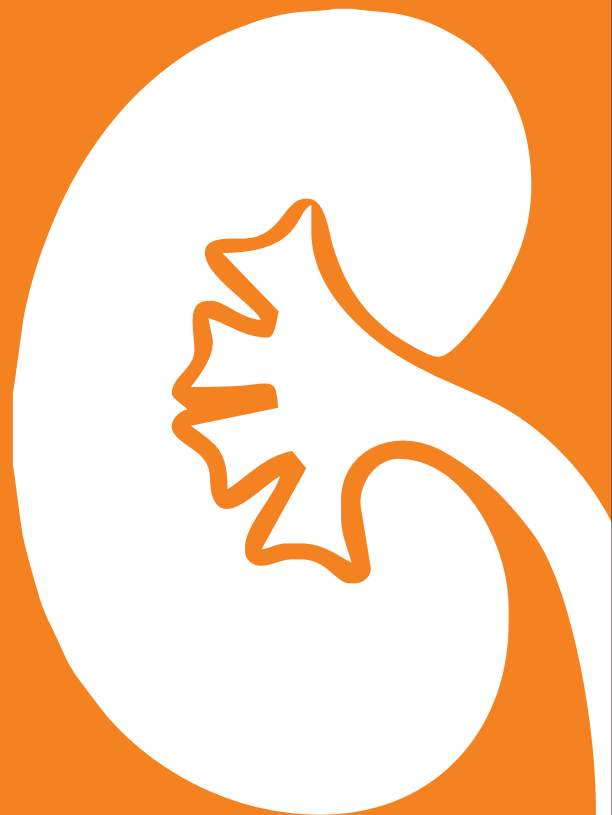
UAU Newsletter

July 2019



UROLOGICAL ASSOCIATION OF UTTAR PRADESH & UTTARAKHAND

www.uauonline.in



UAU NEWSLETTER

Message from the President

Dear Friends,

Greeting from UAU

Though a good time has passed away, we still have good memories of a holy dip in Ganga ji at Prayagraj in February 2019, where we enjoyed both academic and religious festivities. The organizing team is worthy of appreciation that they efficiently took care of all of us. I also hope that the plantations done in medical college campus in Allahabad is being taken care of. This way, we will contribute to save our environment and follow our past president's (Dr. Ajit Saxena) wish.



Our association is very young and needs input from all members. This will help all of us particularly the young urologist who are trying to settle in their career. I wish that they use ample opportunities to train and excel themselves by attending workshops.

The discipline of urology is very fascinating. The first concept of endoscopy came in 1805 and this developed in a true cystoscope in 1898. This gave way to natural orifice surgery. Then came single hole surgery (PCNL) in 1970. Later laparoscopic urology developed and now is the time of robotic urology. Our pioneer urologists have always been first in all these developments.

Like the ocean, the discipline of urology has both depth and width. On the surgical side, we have open surgery from circumcision to kidney transplantation. We have all types of endoscopic urology (natural orifice, single hole, laparoscopic and robotic) we have urogynaecology, paediatric urology, andrology, sexual medicine, reproductive science (infertility) and many more. And for a medical soul, we have medical urology (which I think is 50% of all urology patients). The young urologist has so much of choice to excel and pursue his career.

But we must not forget our contribution of serving the community at large, and become well trained in all the common procedures. All of us should serve the people by becoming a “community urologist” which means that we know all those procedures well, which is the need of our society at large. Above that we should choose few procedures which are areas of our interest, excel in those and pursue research and academics. At the same time we should contribute to our association in all aspects. We should develop few centres of training in our state.

Our state of Uttar Pradesh and Uttarakhand has different challenges and problems in establishing urology. We should all contribute in that direction.

I welcome suggestions from all the members.

Best Regards

Jai Hind

Dr. Anil Kumar Jain
President, UAU

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Message from the Secretary

Dear Friends,

Greetings from the Secretary!!!

The summer break is over and a new session is commencing amidst the much welcome monsoons.

