

**Request for a new Urology Department
at the Michigan State University College of Human Medicine
Submitted October 7, 2022
Updated October 20, 2022
Updated November 22, 2022**

Note: Process for requesting establishment of a new department at MSU:

- Dean first seeks endorsement of the request from the CAC, then Dean takes proposal to the EVP/Provost.
- EVP/Provost will send the request to the Steering Committee to route through academic governance for consideration and a recommendation (e.g., University Committee on Faculty Affairs; University Committee on Graduate Studies).
- EVP/Provost makes decision to support the request or not and confers with President.
- EVP/Provost takes request and recommendation for approval to Board of Trustees.
- Board of Trustees is required to approve the creation of any new department.

Rationale for a new Urology Department

The College of Human Medicine seeks to create a state-wide MSU Department of Urology. Urologists provide medical and surgical management for genitourinary disorders involving the male and female urinary tract and the male reproductive organs, including the kidneys, adrenal glands, ureters, bladder, urethra, testes, epididymis, vas deferens, seminal vesicles, prostate, and penis. Urology manages conditions including urinary-tract infections, benign prostatic hyperplasia, prostate cancer, kidney cancer, bladder cancer, kidney stones, adrenal masses, congenital abnormalities, traumatic injury, and incontinence. Urological procedures include cystoscopies, prostate biopsies, vasectomies, prostatectomy, nephrectomy, adrenalectomy, transurethral resection of prostate (TURP). Areas of sub specialization within urology include urologic oncology, pediatric urology, stone disease (endourology), infertility/andrology, female pelvic medicine, reconstructive surgery, neurology, and laparoscopy/robotic surgery. Urologists often collaborate with other specialties, including medical oncology, radiation oncology, gynecology, pediatric surgery, plastic surgery, colorectal surgery, gastroenterology, and endocrinology.

The college seeks to found this department based on faculty mostly at Henry Ford Health (HFH), which has 21 urologists. They are fellowship trained in prostate cancer, bladder cancer, kidney cancer, penile cancer, testicular cancer, kidney stones, reproductive health, male urinary issues, men's health, enlarged prostate, women's health, FPMRS/Neuro-Urology/ Voiding Dysfunction, reconstructive urology, pediatric, and transgender health. Members of the department are active in clinical practice, research, and teaching. Several members also hold significant administrative leadership roles within the Henry Ford Health.

Please see Attachment 1 for in-depth overview of clinical and research faculty.

Strengths of the current faculty including areas of excellence; overall contribution towards the reputation, financial status, and quality of care provided at HFH and how it will contribute similarly to same for MSU; and elements that respond to MSU's strategic plan particularly [Sustainable Health](#), [DEI](#), and [Discovery](#) pillars. (Please see Attachment 1 for faculty overview)

Attachment 2 – Publications of department faculty for the last three years.

Attachment 3 – Faculty Awards and Honorifics -including state, regional, national, and international awards, major offices, and role in national organizations.

Attachment 4 – Grants (separated into federal and non-federal grants).

The faculty based at Henry Ford Health have a long history of innovation and acclaim in the discipline. These faculty have led or been instrumental in the development of many practice changing innovations including robotic surgery. (Attachment 5 – Practice Changing Contributions)

There are current MSU urological faculty in other departments of the university, most notably in the Department of Osteopathic Surgical Subspecialties, which has several specialties amongst its faculty. The new department would not change the courses, training programs, research, or clinical activity of these faculty. As with any of our statewide departments, the new Department of Urology would welcome faculty for secondary appointments if that is of interest to those faculty members. Given the size, scope, national prominence, and research opportunities the new department will bring to MSU, we believe the new department will expand opportunities for existing urological faculty in the university.

Alignment with MSU DEI Strategic Plan

Increasing diversity in the field of urology is a priority of our faculty who are involved in diversity activities both at a program and national levels. They are one of the leading institutions of the Diversity Initiative of the American Urological Association, Northcentral Section. There are existing faculty who participate in national diversity committees.

Faculty and leadership in the department of Urology have had a long-standing commitment to DEI. Faculty embrace a culture of diversity and the department has diverse faculty and support staff representation to reflect the diverse patient population in Detroit. Additionally, mentorship is provided to the underrepresented in medicine residents and students. They also have multicultural urology clinics. Faculty perform research on topics related to disparities in urological care in minority populations.

Faculty in the department are so committed to diversity that they raised their own funds to support a scholarship for URiM students to assist with the cost of a one-month rotation in the department. The diversity committee includes those founding members of DEI scholarship but is open to all staff and trainees to meet and provide input to improve recruitment, selection, and retention, and to do activities related to implicit bias testing during interview season and help organize Grand Rounds focusing on diversity for all department members. URiM residency candidates are considered by key members of the Diversity Committee. To achieve/ensure diversity in trainee recruitment, selection and retention, their program participates in recruitment fairs and outreach programs. In accordance with the AAMC

statement about virtual interviews, this year they will be continuing virtual interviewing. This promotes equity in the application process.

The urology program is committed to providing a work environment and culture that maximizes the professional growth of employees and meets the health care needs of diverse communities.

Goals of the Urology Department

(a) Research Mission

The urology faculty has a strong history of clinical research, focusing on improving patient outcomes, with a particular emphasis on urologic oncology. (See Attachment 5 – Practice Changing Contributions) Leveraging the integrated health care delivery system of Henry Ford Health, the faculty have focused mainly on clinical outcomes, care path delivery, health equity, population health, quality, and epidemiological research. Research efforts of the faculty are supported by a full-time biostatistician, with a full access and collaboration with Vattikuti Center for Outcomes Research, analytics, and Evaluation (VCORE) that focus on clinical outcome, and the statewide initiative Michigan Urological Surgery Improvement Collaborative (MUSIC). Faculty have published numerous papers on robotic surgery outcomes with robotic surgery for prostate, kidney, and bladder cancers. Moreover, they have focused on health care equality in the American health system, and specifically on improving the outcomes of the African American men with prostate cancer. Recently, they have been working on translation research projects with the aim of using current genomic markers to guide treatment algorithms, as well as developing better and novel markers. The faculty actively recruits into clinical trials for the treatment of urologic cancers. Faculty in the department strive to create an environment to attract and nurture both physician and non-physician scientists with the goal of bridging basic, translational, clinical, and epidemiological research to improve the treatment of urologic diseases. The department has developed an expanding translational research portfolio focusing on prostate cancer, kidney cancer, and bladder cancer. Research collaborators span multiple departments, including medical oncology, radiation oncology, neurology, endocrinology, Women's health, public health science, and pathology.

(b) Education mission

The mission of the residency program in the Department of Urology, Vattikuti Urology Institute (VUI) at Henry Ford Health is to train and educate residents to become local and national leaders, who excel in providing general urologic care and with knowledge in numerous urology subspecialty fields. They strive to provide patient-centered exceptional care to all patients. Faculty in the department respect and take pride in the diversity, equity, and inclusion of all patients. They provide training in service excellence to help residents optimize their relationships with patients. They strive to nurture scientific curiosity and lifelong learning and the pursuit of continual self-improvement. In addition, they foster a culture of giving back to the local and global community and engaging in global health opportunities.

The VUI Urology Residency offers three positions alternating with two positions yearly, (2-3-2-3-2) for the 5-year residency program. Residents train with highly skilled clinical staff at three hospitals. VUI

residents receive an excellent experience in all facets of urology and learn the latest techniques. The clinical rotations are mainly at Henry Ford Hospital, West Bloomfield Hospital, and Children's Hospital of Michigan, 10 minutes from Henry Ford Hospital. The program is successful in matching and graduating residents. About 50% of graduating residents enter fellowships. Medical student access to this program will help students interested in urology achieve their career goals.

The VUI's strengths include a large ambulatory practice, a broad mix of minimally invasive and open surgery, oncology, pediatric urology, and basic research. The faculty are recognized and are involved nationally in developing resident training curriculum. The trainees benefit from being exposed to a large number and wide variety of patients, as they serve the metropolitan population of Detroit as well as the surrounding suburbs.

The urology program provides 3rd and 4th year rotations and attracts medical students both locally and nationally. During their clinical rotations, the students and residents are provided with a robust clinical experience and didactic curriculum. The department offers CME and faculty and resident development through weekly grand rounds and multiple conferences and symposiums.