Our association has entered its 7th year and is making rapid strides. We welcome our new President at the helm – Dr Anil Jain, and bid adieu to Dr Ajit Saxena, the immediate past President, who provided constant encouragement and guidance to us throughout his tenure. I also wish to congratulate Dr A.K. Sanwal, our new President Elect, who will also be hosting the UAUCON 2020 at Jhansi.



We had our 6th Annual conference at Prayagraj in the midst of the majestic Kumbh and being a part of the largest human congregation on earth was a memorable experience. The participation and contribution from the esteemed members was heartening. The majority of faculty members worked really hard to make the sessions informative and interesting. The academic deliberations in combination with the mystical magnificence of Kumbh and the serene holy dip at Sangam made this an unforgettable gathering. We had worked hard to make the scientific program more stimulating and thought-provoking and the feedback so far has been encouraging. However, real feedback comes from critical appraisals and I would be glad to hear from all of you regarding the shortcomings in the program and suggestions to improve it. There have been few areas where we definitely need to improve. The punctuality and sticking to the program schedule took a major hit from the beginning of the conference. We need to be more professional with our presentations and sessions. The time for interaction and discussions gets curtailed if speakers overshoot their timings. We definitely need to work on this aspect. One heartening aspect of UAUCON 2019 was the large number of abstracts received. This reflects the enthusiasm and zeal of our younger members who are the backbone of any organization. The list of prize winners is included in the newsletter and they deserve hearty congratulations.

The first academic activity of our Association in the current year was the “URO-ONCOCON” organized at the King George Medical University, Lucknow on 13th and 14th April, 2019. The conference was jointly organized by King George Medical University, SGPGIMS, Lucknow, and Rajeev Gandhi Cancer Institute, New Delhi in association with Urological Association of Uttar Pradesh and Uttarakhand. The Organizing Secretary was Dr. H.S. Pahwa. This International conference, CME cum Video workshop, was focused on renal tumors and a galaxy of international and national experts shared their insights and expertise on the contemporary issues involved in the management of renal tumors. The event was well attended and appreciated by the delegates.

In keeping with our earlier resolution, the number of mid-term activities of the association has been restricted to one because of the plethora of conferences/workshops/CMEs being organized nationally and internationally.

I wish to draw your attention towards the membership drive for our association. We all realize that a significant number of new urologists are settling down in the states of UP and UK every year. Unfortunately, we are not able to realize the goals of our recruitment drive and offer membership to these new members. Keeping this in mind, we are going to identify young and energetic young representatives in each major city of UP and UK to take this membership drive forward. In order to help them identify non-UAU members in their respective cities, we would be providing them with city wise list of UAU members. Hopefully we would see the results of this exercise in near future.

We are now gearing up for our next Annual meeting at Jhansi. Dr A.K. Sanwal would be at the helm of affairs in collaboration with Jhansi Urology society. While the local organizing team would leave no stone unturned to provide a wonderful experience, I invite suggestion from the esteemed members regarding the scientific content of the conference. Please find time to provide your valuable inputs so that we can have a more meaningful and interactive conference. I also request you all to keep recording your surgical procedures and continue gathering clinical material for presentations in our next meeting.

Hoping and waiting to receive your constructive suggestions to take our association forward.

Dr Sameer Trivedi
Hon Secretary, UAU

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UAU Executive Council

President	– Dr Ajit Saxena, Noida
President Elect	– Dr Anil Jain, Kanpur
Secretary	– Dr Sameer Trivedi, Varanasi
Treasurer	– Dr Vijay Bora, Agra
Council Members	– Dr Yash Agrawal, Muzaffarnagar – Dr Vimal Dassi, Ghaziabad – Dr PK Jindal, Varanasi – Dr Amit Deora, Noida – Dr Rahul Goel, Meerut