(c) Service and outreach mission

The faculty is involved in numerous community service and outreach initiatives as a whole and individually. The faculty organizes and support PSA screening and community outreach. Internationally, Dr. Peabody has participated in annual medical service trips to Benin, Africa and has helped to organize trips with the resident to Honduras to provide urologic care. This has been an outstanding experience for those residents as they serve in these communities. They are also organizing a department service project this year to volunteer at a shelter in the Detroit community to help prepare and serve food for those in need.

Members of the department provide student mentoring and participate in pipeline programs to increase the number of underrepresented minorities in medicine. Faculty developed a bladder cancer advisory council that helps engage the bladder cancer patient community in areas including outreach and research. They also participate in running CME events and community events to raise awareness of urologic cancers. In addition, faculty and staff in the department of urology participate in the Game on Cancer event to raise awareness of urologic cancers and to support research.

(d) Clinical mission

The urology faculty have a tradition of providing outstanding clinical care. Over the last four years, the department of urology has added eight additional urologists and three additional APP's covering all aspects of urology. The clinical patient volume at HFH sites exceeds 40,000 visits per year which occur at seven outpatient clinics and surgical centers. Twenty-one staff physicians and 13 residents care for the urology patients. They provide the inpatient consultations and teaching services for Urology at Henry Ford Hospitals in Detroit and West Bloomfield. The faculty provides general urology care for the community in addition to subspecialty clinics and is a referral center for numerous urologic conditions. They provide tertiary and quaternary care in all areas of urology and because of a focus on patient

centered care, innovation, and research, faculty in urology are leaders of surgical and medical management of urologic conditions. These faculty have also been leaders in developing multidisciplinary management of urologic disease that is demonstrated through our urologic cancer tumor boards, bladder cancer tumor boards, and genitourinary reconstruction multidisciplinary conferences.

Additional Goals include:

- A) Contribute to system goal of NCI cancer center generation through NIH grant work.
- B) With the leadership of Dr. Abdollah, continue to lead in outcomes research through an extremely productive lab for outcomes research.
- C) Develop imaging guided targeted diagnostics and focal therapy options for prostate cancer with rapid diagnosis and treatment.

Benefits to Michigan State University

Overall, this new Department of Urology will strengthen and expand the academic environment of the college and MSU. Addition of this department will allow for curricular expansion of the College of Human Medicine and create additional academic homes for the expanding CHM faculty (both paid and no-pay faculty) across the state of Michigan.

The growth of the program and the faculty will bring several opportunities for strengthening and enriching educational and research activities for CHM, including: The opportunity to develop new areas of curriculum and offer highly desirable student experiences in disciplines not currently represented in other CHM campuses (e.g., MSU medical student urology clerkships). The ability to establish additional required experiences and competencies that would not be possible without the addition of qualified faculty. The enhancement of graduate medical education (e.g., post graduate urology residency program) throughout our system by the addition of programs in Henry Ford that we cannot currently offer at MSU (*see goals under education mission*). Strengthened subspecialty research, and clinical programs that will provide the necessary platform for translational and population-based research, as well as support the supply of well-trained physicians and physician scientists to meet future recruitment needs in all our communities across the state of Michigan.

The research focus of the MSU urology department will be broad in various areas of urology including cancer biology and outcomes research, and this will provide new and additional research training opportunities for undergraduate, graduate, and medical students in different biomedical programs at MSU. Importantly, faculty who are in the Henry Ford Urology department are funded by external funding (including NIH and DOD) and are involved in several funded clinical research studies. Addition of the department to MSU will increase NIH funding to MSU: (a) Addition to existing NIH funding from these faculty to MSU grant portfolio; (b) Increased collaborative research programs with existing MSU faculty leading to increase in NIH and other external funding. Together this will undoubtedly improve MSU funding and ranking overall. Expansion of the college to include this new department will help achieve MSU's strategic goal for reaching \$1 billion in research expenditures by 2030.

These urology faculty have received numerous honors and awards, and this will also significantly increase MSU faculty honorifics (another strategic goal for MSU). Lastly, CHM has an active and on-going relationship with several community partners and philanthropists. Addition of a MSU Urology Department will provide expanded opportunities for new endowments. Overall, creation of the MSU department of urology to the college of Human medicine will bring about several important benefits to the university and to the state of Michigan.

Programmatic, operational, and financial considerations

Alignment with existing departments/units in CHM and MSU

Addition of this Urology Department will provide research and educational collaborative opportunities across the College of Human Medicine and multiple colleges of MSU. There are already existing funding opportunities for collaborative research and education, through the Henry Ford-MSU partnership. Faculty from both existing MSU departments and Henry Ford departments will be able to apply for internal and external grant programs collaboratively that will strengthen the grant portfolio of MSU faculty and significantly increase research expenditure.

There are multiple units in the college and the university that have faculty and students who do research in the areas of cancer biology including prostate cancer. The addition of the Department of Urology creates new opportunities and potential collaborations for these faculty and students. There is nothing about the department that would limit the ability of other colleges or departments from hiring urological faculty in their respective departments and/or research programs.

Department structure

MSU Department of Urology will be led by a department chair. Initially, the department will have an interim chair from faculty of the department that are already in place at Henry Ford. When the department has bylaws and voting faculty, there will be a search for a chair. This may be the same person who is the chair of the Henry Ford urology department or may be a different person depending on the outcome of the chair search.

The addition of this urology department will be an opportunity for the state's Medicaid uplift. We expect significant funding to be available through this program, and we have pledged to use this money to support research, education, and scholarship in the MSU-Henry Ford collaborative efforts. At the present time, faculty employed in the Henry Ford Urology department will become part of the MSU Department of Urology. Thus, the Henry Ford Medical Group Chair of Urology will be the primary supervisor for these Henry Ford employed faculty for Henry Ford related issues. For MSU related issues, chair of the MSU Department of Urology will be the administrative leader. We will support this chair at 5-10%, either as a dually employed faculty or leased by CHM from Henry Ford. HFH is using the lease model to support the current position as chair (Dr. Rick Leach) for Ob/Gyn at Henry Ford Health. The interim chair of the MSU Department of Anesthesia is dually employed. This chair funding by MSU is essentially facilitating partnership development and we would request access to the "mission-support" funding provided through the partnership Definitive Agreement. Depending on the strategic needs of

the department, college and the university, the college may fund a few faculty positions in these departments as MSU employed faculty.

Faculty appointments

Faculty will be appointed in multiple ways. Faculty already in the Henry Ford urology department will be appointed as no-pay faculty in one of the following tracks depending on their role and contribution to the education and research missions of the college: Prefix, non-prefix, and research tracks. For these various faculty tracks, we will follow the same process we currently follow in the college. When funding is available for new MSU-based faculty positions, these will be done using existing faculty hiring processes. In addition to clinical and non-prefixed faculty from Henry Ford Health, there will be clinical and non-prefixed faculty in the discipline joining from other communities, including Lansing and Grand Rapids. Most of these faculty are engaged in elective clerkships for MS3 and MS4 students in our eight campuses across the state.

(New paragraph added in response to CAC request at their October 17, 2022 meeting). Upon establishment, new departments may initially not have voting-eligible, full-time faculty sufficient to participate as regular representatives to the CHM College Advisory Council (see CHM Bylaws Section 1.1.5.2.4. and 1.1.5.2.5. with referred definitions 1.1.1.). Departments with no eligible faculty with university level voting rights will send a CAC representative who will be granted voice but no vote, until such a time as they have eligible faculty to serve. It is expected that full-time MSU faculty will be added over time through enhanced Medicaid funding returned to MSU as well as new Henry Ford Health – MSU Health Science Center (HSC) funding. The college expects there will be 20-40 hires through these mechanisms. Priority will be given to addition and retention of at least two eligible faculty with university level voting rights (see CHM Bylaws Section 3.1.2.3.) within each department.

Chair selection

With creation of the MSU Department of Urology, the dean will first appoint an interim chair. After initial establishment of the department with faculty appointments, the dean (or designate) will work with the faculty and the interim chair to develop departmental bylaws that will go through appropriate approvals at the college and university levels. Once the bylaws are in place, the dean will work with the department to formulate a search for a founding chair and subsequent chairs using existing university guidelines. Depending on the strategic needs of the department and the faculty some of these searches will be national and some may be internal.

Department operations, governance, bylaws and RPT criteria

The department will operate in a manner consistent with other departments in the College of Human Medicine and will adopt a shared governance model. Shared governance with the existing faculty, staff, and students will follow the MSU Academic Governance policies. The interim chair will work with the dean to appoint a bylaws committee. The bylaws committee will include five faculty members and one outside faculty member with expertise in reviewing bylaws. Bylaws will be voted on and approved by a majority of department faculty before ratification. A scaffolding of the bylaws and major sections have

already been identified and minimally will include sections on organization; governance; committees; RPT; grievances and complaints; and faculty (e.g., composition, meetings, appointment, reappointment, promotion, tenure, responsibilities, etc.). Reappointment, promotion, and tenure criteria will align with the College of Human Medicine criteria which are written, well-specified, and available on the [CHM Faculty Affairs website](#). An RPT committee will be established within the Department of Urology to work with the chair to manage the RPT processes.

Department Finance

Current Funding Status, Allocation, and Reserve Funds

The college is proposing a series of new departments based on faculty joining MSU and CHM from Henry Ford Health that complement the work of the college and university and highlight unique strengths of the HFH faculty. The health system, college, and partnership will provide support for the faculty and administration of the department. Most support will be in the form of faculty salary, which will come from the medical group within the health system. The Office of Health Sciences has committed financial resources from the overall MSU-HFHS partnership effort to support creation of departments. Discretionary funding will be used to support a small part of the salary and an administrative increment for the chair's MSU employment. As the department integrates into the college, the department will enter the Medicaid uplift program providing additional support for the department and funding additional MSU faculty in the department. The department will accrue reserves and start-up funds as all other departments in the college do.

Projected financial needs and how financial obligations of the department, including administrative costs will be met

Projected financial needs are centered around ongoing recruitment and retention of high-caliber faculty to support our education, research, and service missions. The college will direct Medicaid uplift derived from HFH to use in the departments based out of HFH to fund new positions and programs in the departments and college.

The current college allocation and reserve funds more than meet the projected financial needs and financial obligations of the proposed department, including administrative costs. The college and the department expect additional philanthropy as well.

Oversight of the curriculum

The department will participate in the college's educational programs as all other departments do. Electives and rotations in the MD curriculum will be approved and supervised by the CHM MD Curriculum Committee. All other courses and educational programs will be reviewed by the college's Graduate Studies curriculum committee. The department's residency and fellowship programs operate with oversight from the departmental residency committees consistent with the ACGME accreditation of Henry Ford Health. The department will have a clerkship committee to oversee its medical student

and any other educational programs not a part of the residency programs. For additional information on clerkships and residencies, see “Educational Mission” under “Goals of the Urology Department”.

Evaluation of departmental effectiveness

Internal reviews by Henry Ford Health and Hospital are performed through oversight from councils dedicated to quality, safety, clinical and operational excellence, and efficiency. Each Council has representation from all business units. One of the key tasks for each department is the oversight of maintaining privileges and upholding the bylaws set forth by the Henry Ford Medical Group Board of Governors and Henry Ford Hospital Medical Executive Committee.

Bi-annual reviews of the Urology Department are conducted by the HFMG Chair and Chief Operating Officer of HFMG. This review looks at operational effectiveness and performance of the department including finance, access, growth, patient and staff satisfaction/engagement, professional development, and programming. The outcomes of the most recent review were overall positive. Notable strengths included financial performance and growth with a noted 14% increase in patient visits and a 7% increase in OR cases across all HFH markets. Areas of opportunity included access for new patients and overall support staff engagement, with scores in alignment with the current trend across health care systems nationally. There are several surveys and evaluations as listed below:

- a) *Focused Professional Performance Evaluations (FPPE – First two years of practice and/or remediation, bi-annual))*
- b) *Ongoing Professional Performance Evaluations (OPPE – bi-annual)*
- c) *Financial Reviews and Chair Performance reviews (bi-annual)*
- d) *Peer Reviews (ad hoc and bi-annual)*
- e) *Annual HFH resident survey (fall)*
- f) *Annual ACGME Resident Survey (spring)*
- g) *Annual ACGME Faculty Survey*
- h) *Annual Program Evaluation by the program. Reviewed by the GME annually in the fall.*
- i) *Semi Annual Faculty Evaluations by the residents*
- j) *Annual Faculty Evaluations of the Program*
- k) *Med Hub – Resident and faculty evaluation*
- l) *APE – Annual Program Evaluation and meeting with entire teaching faculty and all residents from each year.*
- m) *CCC meeting – All core teaching faculty evaluate residents*

Accreditation/certification status of any educational programs including term, areas of excellence, non-compliance, and monitoring.

The Urology Residency Program at the Vattikuti Urology Institute offers exceptional clinical training with exposure to a wide diversity of urologic conditions. It is a five-year program with a 2-3-2-3-2 complement of residents. The urology residency has had continued accreditation by the ACGME. They

have 13 residents total and have a 100% first time boards pass rate for over 10 years. Dr. Humphrey Atiemo is the program director (PD) and Dr. Ali Dabaja is the associate PD.

The residency program's Program Evaluation Committee convenes annually and reviews the entire program with guidance from the HF Hospital GME. This is then peer reviewed by other program directors at HF Hospital and evaluated in detail by the Henry Ford Hospital Designated Institutional Official and GME office. Annual systematic updates are submitted to the ACGME Urology Review Committee and receive evaluations through an annual letter of notification. They are subject to their Self-Study process and periodic site visits; however, these plans are under review by the ACGME currently.

The Clinical Research Fellowship is a one-year non-accredited fellowship for applicants who have completed medical school and would like to explore research opportunities before applying for residency. The Clinical robotics fellowships is a non-accredited one-year fellowship for applicants who have completed urology training. The fellowship presents an opportunity to learn the latest techniques of robotic surgery and surgical management of urologic cancers and other conditions

Existing system for annual faculty reviews

Faculty reviews are performed bi-annually through Focused Professional Performance Evaluations (FPPE – First two years of practice and/or remediation) as well as Ongoing Professional Performance Evaluations (OPPE). Reviews are done in person with written feedback/agreement on personal and professional performance goals. Patient satisfaction comments and scores are reviewed as well as metrics of professionalism including mandatory modules in Henry Ford University related to safety, patient care, and diversity and CME and participation in grand rounds and other departmental initiatives. Financial performance metrics are reviewed. Additionally, system engagement surveys are conducted and reviewed at faculty meetings, which occur bimonthly.

Existing system for reviewing teaching performance of faculty, including areas of excellence and areas targeted for continuing development.

Teaching performance of the core faculty is assessed twice year by the residents using the MedHub automated medical education software. The software specifically asks the resident to grade faculty on a Likert scale. The domains are:

- a) Faculty member was a role model of professionalism
- b) The faculty member demonstrated an interest in the education of residents/fellows
- c) Faculty member created an environment of inquiry
- d) Faculty member provided appropriate level of supervision, faculty member regularly participated in organized clinical discussions, rounds, journal clubs, and conferences
- e) Faculty member demonstrated a commitment to the delivery of safe, quality, cost-effective, and patient-centered care
- f) Faculty member reviewed the goals and objectives of the rotation with you at the beginning of the rotation
- g) Faculty member provided sufficient instruction

There is also an area for text comments from the resident. This anonymous feedback is reviewed with the core faculty at their ongoing professional practice evaluation (OPPE) with the chair. When goal setting for the next six months, the core faculty are asked to identify areas for continuous growth,

incorporating resident feedback. If there are areas of concern, resources and opportunities for improvement are offered to the faculty. Throughout the academic year, courses on adult learning are offered through institutions and are circulated to the faculty for them to enroll for additional learning. Faculty development is a priority for the department and faculty are encouraged participation in different programs.

There is a weekly didactic session for residents and faculty. During this time, guest lecturers will give sessions on educational techniques on feedback, lecture preparation and setting goals for learning. They have recently upgraded the video conferencing system in the conference room to help facilitate having national and international experts deliver virtual lectures during Grand Rounds.

Outreach and community service programs

The faculty in the department are involved in several outreach and community service initiatives. For example, faculty have volunteered over the last several years for an Adopt A Family program to donate Holiday gifts for a family in need. In addition, the department organizes and support an annual free PSA screening drive for prostate cancer in the community. Dr. Peabody in department has participated in annual medical service trips to Benin, Africa and has helped to organize trips with the resident to Honduras to provide urologic care. This has been an outstanding experience for those residents as they serve in these communities. Faculty are also organizing a department service project this year to volunteer at a shelter in the Detroit community to help prepare and serve food for those in need. Members of the department also provide student mentoring and participate in pathway programs to increase the number of underrepresented minorities in medicine. Faculty developed a bladder cancer advisory council that helps engage the bladder cancer patient community in areas including outreach and research. They participate in running CME events and community events to raise awareness of urologic cancers as well as participate in the Game on Cancer event to raise awareness of urologic cancers and to support research. Evaluation of these programs will be based on the extent of community participation and feedback from the community.