Prizes & Awards for 2018 - 2019

Distinguished Contribution Award	Prof Aneesh Shrivastava, Lucknow
Young Urologist Award	Dr Ankur Mittal, Rishikesh
IPCA Urology Inter-institutional Quiz Winner	SGPGIMS, Lucknow 1. Dr Sanchit Rustagi 2. Dr Anil Mani 3. Dr Ravi Banthia
Best Podium Presentation	First Prize – Dr Anil Mani Second Prize – Dr Rahul Jena Third Prize – Dr Shailesh Chandra Sahay
Best Video Presentation	First Prize – Dr Vipin Tyagi Second Prize – Dr Siddharth Pandey Third Prize – Dr Anil Mani
Best Poster Presentation	First Prize – Dr Shailesh Chandra Sahay Second Prize – Dr Anil Mani Third Prize – Dr Ashish Sharma

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Minutes of the AGM held at Prayagraj

1. President welcome and opening remarks

President UAU, Dr Ajit Saxena welcomed all the members to the general body meeting of Urological Association of Uttar Pradesh & Uttarakhand. He expressed that the opinions of the general body would be required in a lot of important discussions and requested their participation in the same.

He then handed over the proceedings to the Hon Secretary, Dr Sameer Trivedi

2. Approval of agenda

Dr Sameer Trivedi informed the general body that the agenda for the meeting was already circulated to all the members through the February 2019 Newsletter and also through email and asked for the approval of the same.

The general body approved the agenda.

3. Confirmation of minutes of AGM held on 17th March, 2018 at Varanasi

Dr Trivedi informed that the general body that the minutes of the AGM held at Varanasi on 17th March 2018 were circulated to all the members through the newsletter and asked for confirmation of the same.

The general body approved the minutes unanimously. Proposed by Dr Anil Elhence and seconded by Dr Neeraj Agrawal.

4. Hon Secretary's report

Dr Trivedi presented the Hon Secretary's report. He expressed that both the President of USI Dr Madhu Agrawal and the NZUSI, Dr Anil Elhence are from our zone this year and it is a proud moment for us. He then proceeded to inform the general body regarding the achievements of the members of the society. Prof KM Singh was awarded the Life Time Achievement Award from the Hon ble' Governor of UP, Dr Madhu Agrawal was awarded 7th Leaders Agra Award 2018 at Agra, Dr Salil Tandon was awarded the prestigious Fellowship from Royal College of Physicians and Surgeons of Glasgow. Prof Diwakar Dalela won the prestigious SS Bapat Award for new innovations and technologies at USICON 2019, Bhubaneswar; Prof Aneesh Srivastava was invited to Seoul for conducting an instructional course on donor nephrectomy, Dr AK Sanwal was invited to present his innovative Nephrostomy Dilators and the technique of mini-PCNL in large renal calculi at the Asia Urology conference in Kyoto, Japan, Dr Vipul Tandon got a special recognition award from Deputy Chief Minister of Uttar Pradesh Government to name a few. UAU also presents awards to our members namely Distinguished Contribution Award and the Young Urologist Award. The distinguished contribution award was awarded to Prof Aneesh Srivastava and the Young Urologist award was given to Dr Ankur Mittal from AIIMS Rishikesh.

5. Report on 5th Annual conference of UAU held at Varanasi by Dr Sameer Trivedi, Organizing Secretary

Dr Sameer Trivedi presented his report on the UAUCON 2018 held at Varanasi. He informed that he had organized the conference along with Dr Pawan Jindal. The audited accounts for the same have been submitted and he also expressed that he was pleased that they were donating a sum of Rs 2.3 lakhs to the society as way of surplus of the conference.

6. Hon Treasurer's report

Dr Vijay Bora, Hon Treasurer, UAU presented the Treasurer's report. He informed the general body that UAU is now GST compliant society with effect from 1st February 2019. He further informed that the society registration renewal will be received by the first week of March 2019. He also informed that the current bank account of the society is at Agra and there are no details available regarding the SBI Bank account operated earlier. He presented the bank account details along with the statement of account. He also presented the details of the incomes and expenses of the society during the year. He also informed the general body that a new accountant is being appointed to take care of the accounts and also to submit the GST Returns. The number of members of the society at present is 205 with a total of 13 new members. He then presented the list of new members.