Assurances

For the university and college, the creation of the Department of Urology will help solidify and expand the scholarly opportunities for students and faculty across the institution. With the addition of the department to MSU, it is expected that the unit will grow, adding to NIH funding in support of AAU metrics and building on the reputation of the existing faculty and programming. The leadership of the college has discussed the creation of the department with related departments and units including meetings with leadership and faculty. Many people across the university do work related to cancer biology, neuroscience, GI/GU-Hepatic/Cardiovascular/Pulmonary, immunity and inflammation, environmental toxicology, mass spectrometry, investigative histopathology, diabetes/obesity, and drug discovery, like many people across the university that do work related to other areas of medicine. The addition of the Department of Urology does not limit the scholarly opportunities of others in the university, and this department will not change or limit the activity of faculty interested in the above-mentioned research areas across the institution. In fact, the success and expansion of this department increases opportunities for all.

Distribution of proposal for endorsement, assurances, or concerns:

Distribution by email:

College of Osteopathic Medicine – Dean Andrea Amalfitano, October 7, 2022 See Attachment 6

Department of Surgery (CHM) – Interim Chair Sri Kavuturu, October 7, 2022

College Advisory Council Summary

- Recommendation/endorsement

The CHM CAC unanimously endorsed the proposal for a new Department of Urology on November 21, 2022.

Attachment 1A

Description of Urology Faculty

FACULTY (year joined department)

1. Craig G. Rogers, MD (2007), Department Chair



- a. Stanford University School of Medicine, CA, 2000
- b. Johns Hopkins University School of Med., Urology Residency, 2006
- c. National Cancer Institute, NIH, Bethesda, MD, Fellowship Urologic Oncology, 2007

2. James O. Peabody, MD (1990), Vice Chair Operations



- a. University of Michigan Medical School, 1985
- b. Henry Ford Department of Urology, Detroit MI, Urology Residency, 1990

3. Ali A. Dabaja, MD (2014), Vice Chair Clinical Affairs, Residency Program Associate Director



- a. Wayne State University School of Medicine, MI, 2007
- b. Henry Ford Department of Urology, Vattikuti Urology Institute, Urology Residency, 2012
- c. Weill Cornell Medical College, Fellowship Male Reproductive Medicine & Surgery, NY, 2014

4. Firas F. Abdollah, MD (2018), Vice Chair, Academics and Research



- a. University of Baghdad School of Medicine, 2003
- b. Vita Salute University, San Raffaele Hospital, Urology Residency, 2012

- c. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship Minimally Invasive Robotic Surgery, 2018

5. Humphrey O. Atiemo, MD (2011), Residency Program Director



- a. University of Maryland Medical School, 1999
- b. University of Maryland, Urology Residency, 2005
- c. Cleveland Clinic Foundation, Fellowship Female Pelvic Medicine and Reconstructive Surgery, 2007

6. Riad Farah, MD (1973)



- a. University of Damascus School of Medicine, 1966
- b. The University Hospital, Urology, 1968
- c. Mount Carmel Mercy Hospital, Surgery, MI, 1970
- d. Henry Ford Department of Urology, Urology Residency, 1973

7. Joseph A. Haddad, MD (2017)



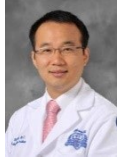
- a. Wayne State University School of Medicine, MI, 2012
- b. Univ. of Oklahoma, Urology Residency, 2017

8. Frank B. Holloway, MD (1992)



- a. Indiana University School of Medicine, IN, 1987
- b. Wayne State University, Detroit, MI, Urology Residency, 1992

9. Wooju Jeong, MD (2013)



- a. Yonsei University School of Medicine, Seoul, South Korea, 1998
- b. Yonsei University, Urology Residency (KUA Board Certified), 2003
- c. Yonsei University, Fellowship Minimally Invasive Surgery, 2009
- d. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship in Robotic Urology, 2013

10. Naveen Kachroo, MD, PhD (2020)



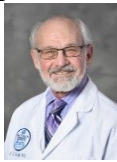
- a. Newcastle University Faculty of Medical Sciences, 2004
- b. Newcastle University Faculty of Medical Sciences, Medicine & Surgery, 2006
- c. Newcastle University Faculty of Medical Sciences, Surgical, 2007
- d. Nottingham University Hospitals, Urology, 2009
- e. University of Cambridge, Urology, 2013
- f. Henry Ford Department of Urology, Vattikuti Urology Institute, Urology Residency, 2018
- g. Cleveland Clinic, Fellowship in Endourology, 2020

11. David A. Leavitt, MD (2015)



- a. University of Michigan Medical School, 2008
- b. University of Minnesota, Urology Residency, 2013
- c. The Smith Institute for Urology, New York, Fellowship Endourology/Laparoscopy, NY, 2015

12. Stephen A. Liroff, MD (1977)



- a. Georgetown University School of Medicine, 1971
- b. New York Presbyterian Hospital and North Shore University Hospitals, NY, General Surgery, NY, 1974

c. Wayne State University, Detroit, MI, Urology Residency, 1977

13. Ray H. Littleton, MD (1980)



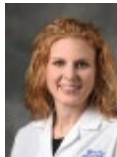
- a. University of Michigan Medical School, 1975
- b. Henry Ford Department of Urology, Urology Residency, 1980

14. Amit Patel, MD (2020)



- a. University of Birmingham School of Medicine, 2005
- b. Kent/Surrey/Sussex Deanery, General Surgery, 2010
- c. Guys and St Thomas foundation NHS Trust, Urology, 2012
- d. Imperial College and the Royal Marsden Hospital, London, Urology specialty training, 2017
- e. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship in Robotic Urologic Oncology, MI, 2020

15. Samantha M. Raffee, MD (2020)



- a. Wayne State University School of Medicine, Detroit, MI, 2013
- b. Akron General Medical Center, OH, Urology Residency, 2018
- c. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship Female Pelvic Medicine and Reconstructive Surgery, 2020

16. Amarnath Rambhatla, MD (2019)



- a. University of California Los Angeles School of Medicine, 2007
- b. Wayne State University School of Medicine, Urology Residency, 2012
- c. University of California Los Angeles, Fellowship Male Reproductive Medicine & Surgery, 2016

17. Kandis K. Rivers, MD (2000)



- a. University of Michigan Medical School, 1993
- b. Henry Ford Department of Urology, Vattikuti Urology Institute, Detroit MI, Urology Residency, 2000

18. Nabeel A. Shakir, MD (2021)



- a. University of Texas Southwestern Medical School, 2015
- b. University of Texas Southwestern Medical School, Urology Residency, 2020
- c. NYU Langone Medical Center, Fellowship Genitourinary Reconstructive Surgery, 2021

19. Hans Stricker, MD (1993)



- a. University of Michigan Medical School, 1988
- b. University of Michigan, Urology Residency, 1993

20. Johar Syed Raza, MD (2020)



- a. Baqai Medical College, 2002
- b. Baqai Medical University, General Surgery, 2007
- c. Aga Khan University, Urology, 2011
- d. Shaukat Khanum Cancer Hospital & Research Center, Urologic Oncology, 2013
- e. Roswell Park Cancer Institute, NY, Fellowship Urologic Oncology, 2015
- f. St. Louis University School of Medicine, MO, Urology Residency, 2020

21. Jeffrey L. Weingarten, MD (2021)



- a. Saint Louis University, MO - School of Medicine, 1982
- b. Beaumont Hospital - Royal Oak, General Surgery, MI, 1985
- c. Albany Medical College, NY, Urology Residency, 1988

Other Clinical Staff:

Advanced Practice Practitioners 7

- 4 Nurse Practitioners
- 3 Physician Assistants

Basic Science Faculty 4

- Jagadananda Ghosh PhD
- Nallasivam Palanisamy PhD
- Sahn-Ho Kim PhD
- Mahendra Bhandari MD

Number of Total Faculty 32

Number of research Faculty 14

Number of Clinical Faculty 29

Distribution of Rank at Henry Ford/WSU -

Craig Rogers, MD, Chair	Clinical Professor
James O. Peabody, MD, Vice-Chair	Clinic Professor
Naveen Kachroo, MD	Clinical Assistant Professor
Frank Holloway, MD	Clinical Assistant Professor
Wooju Jeong, MD	Clinical Assistant Professor
Stephen Liroff, MD	Clinical Assistant Professor
Ray Littleton, MD	Clinical Assistant Professor
Kandis Rivers, MD	Clinical Assistant Professor

Abdollah Firas, MD	Clinical Associate Professor
Humphrey Atiemo, MD	Clinical Associate Professor
Ali A. Dabaja, MD	Clinical Associate Professor
Riad Farah, MD	Clinical Associate Professor
Hans Stricker, MD	Clinical Associate Professor
David Leavitt, MD	In process for Clinical Associate Professor
Joseph Haddad, MD	In process for Clinical Associate Professor

Demographics (for DEI purposes)

White	1 2
Black	4
Korean	1
Middle Eastern	4
Indian	5
Male	2 0
Female	7

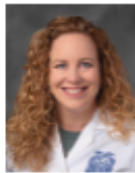
Attachment 1B
Urology Faculty Picture Sheet



DEPARTMENT OF UROLOGY



Firas Abdollah, MD
*Vice-Chair, Academics
 & Research*



**Lindsey
 Buehr, NP**



**Humphrey
 Atiemo, MD**
*Resident Program
 Director*



**Andrew
 Chisholm, NP**



Ali Dabaja, MD
*Resident Program
 Assoc. Director, Vice-
 Chair, Clinical Affairs*



**Moutushi
 Dhar-Gandhi, NP**



Riad Farah, MD



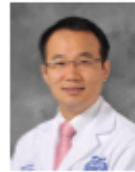
**Joseph
 Haddad, MD**



**Frank
 Holloway, MD**



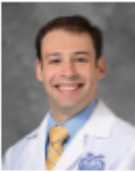
Vicki Irish, NP



Wooju Jeong, MD



**Naveen
 Kachroo, MD, PhD**



David Leavitt, MD



**Stephen
 Liroff, MD**



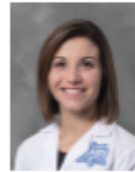
Ray Littleton, MD



Amit Patel, MD



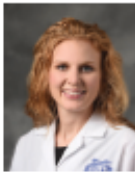
**James
 Peabody, MD**
Vice-Chair Operations



Taylor Peoples, PA



Madhu Prasad, PA



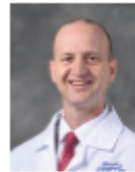
**Samantha
 Raffee, MD**



**Amarnath
 Rambhatia, MD**



Kandis Rivers, MD



Craig Rogers, MD
Department Chair



Nabeel Shakir, MD



Hans Stricker, MD



Johar Syed, MD



Jennifer Villella, PA



**Jeffrey
 Weingarten, MD**

Pediatric Urology

Yegappan Lakshmanan, M.D.
Janae Preece, M.D.
Kristina Suson, M.D.

Allegiance Health Urology

David Burks, M.D.
Buddima Ranasinghe, M.D.
Kalen Rymar, M.D.

Attachment 2

Publications of department faculty over the last three years

Articles

Agarwal A, Finelli R, Durairajanayagam D, Leisegang K, Henkel R, Salvio G, Aghamajidi A, Sengupta P, Crisóstomo L, Tsioulou PA, Roychoudhury S, Finocchi F, Darbandi M, Mottola F, Darbandi S, Iovine C, Santonastaso M, Zaker H, Kesari KK, Nomanzadeh A, Gughani N, **Rambhatla A**, Duran MB, Ceyhan E, Kandil H, Arafa M, Saleh R, Shah R, Ko E, and Boitrelle F. Comprehensive Analysis of Global Research on Human Varicocele: A Scientometric Approach. *World J Mens Health* 2022. PMID: 35118839. doi.org/10.5534/wjmh.210202

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Attachment 3

Urology Faculty Awards and Honors

- **James O Peabody**
 - Distinguished Career Awards from the HF Alumni Association at the HFMG Annual Dinner
 - Elected to Chair of the Board of Governors of the Henry Ford Medical Group
 - TopDoc HOUR magazine 2021
 - Gold Humanism Honor Society, Wayne State University, 2020
 - Resident Teaching Award, Vattikuti Urology Institute, Henry Ford Hospital, Detroit, MI – 2018
 - Resident Teaching Award, American Urology Association – 2013
 - Shadow of a Leader Award – 2006
 - Resident Teaching Award – 2004
 - Joseph C. Cerny MD Resident Teaching Award – 1997

- **Craig G Rogers**
 - President-elect, Society of Urologic Robotic Surgeons (term starting Fall 2022)
 - TopDoc HOUR magazine 2010-2021
 - Game on Cancer MVP Award, Henry Ford Cancer Institute – 2020
 - Best poster AUA – 2020
 - 2nd Prize, High Value Care Research, Henry Ford Medical Education Research Forum 2020
 - 3rd Prize, Senior Clinical Research, Henry Ford Medical Education Research Forum 2020
 - Best Poster Award, EAU Annual Meeting - 2019
 - Best Poster Award, AUA Annual Meeting - 2018
 - Best Abstract, AUA Annual Meeting - 2017
 - Best Poster Award, EAU Annual Meeting - 2016
 - 2nd Prize in Clinical Studies Poster, Wayne State University Medical Research - 2016
 - Honorable Mention in Clinical Studies Oral Presentation, Wayne State University 2016
 - Best Poster, British Association of Urological Surgeons Annual Meeting - 2015
 - Excellence in Urology Seminar Faculty Award, Intermountain Urological Institute 2015
 - 3rd Prize in Clinical Research, Research Symposium, Henry Ford Hospital - 2015
 - Teaching Award Finalist, American Urological Association - 2014
 - “Top Doc” Hour Detroit Magazine 2010-Present
 - Video Contest Winner, World Congress of Endourology - 2008, 2009, 2010

- Video Contest Winner, European Robotic Urology Symposium - 2008, 2009, 2010, 2011
 - Video of the Year, European Urology Journal – 2012
 - Poster Contest Winner, EAU – 2011, 2015
 - Poster Contest Winner, EAU, European Robotic Urology Section Symposium – 2010
 - Video Contest Winner, AUA Northcentral Section – 2010
 - Abstract Award, Astellas/AUA Annual Meeting – 2006
 - Clinical Research Essay Contest Prize Winner, AUA, Midatlantic - 2004, 2005
- **Ali D Dabaja**
 - TopDoc HOUR magazine 2017-2022
 - Elected to HF Medical Executive Committee
 - NIH Trainee Travel Award - 2014
 - First prize EAU Meeting, Paris -2012
 - Media featured abstract AUA Washington DC. 2011 meeting (AAP Founded Grant Project) – 2011
 - Second prize at the EAU Vienna – 2011
 - First Place Michigan Urologic Society's annual Resident research day – 2010
- **Firas F Abdollah**
 - Best Poster 95th annual NCS AUA 2021 Prostate Malignant Session - 2021
 - Best Podium 95th annual NCS AUA 2021 Prostate Malignant Session - 2021
 - Davidson Fellowship for Entrepreneurs in Digital Health Program
 - Best Poster award AUA 2020
 - Wayne State Medical student research fellowship – Mentor, 2020
 - Winner of the Dykstra Foundation Grant 2017
 - Excellence in Research Southeast Michigan Center for Medical Education – 2017
 - First Place in the Slide Competition Southeast Michigan Center for Medical Education
 - Outstanding reviewer for Cancer: ranked in the top 2% of reviewers for the period spanning September 1, 2016 to August 31, 2017
 - First Prize for the Best Abstract, 33rd Annual EAU Congress – 2018
 - Article of the Month BJUI March 2018
 - 1st place fellow clinical research 25th annual medical education research form in Henry Ford Health System – 2018
 - Best poster award AUA 2018
 - Outstanding Fellow Award Nomination by Henry Ford Alumni Association - 2018
 - Best poster award 34th EAU Congress
 - Best Reviewer Journal of Urology 2018