The members enquired regarding the SBI Account operated earlier at Lucknow. Dr Vijay Bora informed the general body that Dr Ansari had transferred around 24500/- balances from SBI Account to ICICI Bank and the remaining amount of Rs 4500/- was given for the accounting charges in the previous years.

The General Body were of the view that the SBI account should be resolved as closed.

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7. Appointment of the auditor for the year 2019-2020

Dr Vijay Bora informed that an auditor is being looked for to take care of the society's accounts.

8. Society registration renewal & Society GST number

Dr Trivedi informed that the matter was already informed by Dr Vijay Bora earlier that the society registration renewal has being already applied for and the registration would be received by the first week of March.

9. Approval of new members

Dr Vijay Bora presented the list of new member applications received during the year and asked for the general body's approval for the same.

10. UAUCON Kanpur

Dr Anil Jain, President Elect UAU and organizing secretary for UAUCON Kanpur informed the general body regarding the conference. He informed that the accounts of the conference were finally finalized and he was able to have a surplus of around 1 lakh. He then handed over the cheque for the same to the Treasurer, Dr Vijay Bora. He also presented the closure report to the Treasurer.

Dr Elhence at this point opined that from now on the onus of collecting the funds for the annual conference should be taken by the society and not be solely put on the organizing secretary so that there is no burden on the organizing secretary. Dr Sameer Trivedi opined that the logistics for the same needs to be looked into. The members discussed regarding the matter.

11. Midterm CME at Rishikesh

Dr Sameer Trivedi informed the general body that Dr Ankur Mittal had organizing a CME at Rishikesh and there was a surplus amount of around 2.3 lakhs and he had informed that 50% of the amount would be given to the society. The members also enquired regarding the 12A and 80G status of our society. Dr Sameer Trivedi informed that the same shall be looked into and applied for.

12. Change in membership categories – amendment in constitution

Dr Sameer Trivedi then informed regarding the proposed amendment to constitution. The proposal was regarding abolishing of associate membership category. The amendment was proposed by Dr Anil Elhence and seconded by Dr Dilip Chaurasia. The membership categories would come into effect prospectively.

13. Timing of UAUCON – a minimum duration from the USICON

Dr Sameer Trivedi invited the opinions from the members regarding the timing of UAUCON i.e. should there be a time gap between USICON and UAUCON. The members were of the view that the onus should be left with the organizers to organize the conference at the best available dates.

14. Briefing on 7th Annual conference of UAU 2020 to be held at Jhansi by Dr A K Sanwal, Organizing Secretary

Dr Sameer Trivedi invited Dr AK Sanwal to present the details regarding the next year's conference. Dr Sanwal presented the details regarding the venue city Orcha. He informed that Orcha is very near to Jhansi. He informed that he is planning to hold an inhouse conference at the venue itself. He further informed that he plans to hold the conference in the 3rd week of March 2020.

15. Venue of UAUCON 2021 – bids received

Dr Sameer Trivedi informed the general body that he had received only one bid for UAUCON 2021 and it was from Dehradun and Dr Sanjay Goyal would be organizing the same. The General Body accepted the same.

16. Venue for mid-term CME in 2019 – 2020

Dr Sameer Trivedi informed that he had received communication from Dr Pahwa who requested to have their URO-ONCO meet as the midterm CME of UAU. The members accepted that this conference can be held in association with UAU.

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17. Report of legal cell & service cell

Dr Sameer Trivedi expressed that he has received no reports from both the legal and service cell as there was no grievances received by them.

18. Awards – Young Urologist award and Distinguished contribution award

Dr Sameer Trivedi expressed that the same were already announced earlier during the secretary's report.