- Bronze Reviewer BJUI 2019
 - 1st place – High Value care research 27th annual medical education research form in Henry Ford Health System
 - 2nd place – High Value care research 27th annual medical education research form in Henry Ford Health System
 - Article of the month BJUI -2015
 - Best poster award 29th EAU Congress – 2014
 - Best poster award 28th EAU Congress – 2013
 - Reviewer of the month European Urology – 2012
 - Best poster award 27th EAU Congress – 2012
- **Nabeel Shakir**
 - AUA South Central Section Resident Essay Competition, 3rdPlace, 2019
 - AUA South Central Section Resident Essay Competition,1stPlace, 2018
 - John D. McConnell Award for Excellence in Urology, 2014
 - Outstanding Poster (Oncology Section) and Podium Presentation, AUA 2014
 - NIH-Medical Research Scholars Program Fellow, 2013—2014
 - Alpha Omega Alpha, 2013
 - Southwestern Medical Foundation Scholarship, 2010—2015
 - Phillips Petroleum Award for Outstanding Research, 2010
 - Robert C. Byrd Honors Scholarship, 2007—2010
- **Naveen Kachroo**
 - Davidson Fellowship for Entrepreneurs in Digital Health 2021-2022 Program
 - Best Poster prize HFHS basic science symposium (surgeon-scientist to receive that recognition)
 - Consultant of the Year Award, Henry Ford Wyandotte, 2022
- **Hans Stricker**
 - Elected to Chair of the Board of Governors of the Henry Ford Medical Group
 - Best Doctors in America 2010, 2011, 2012, 2013
 - Top Docs, Hour Magazine 2009, 2010, 2011, 2012, 2013
 - Pfizer Academic Excellence in Urology 1998
 - Joseph C. Cerny Resident Teaching Award 1998
- **Johar Raza Syed**
 - 5th Place Resident Essay Competition, South-Central AUA annual meeting – 2018
 - Best Basic Science and Clinical Reports Roswell Park Cancer Institute - 2015
 - Best Abstract EAU Robotic Urology Section meeting – 2014
 - Best Research Resident Department of Surgery, Aga Khan University – 2011

- Société Internationale d'Urologie Travel Fellowship – 2011
- Best Poster Presentation, 21st Annual AUA meeting – 2011
- Gold Medal for Best Oral Presentation at JPMC symposium – 2010
- Young Investigator's Award for Best Poster Presentation, UROCON – 2009

- **Humphrey O Atiemo**
 - TopDoc HOUR magazine, 2021
 - Selected ABU examination committee
 - Elected chair of DEI subcommittee of GME

- **Amit Patel**
 - Davidson Fellowship for Entrepreneurs in Digital Health Program

- **Kandis K Rivers**
 - TopDoc HOUR magazine, 2021
 - Elected to the Board of Governors of the Henry Ford Medical Group

- **Joseph Haddad**
 - TopDoc HOUR magazine, 2021

- **Janae Preece**
 - TopDoc HOUR magazine, 2021
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- **Kristina D Suson**
 - TopDoc HOUR magazine, 2021
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- **Yegappan Lakshmanan**
 - TopDoc HOUR magazine, 2021
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Attachment 4

Grants

Current Federal

- Genomics in Michigan to Adjust Outcomes in prostate cancer (G-MAJOR): A randomized controlled multi-center study for men with newly diagnosed favorable risk prostate cancer 2019-2022
- Tribbles 2: A Novel Molecular Target for Therapy of Aggressive Kidney Cancer. DoD 2021-2022 (Jagadananda Ghosh PhD)
- Tribbles 2, a Novel Target for Therapy of Enzalutamide Resistant, Neuroendocrine Prostate Cancer. DoD 2022-2025 (Jagadananda Ghosh PhD)
- DOD Prostate Cancer Research Program, Translational Science Award (W81XWH-22-1-0400): Co-targeting telomere integrity and repair of telomere damage for CRPC therapy 2022-2025 (Sahn-Ho Kim PhD)

Current Non-Federal

- Better Lithotripsy and Ureteroscopy Evaluation of Stenting (BLUES) 2022
- W029636 phase III, open-label, multicenter, randomized study of atezolizumab (anti-pd-11 antibody) versus observation as adjuvant therapy in patients with high-risk muscle-invasive urothelial carcinoma after surgical resection 2017-2023
- A Phase 3, Randomized, Comparator-controlled Clinical Trial to Study the Efficacy and Safety of Pembrolizumab (MK-3475) in Combination with Bacillus Calmette- Guerin (BCG) in Participants with High-risk Non-muscle Invasive Bladder Cancer (HR NMIBC) 2022-2024
- Open- Label Trial of Sipuleucel-T Administered to Active Surveillance Patients for Newly Diagnosed Prostate Cancer (ProVent) 2019-2024
- Medtronic Evaluation of Implantable Tibial Neuromodulation (TITAN 2) Pivotal Study 2022 – 2025 (Humphrey Atiemo)
- Ambu Research Grant for evaluation of efficiency of disposable cystoscopes in clinic (Craig Rogers)
- ACS Pfizer Grant to improve PSA Screening among underrepresented men in Detroit (Firas Abdollah Co-PI)
- Development of novel small molecule inhibitors of Tribbles 2 using artificial intelligence. HFH-MSU Pilot Grant 2022-2023 (Jagadananda Ghosh PhD)
- Characterize the Tribbles 2 interactome to reveal actionable novel targets for therapy of enzalutamide-resistant, lethal prostate cancer. HFH-MSU Pilot Grant 2022-2023 (Jagadananda Ghosh PhD)
- Henry Ford Cancer Institute (HFICI) – Internal Funding for project development- ‘Evaluation of prostate cancer tumor heterogeneity in repeat biopsy samples’ (Nallasivam Palanisamy)
- Henry Ford Cancer Institute (HFICI) – Internal Funding for project development- ‘Characterization of a novel recurrent gene fusion in prostate cancer’(Nallasivam Palanisamy)
- Pfizer 2021 Global Medical Grant (01/2022 – 06/2023); Integrating Orthodox and Traditional Prostate Cancer Care and Treatment in Ghana: Evelyn Jiagge, PI, Eleanor Walker, Nallasivam Palanisamy, Clara Hwang and Sylvester Antwi

Attachment 5

Practice Changing Contributions - Urology

Practice Changing Contribution (brag point)	MD/Researcher	Citation/Source Link	Add'l Comments
CAUTI Reduction: • Dr. Dabaja led a multidisciplinary initiative at Henry Ford Hospital which resulted in a remarkable milestone of significant reduction in catheter acquired UTI's (CAUTI). He helped develop a Urinary Catheter Alleviation Navigator Protocol (UCANP) to reduce the use of indwelling catheters and unnecessary urine cultures to enhance patient safety. This work has been published.	Dr. Ali Dabaja	https://www.ajicjournal.org/article/S0196-6553(21)00459-4/fulltext	
Gender affirming surgery using Single Port Robot. Hosted first multidisciplinary robotic genitourinary reconstructive surgery symposium (MERGERS) with international audience. First Single port robotic vaginoplasty in the Midwest. Collaboration with Plastic Surgery.	Dr. Nabil Shakir	Home MERGERS (multidisciplinaryreconstruction.org)	
Leadership in use of reusable cystoscopes: Our department was one of the first in the country to go "all in" on using disposable scopes during the pandemic and received recognition on a national podcast about how using disposable scopes helped save clinic procedures when the Fairlane clinic was displaced after the floods and when staffing shortages affected our ability to do procedures.	Dr. Craig Rogers		
First in Michigan to offer fully robotic High Intensity Focused Ultrasound (HIFU) Procedure for focal therapy of localized prostate cancer. Our prostate HIFU program was recently featured in a press release and on Fox 2 news. One of first programs in the country to offer both robotic HIFU and single port robotic surgery for prostate cancer.	Dr. Craig Rogers	https://www.fox2detroit.com/news/henry-ford-health-can-target-and-treat-prostate-cancer-through-robotic-technology	
Helped build Robotic kidney transplant program in collaboration with Henry Ford Transplant Institute that is now a highly successful program for them	Dr. Wooju Jeong / Dr. Atsi Yoshida		
DEIJ: Urology staff started a scholarship to help attract residency applicants to our program and to provide mentorship opportunities to college and high school students who are underrepresented in medicine. Dr. Abdollah featured in presentation about disparities in prostate cancer and is part of grant with Dr. Walker and Dr. Hwang to reduce disparities in prostate cancer diagnosis in the community.	Dr. Ray Littleton, Dr. Humphrey Atiemo		Humphrey Atiemo was voted as Chair of the Diversity Equity and Inclusion (DEI) sub-committee of the GME
First robotic partial cystectomy and first targeted biopsies at HF Allegiance.	Dr. Buddima Ranasinghe Dr. Wooju Jeong		
First robotic cystectomy with intracorporeal "W-pouch" urinary diversion in our department and region	Dr. Johar Syed Raza	https://www.henryford.com/services/prostate-cancer/patient-stories/donnel	
First health system in Michigan to perform Single Port (SP) robotic prostatectomy surgeries, which includes both extraperitoneal and intraperitoneal approaches, and facilitates same day discharges.	Dr. Craig Rogers / Dr. James Peabody		
First Transvesical single port simple and radical prostatectomy surgeries in Michigan for patients with abdominal adhesions otherwise not eligible for traditional surgical approaches	Drs. Craig Rogers/Dr. Wooju Jeong		

First in the country to enroll a patient in a phase 2 clinical trial involving MRI-guided targeted injections of nanoparticle paclitaxel directly into localized prostate cancer. This was followed by single port extraperitoneal prostatectomy	Drs. Ali Dabaja & Craig Rogers		
Our targeted MRI fusion prostate biopsy results rank among the top in the state over the past 3 years for detection of clinically significant prostate cancer			
20 th anniversary of the first robotic prostatectomy performed in the U.S., leading to the first robotic prostate surgery program in the U.S. and the foundation for robotic surgery in all other aspects of urology and other specialties. 100th Urology Department anniversary celebrating legacy of innovation in Urology in department			
Innovations in prostate biopsy: Transperineal technique for prostate biopsy in the office. One of first departments in the country to have entire staff convert to transperineal approach for office biopsy, resulting in a reduction in biopsy sepsis and bleeding complications as well as antibiotic use. The Henry Ford biopsy technique has received international attention and was recently published in the Urology 'Gold' journal, featured in the AUA Core Curriculum and MUSIC websites, and was presented at the AUA national meeting and the World Congress of Endourology. Unique "Executive Biopsy" program with streamlined one-stop diagnostic process for prostate cancer that can allow for a prostate MRI targeted biopsy and pathology results in less than 48 hours.	Dr. Craig Rogers, Dr. Amit Patel & Dr. Ali Dabaja		
Numerous publications, international meeting abstracts, and research awards, led by VCORE research group, averaging about 50 publications per year, with about 500 publications in the past 10 years	Dr. Firas Abdollah		
Leadership in Michigan Urologic Surgery Improvement Collaborative (MUSIC): Led research on active surveillance and reducing ER readmissions after kidney surgery	Dr. Craig Rogers		
Innovation in Precision Prostatectomy technique to remove the cancer while preserving a thin rim of prostate capsule on the uninvolved side of the prostate opposite to the dominant lesion to help preserve sexual and urinary function. Published largest experience in the world. First-in-the world to perform procedure using a single-port robotic approach through a small incision in the bladder. Dr. Abdollah performed first precision prostatectomy at HF Macomb	Dr. Wooju Jeong		
Collaboration with Interventional Radiology: First in world to perform endovascular removal of IVC tumor thrombus in patient with metastatic kidney cancer, facilitating a subsequent robotic cytoreductive nephrectomy and enrollment in a clinical trial to make a vaccine from the tumor. First in Michigan to offer prostate artery embolization for BPH and super selective embolization of kidney tumors prior to nephrectomy.			
Collaboration with Radiation Oncology: First in world to treat a patient with prostate cancer using the combined MRI Linac technology for precise radiation therapy. Same technology now offered for select patients with kidney cancer.			
Featured on Channel 4 news discussing research linking COVID infections to an increased risk of ED.	Dr. Amarnath Rambhatla		
Dr. Peabody led recent JAMA surgery article about sexual function after radical prostatectomy.	Dr. James Peabody		
Innovations in robotic kidney surgery: First in Michigan to perform cooling of the kidney during robotic partial nephrectomy now used in	Dr. Craig Rogers		

robotic kidney transplant. Helped develop robotic bulldog clamps and robotic ultrasound probe for robotic partial nephrectomy. First live webcast of robotic partial nephrectomy in the US and first live demonstration of robotic partial nephrectomy at the AUA National meeting			
Stent and Implant tracking. Currently we have algorithm build within EPIC that monitor stent implants and alert providers monthly when the implants are in place over 90 days	Dr. Ali Dabaja	UrologyStentsAdmin-V2 - Power BI Report Server (hfhs.org)	
Working on very innovative technique to isolate exosome specific for prostate cancer. Initial results are highly sensitive and specific to detect not only prostate cancer, but its exact grading too. These are based on urine and blood samples alone, without the need to obtain a biopsy. This has the potential of totally changing the practice and the way we take care of prostate cancer	Firas Abdollah		
We are studying racial disparity in prostate cancer exosome expression, with hope of identifying differences in exosomes among different races, and use that in designing specific biomarkers, and treatments	Firas Abdollah		
First to use Koelis machining to place SpaceOAR hydrogel	Firas Abdollah		
We are one of the few centers in Michigan to offer 3D US guided prostate biopsy using Koelis machine along with MRI-fusion - working on developing an AI model to decide the best biopsy scheme based on data from these biopsies	Firas Abdollah		
We developed a PSA testing/screening database based on EMRs from all Henry Ford providers going retrospectively to 20 years ago and connected it to Michigan death certificates to obtain follow-up. This is a unique source, which allows us for the first time to examine how PSA is used in real practice (outside RCT), and the impact of that on patients' outcomes	Firas Abdollah		
Created new collaboration with several institutions from across the country to address UTUC outcomes (the ROBUUST collaboration), which has procedure 6 publications in high-impact factor journals in the last year	Firas Abdollah		

Attachment 1A

Description of Urology Faculty

FACULTY (year joined department)

1. Craig G. Rogers, MD (2007), Department Chair



- a. Stanford University School of Medicine, CA, 2000
- b. Johns Hopkins University School of Med., Urology Residency, 2006
- c. National Cancer Institute, NIH, Bethesda, MD, Fellowship Urologic Oncology, 2007

2. James O. Peabody, MD (1990), Vice Chair Operations



- a. University of Michigan Medical School, 1985
- b. Henry Ford Department of Urology, Detroit MI, Urology Residency, 1990

3. Ali A. Dabaja, MD (2014), Vice Chair Clinical Affairs, Residency Program Associate Director



- a. Wayne State University School of Medicine, MI, 2007
- b. Henry Ford Department of Urology, Vattikuti Urology Institute, Urology Residency, 2012
- c. Weill Cornell Medical College, Fellowship Male Reproductive Medicine & Surgery, NY, 2014

4. Firas F. Abdollah, MD (2018), Vice Chair, Academics and Research



- a. University of Baghdad School of Medicine, 2003
- b. Vita Salute University, San Raffaele Hospital, Urology Residency, 2012

- c. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship Minimally Invasive Robotic Surgery, 2018

5. Humphrey O. Atiemo, MD (2011), Residency Program Director



- a. University of Maryland Medical School, 1999
- b. University of Maryland, Urology Residency, 2005
- c. Cleveland Clinic Foundation, Fellowship Female Pelvic Medicine and Reconstructive Surgery, 2007

6. Riad Farah, MD (1973)



- a. University of Damascus School of Medicine, 1966
- b. The University Hospital, Urology, 1968
- c. Mount Carmel Mercy Hospital, Surgery, MI, 1970
- d. Henry Ford Department of Urology, Urology Residency, 1973

7. Joseph A. Haddad, MD (2017)



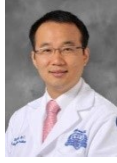
- a. Wayne State University School of Medicine, MI, 2012
- b. Univ. of Oklahoma, Urology Residency, 2017

8. Frank B. Holloway, MD (1992)



- a. Indiana University School of Medicine, IN, 1987
- b. Wayne State University, Detroit, MI, Urology Residency, 1992

9. Wooju Jeong, MD (2013)



- a. Yonsei University School of Medicine, Seoul, South Korea, 1998
- b. Yonsei University, Urology Residency (KUA Board Certified), 2003
- c. Yonsei University, Fellowship Minimally Invasive Surgery, 2009
- d. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship in Robotic Urology, 2013