19. Election of office bearers – President Elect & Council member – one post

Dr Sameer Trivedi informed the general body that there were two posts vacant this year. One was for the post of President Elect and the other was for one council member. He then handed over the mike to Dr Anil Jain to announce the results. Dr Anil Jain informed the general body that he had received only two applications for the post of President Elect. The first was from Dr AK Sanwal and the second was from Dr Sanjay Goyal from Dehradun. Dr Sanjay Goyal had then withdrawn his nomination and hence Dr AK Sanwal would be the President Elect. He further informed that he had received no application for the post of council member. But later two members have expressed their intent to become council members. The first was Dr Ankur Mittal and the second was Dr Rahul Goel. As per the society's constitution in this case the general body has to decide regarding the selection. The general body were of the opinion that as Dr Rahul Goel is senior he should be nominated for the post of council member and Dr Ankur Bajaj can apply next year when there would be four posts vacant. Dr Anil Elhence clarified that as there was no election and the council member was only nominated by the general body, Dr Rahul Goel would be a council member for only one year and there would be elections for 5 EC members next year.

20. Declaration of quiz results

Dr Vijay Bora the quiz master presented the quiz results. He informed that the winning team is SGPGI Lucknow.

21. City chapters – activation and nodal officers – Meerut, Kanpur, Lucknow, Varanasi, Prayagraj, Gorakhpur, Bareilly, Ghaziabad, Dehradun

Dr Sameer expressed that there is a decline in the new membership applications received as compared to the earlier years despite many new urologists coming to practice in our state. He expressed that it is now time to have new nodal officers to boost the membership drive. He also expressed that the EC had deliberated regarding the matter and one of the solution discussed was to encourage the city chapters to appoint one member as a nodal officer and he/she can encourage urologists from the city to become members with the help of pharma people. Another suggestion was to encourage urologists passing out from various institutions and who are settling in our state to become members.

22. Any other matter with the permission of the chair

Dr Sameer asked the general body if there were any matters to be discussed. He then invited Dr Ajit Saxena the outgoing President, UAU to share anything. Dr Ajit Saxena presented a video regarding the NZUSICON 2019, Noida. He then welcomed all members to Noida for the conference. He also expressed that 40 CRPF jawans had died recently and the conference is dedicated to such unsung heroes. He expressed that the conference has already donated 3 lakhs to the families of 5 such families from Uttar Pradesh who have lost their member.

Dr Sameer Trivedi then informed that the earlier Secretary, Dr Neeraj Agrawal had started the tradition of giving certificates to the outgoing council members which is now being continued. Dr Ajit Saxena then presented certificates to the council members. He requested the general body to stand in silence for a minute to pay homage to all such heroes of our country.

Dr Ajit Saxena then thanked Dr Sameer Trivedi and Dr Vijay Bora for their hard work. He further expressed that he was very encouraged by the gesture of Dr Ankur Mittal who had distributed planters as souvenirs for the delegates participating in the midterm cme and had requested Dr Dilip Chaurasia to organize a similar thing during this annual conference which Dr Chaurasia had graciously accepted and planned for. He then also handed over personal gifts to Dr Sameer Trivedi and Dr Vijay Bora.

23. National Anthem

The meeting ended with national anthem and Dr Ajit Saxena called the meeting to close.

Members Corner

Changing paradigm in prostate cancer management: evidence based short commentary

Authors: Kumar Madhavan , Sanjoy Sureka

Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow

Introduction

The management of Carcinoma prostate has seen significant changes in the recent past. Newer investigations like multiparametric MRI have become standard of care for initial diagnosis and local staging.^{1,2} Similarly PSMA PET scan has found an increasing role in the detection of nodal and visceral metastases.² Ca prostate is perhaps one of the few malignancies, which do not scream extirpation when localized. The management of localized Ca prostate depends on its risk stratification.¹ This concept, although well known for a long time, has seen changes in the recent past. This seemingly indolent nature of certain cases of localized Ca prostate is in stark contrast to the diagnosis of metastatic Castrate Resistant Carcinoma Prostate (mCRPC). The natural course of mCRPC is one, where the most traditional and arguably potent treatment option in the form of Androgen Deprivation Therapy is no longer effective and other treatment options, although effective soon exhaust themselves, leaving a median survival of less than 2 years.^{3,4} It is therefore understandable that most of the recent paradigm shift in the management of Ca prostate has been with regard to mCRPC. In this article, we have focused on the recent changes in the treatment of Ca prostate.

Does localized Ca prostate mean radical prostatectomy?

Even before the great surgeon William Halsted, radical surgery was professed as the only cure for cancer. In fact it was Halsted, who asked his protégé, a certain Hugh Hampton Young to lead the newly formed department of urological surgery.

The present standard of care of management of localized Ca prostate could not be a starker contrast to this century radical old principle. The two options of conservative management in patients with localized Ca prostate depending on their risk stratification are Active surveillance or Active Monitoring (AM) and Watchful Waiting (WW). The principle of WW is to minimize treatment related toxicities in asymptomatic patients with expect survival of less than 10 years (5 years as per NCCN guidelines). When watchful waiting is planned, no treatment or work up is done.⁵ Studies on WW have consistently showed a Cancer Specific Survival (CSS) of 82–87%.⁶⁻⁹ A subgroup analysis of T1/T2 and Gleason score of 7 (G<7) and less showed CSS upto 95%. The SPCG 4 study compared Radical Prostatectomy (RP) to WW. They documented a lower risk of death and metastases in patients undergoing RP. The number needed to prevent a death was 8 and this was lower for younger patients. This difference in mortality was not significant when comparing those with age > 65 years. Since this study had a 25 year follow up, although published recently, it did not include any of the modern stratification criteria at its inception.⁹ Hence it is clear that we must be selective while opting for radical forms of treatment.

Similarly AM is an option for those with longer expected survival but low risk disease. The principle behind AM is that indolent Ca prostate, especially since affects the elderly, is unlikely to cause mortality and the patient has higher odds of mortality from other causes rather than the disease itself. Hamdy et al studied 10 year survival of patients with localized Ca prostate on AM, following RP and radiotherapy and did not find any difference among the 3 groups in terms of OS and CSS. The treatment groups did have lower incidence of metastases and disease progression.¹⁰ Understandably the key lies in identifying patients with low risk disease.

Various risk stratification criteria have been developed by various groups such as WHO, D'Amico et al and NCCN.^{1,11,12} A commonly used, practical and exhaustive list has been given by NCCN; very low, low, favourable intermediate, unfavourable intermediate, high and very high. In general AM is the first line treatment option for the first 3 groups. These guidelines are not iron clad and other factors must be taken into consideration including family history, commitment to follow up and availability of investigative modalities. If the patient is opting for AM, he should be committed to 6 monthly visits and PSA measurements, annual DRE with or

without MRI and biopsy. He should be willing to accept the failure of AM and need to switch over to a formal treatment option. An important factor is the willingness of the patient to live with malignancy.¹ In a recent study by Marzouk et al, upto one third of patients reported cancer related anxiety among patients on AM, which gradually resolved over time (2 years and above).¹³

To conclude, we have a duty to inform our patients of localized Ca prostate regarding the various treatment and surveillance options and allow them to make an informed decision especially in the lower 3 strata of the risk stratification scale.

Management of metastatic Ca prostate in current practice- step ladder approach or combined approach?

Traditionally surgical or chemical castration was the standard of care in the management of metastatic Ca prostate. In this group median survival was shown to be 42 months by James et al.¹⁴ Despite complete androgen blockade, patients were known to become resistant to ADT and progress to mCRPC in 18 – 48 months. mCRPC as discussed before has a median survival of 2 years and less.⁵⁻⁹ Naturally there was a quest for drugs to prevent and treat this progression. The management of mCRPC is based on the principles that multiple escape mechanisms exist that allow Prostate cancer cell lines to grow despite the unavailability of androgens. Escape mechanisms include amplification of Androgen Receptors (AR), altered co-factors, response by the AR to other chemokines, de novo synthesis of dihydrotestosterone (DHT) among others. Further it was also shown that certain cell lines remain sensitive to ADT, which means that patients with mCRPC must remain on ADT in addition to other forms of treatment.⁵

The treatment options for mCRPC traditionally included chemotherapeutic agents such as docetaxel (TAX-327 study) and cabazitaxel (FIRSTANA trial). Other agents, which documented an improved OS in this setting included immunotherapy in the form of Sipuleucel-T and radiotherapy (Ra223). The last 5 years have seen the development of anti-steroidal agents including abiraterone (COU-AA-301 study) and enzalutamide (AFFIRM trial).

Gradually a stepladder approach developed to the management of metastatic Ca prostate (mCaP). Most guidelines including NCCN, AUA and EUA had until 2018, prescribed ADT only for the management of mCaP. This approach was in sync with traditional thought and was followed by most urologists including our center. The Achilles's heel of this approach lay in the treatment itself. ADT, although effective was doomed to fail, and would allow progression to mCRPC. The progression to mCRPC was managed by the use of the above-mentioned agents, one after the other (usually Abiraterone first) as each failed to stem the progression of the malignancy. Often the disease would progress to an extent, which would make it impossible to use agents such as docetaxel due to their severe adverse effect profile. The line of thought to follow was the simultaneous use of these agents with ADT prior to the onset of mCRPC, thus staying a step ahead of the cancer and this has been the biggest change in the management of Ca prostate in a long time.

This change was brought forth by the publication of STAMPEDE and LATITUDE trials. Both are large RCTs, which have provided level 1 evidence of improved OS with abiraterone plus ADT compared to ADT alone by 38% at three years [HR: 0.62 (0.53-0.71)]. All secondary end points including PFS, radiographic progression time, pain scores, or time to chemotherapy were positive and in favour of the combination. STAMPEDE or The Systemic Therapy in Advancing or Metastatic Prostate Cancer: Evaluation of Drug Efficacy was a multiarm autistage multicenter trial, which included high-risk newly diagnosed N0M0 disease, newly diagnosed M1 or N+ disease, or disease (previously treated with radical surgery and/or RT) that was relapsing at the time of randomization. Differing in their inclusion criteria slightly, LATITUDE trial include only M1 patients with 2 out of the 3 risk factors: GS $\geq$ 8, $\geq$ 3 bone lesions, measurable visceral metastasis. Rates of grade 3 hypertension and hypokalemia were higher in the abiraterone group. The other end points were in favor of the abiraterone groups and the trial had to be unblinded on interim analysis. Multiple RCTs including an arm of STAMPEDE have also compared combination of Docetaxel and ADT with ADT alone in a similar setting and have documented improved OS. Understandably there were significant side effects in the treatment arm. Abiraterone arm was associated with an increased risk of grade 3 hypertension and hypokalemia. Similarly the chemotherapy arm was associated with an increased incidence of febrile neutropenia.^{14,15}

To conclude, the era of standalone ADT for the management of CA prostate seems to be past us. A combination, most commonly with Abiraterone or Docetaxel, depending upon the patient's profile is recommended now. Docetaxel may be chosen in patients with high volume disease (visceral metastases and/or 4 or more bone metastases, with at least one metastasis beyond the pelvis vertebral column), provided they are fit (ECOG 0-1). The final decision is to be made by a shared decision making process, which involved the urologist, the patients and his family, especially considering the high cost of these agents. Further trials are underway to evaluate the role of triple therapy and targeted agents such as Olaparib in selected cases. The role of radical prostatectomy in oligometastatic prostate cancer is evolving and probably going to find its own place in near future.

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29TH ANNUAL CONFERENCE OF NZUSI



ANNUAL CONFERENCE OF THE NORTH ZONE CHAPTER
OF UROLOGICAL SOCIETY OF INDIA (NZUSI)

15TH TO 17TH, NOV 2019, CROWNE PLAZA, GREATER NOIDA

ORGANIZED BY:



Society of Urologists
of Noida and Ghaziabad

INVITATION

SUNG takes immense pleasure in cordially inviting you to the 29th annual conference of NZUSI to be held from 15th November to 17th November 2019 at Greater Noida -
A little Singapore in India.

This academic feast shall be a two and a half day long memorable and pleasurable time for the attendees. We hope that International and National faculty will satisfy your appetite to learn more and more and sharpen your skills. SUNG will leave no stone unturned during this festival, which will have splendid nights of cultural boom, special and enjoyable programme for spouses and children and wonderful pre and post conference excursions.

This conference will be a unique combination of two and a half day of academic fiesta and two nights of cultural extravaganza which will leave an unforgettable memory for the attendees. We will ensure best hospitality and stay for you.

TEAM SUNG

NZ COUNCIL



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President



Dr. Amlesh Seth
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Organising Secretary



DR. MAYANK GUPTA
Convenor



DR. PAWAN KESARWANI
Convenor



DR. SHAILENDRA GOEL
Honorary Treasurer

DR. AANCHAL KOTWAL
DR. ARVIND TIWARI
DR. DUSHYANT NADAR
DR. MANOJ JAIN
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DR. ASHOK GUPTA
DR. KULDEEP AGRAWAL
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DR. AMIT DEVRA
DR. ASHUTOSH SINGH
DR. LOK PRAKASH CHOUDHARY
DR. P.B. SINGH
DR. SHAILESH SAHAY
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DR. DEEPAK JAIN
DR. MANOJ AGARWAL
DR. PARESH JAIN
DR. SUDHANSHU GARG
DR. VIJAYANT GOVINDA



REGISTRATION FEE

	BEFORE JUNE 2019	1ST JULY TO 31ST AUGUST	1ST SEPT. TO ON THE SPOT
USI Members	5000 INR	6000 INR	8000 INR
Non USI Members	6500 INR	7500 INR	10000 INR
Accompanying Person	4000 INR	5000 INR	7000 INR
PG Student	3000 INR	4500 INR	5000 INR

For online Registration:

Please transfer (NEFT/RTGS) to "NZ USICON 2019".

Account Number: 008594600000600,

IFSC Code: YESB0000085

Yes Bank, Sector 27, ATTA, NOIDA 201301.

Secretariat

Mr. Pankaj Kumar Sharma

Mobile: +91 7669 37 4248

Email: sung.thirty@gmail.com

X-9, Sec-12, Noida, Uttar Pradesh, Pin: 201301

VENUE



HOTEL CROWNE PLAZA

SURAJPUR CHOWK, INSTITUTIONAL, GREEN-1, NEAR YAMAHA COMPANY, MAIN ROAD

GREATER NOIDA, UTTAR PRADESH 201306

PHONE: +91 120 673 5000

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UROLOGICAL OF ASSOCIATION UTTAR PRADESH & UTTARAKHAND

APPLICATION FORM FOR MEMBERSHIP

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USI Membership No. _____ NZ USI No. _____

Category of Membership applied for: Full / Associate / Trainee / Conversion / International

Name

(Use Block Letters)

First Name

Middle Name

Surname

Permanent Address:

Address for Communication:

Pin Code _____

Pin Code _____

Mobile: _____

Tel. (Res.): _____

Tel. (Office): _____

Email _____

Date of Birth: _____

Qualifications:

Degree/Diploma

Date

Institution/University

Present Appointment & Designation:

Sponsors (Should be Full Members of the Urological Association of Uttar Pradesh & Uttarakhand)

1. Name: _____

Address: _____

Signature: _____

UAU No.: _____

2. Name: _____

Address: _____

Signature: _____

UAU No. : _____

I declare that the information given by me as above is correct and if elected, I agree to abide by the constitution of the **Urological Association of Uttar Pradesh & Uttarakhand**

Place _____

Date _____

Signature of the applicant

Membership Fee:

Full Membership Fee	Rs. 4,000/-
Associate Membership Fee	Rs. 4,000/-
Trainee Membership Fee	Rs. 4,000/-
International Member	US\$ 100

For Office Use Only :

UAU membership Approved : Yes / No

Membership No. allotted: _____

Receipt no. : _____

Mode of Payment : Cash / Cheque / DD / Online

Details of Payment : _____

Signature with Official Stamp

Secretary Address:

Dr Sameer Trivedi

Hon. Secretary UAU
M.S.,M.Ch.(Urology), D.N.B.(Urology),
Head - Deptt. of Urology,
Institute of Medical Sciences,
Banaras Hindu University,
Varanasi (UP) - 221005

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