10. Naveen Kachroo, MD, PhD (2020)



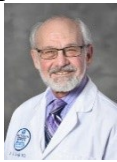
- a. Newcastle University Faculty of Medical Sciences, 2004
- b. Newcastle University Faculty of Medical Sciences, Medicine & Surgery, 2006
- c. Newcastle University Faculty of Medical Sciences, Surgical, 2007
- d. Nottingham University Hospitals, Urology, 2009
- e. University of Cambridge, Urology, 2013
- f. Henry Ford Department of Urology, Vattikuti Urology Institute, Urology Residency, 2018
- g. Cleveland Clinic, Fellowship in Endourology, 2020

11. David A. Leavitt, MD (2015)



- a. University of Michigan Medical School, 2008
- b. University of Minnesota, Urology Residency, 2013
- c. The Smith Institute for Urology, New York, Fellowship Endourology/Laparoscopy, NY, 2015

12. Stephen A. Liroff, MD (1977)



- a. Georgetown University School of Medicine, 1971
- b. New York Presbyterian Hospital and North Shore University Hospitals, NY, General Surgery, NY, 1974

c. Wayne State University, Detroit, MI, Urology Residency, 1977

13. Ray H. Littleton, MD (1980)



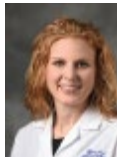
- a. University of Michigan Medical School, 1975
- b. Henry Ford Department of Urology, Urology Residency, 1980

14. Amit Patel, MD (2020)



- a. University of Birmingham School of Medicine, 2005
- b. Kent/Surrey/Sussex Deanery, General Surgery, 2010
- c. Guys and St Thomas foundation NHS Trust, Urology, 2012
- d. Imperial College and the Royal Marsden Hospital, London, Urology specialty training, 2017
- e. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship in Robotic Urologic Oncology, MI, 2020

15. Samantha M. Raffee, MD (2020)



- a. Wayne State University School of Medicine, Detroit, MI, 2013
- b. Akron General Medical Center, OH, Urology Residency, 2018
- c. Henry Ford Department of Urology, Vattikuti Urology Institute, Fellowship Female Pelvic Medicine and Reconstructive Surgery, 2020

16. Amarnath Rambhatla, MD (2019)



- a. University of California Los Angeles School of Medicine, 2007
- b. Wayne State University School of Medicine, Urology Residency, 2012
- c. University of California Los Angeles, Fellowship Male Reproductive Medicine & Surgery, 2016

17. Kandis K. Rivers, MD (2000)



- a. University of Michigan Medical School, 1993
- b. Henry Ford Department of Urology, Vattikuti Urology Institute, Detroit MI, Urology Residency, 2000

18. Nabeel A. Shakir, MD (2021)



- a. University of Texas Southwestern Medical School, 2015
- b. University of Texas Southwestern Medical School, Urology Residency, 2020
- c. NYU Langone Medical Center, Fellowship Genitourinary Reconstructive Surgery, 2021

19. Hans Stricker, MD (1993)



- a. University of Michigan Medical School, 1988
- b. University of Michigan, Urology Residency, 1993

20. Johar Syed Raza, MD (2020)



- a. Baqai Medical College, 2002
- b. Baqai Medical University, General Surgery, 2007
- c. Aga Khan University, Urology, 2011
- d. Shaukat Khanum Cancer Hospital & Research Center, Urologic Oncology, 2013
- e. Roswell Park Cancer Institute, NY, Fellowship Urologic Oncology, 2015
- f. St. Louis University School of Medicine, MO, Urology Residency, 2020

21. Jeffrey L. Weingarten, MD (2021)



- a. Saint Louis University, MO - School of Medicine, 1982
- b. Beaumont Hospital - Royal Oak, General Surgery, MI, 1985
- c. Albany Medical College, NY, Urology Residency, 1988

Other Clinical Staff:

Advanced Practice Practitioners 7

- 4 Nurse Practitioners
- 3 Physician Assistants

Basic Science Faculty 4

- Jagadananda Ghosh PhD
- Nallasivam Palanisamy PhD
- Sahn-Ho Kim PhD
- Mahendra Bhandari MD

Number of Total Faculty 32

Number of research Faculty 14

Number of Clinical Faculty 29

Distribution of Rank at Henry Ford/WSU -

Craig Rogers, MD, Chair	Clinical Professor
James O. Peabody, MD, Vice-Chair	Clinic Professor
Naveen Kachroo, MD	Clinical Assistant Professor
Frank Holloway, MD	Clinical Assistant Professor
Wooju Jeong, MD	Clinical Assistant Professor
Stephen Liroff, MD	Clinical Assistant Professor
Ray Littleton, MD	Clinical Assistant Professor
Kandis Rivers, MD	Clinical Assistant Professor

Abdollah Firas, MD	Clinical Associate Professor
Humphrey Atiemo, MD	Clinical Associate Professor
Ali A. Dabaja, MD	Clinical Associate Professor
Riad Farah, MD	Clinical Associate Professor
Hans Stricker, MD	Clinical Associate Professor
David Leavitt, MD	In process for Clinical Associate Professor
Joseph Haddad, MD	In process for Clinical Associate Professor

Demographics (for DEI purposes)

White	1
	2
Black	4
Korean	1
Middle Eastern	4
Indian	5
Male	2
	0
Female	7

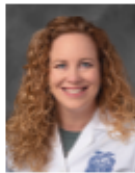
Attachment 1B
Urology Faculty Picture Sheet



DEPARTMENT OF UROLOGY



Firas Abdollah, MD
*Vice-Chair, Academics
 & Research*



**Lindsey
 Buehr, NP**



**Humphrey
 Atiemo, MD**
*Resident Program
 Director*



**Andrew
 Chisholm, NP**



Ali Dabaja, MD
*Resident Program
 Assoc. Director; Vice-
 Chair, Clinical Affairs*



**Moutushi
 Dhar-Gandhi, NP**



Riad Farah, MD



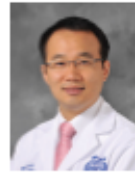
**Joseph
 Haddad, MD**



**Frank
 Holloway, MD**



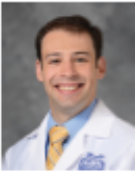
Vicki Irish, NP



Wooju Jeong, MD



**Naveen
 Kachroo, MD, PhD**



David Leavitt, MD



**Stephen
 Liroff, MD**



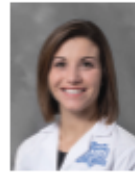
Ray Littleton, MD



Amit Patel, MD



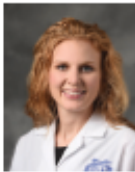
**James
 Peabody, MD**
Vice-Chair Operations



Taylor Peoples, PA



Madhu Prasad, PA



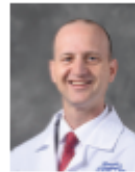
**Samantha
 Raffee, MD**



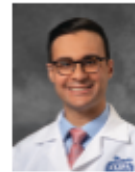
**Amarnath
 Rambhatia, MD**



Kandis Rivers, MD



Craig Rogers, MD
Department Chair



Nabeel Shakir, MD



Hans Stricker, MD



Johar Syed, MD



Jennifer Villella, PA



**Jeffrey
 Weingarten, MD**

Pediatric Urology

Yegappan Lakshmanan, M.D.
Janae Preece, M.D.
Kristina Suson, M.D.

Allegiance Health Urology

David Burks, M.D.
Buddima Ranasinghe, M.D.
Kalen Rymar, M.D.

Attachment 2

Publications of department faculty over the last three years

Articles

Agarwal A, Finelli R, Durairajanayagam D, Leisegang K, Henkel R, Salvio G, Aghamajidi A, Sengupta P, Crisóstomo L, Tsioulou PA, Roychoudhury S, Finocchi F, Darbandi M, Mottola F, Darbandi S, Iovine C, Santonastaso M, Zaker H, Kesari KK, Nomanzadeh A, Gughani N, **Rambhatla A**, Duran MB, Ceyhan E, Kandil H, Arafa M, Saleh R, Shah R, Ko E, and Boitrelle F. Comprehensive Analysis of Global Research on Human Varicocele: A Scientometric Approach. *World J Mens Health* 2022. PMID: 35118839. doi.org/10.5534/wjmh.210202

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Attachment 3

Urology Faculty Awards and Honors

- **James O Peabody**
 - Distinguished Career Awards from the HF Alumni Association at the HFMG Annual Dinner
 - Elected to Chair of the Board of Governors of the Henry Ford Medical Group
 - TopDoc HOUR magazine 2021
 - Gold Humanism Honor Society, Wayne State University, 2020
 - Resident Teaching Award, Vattikuti Urology Institute, Henry Ford Hospital, Detroit, MI – 2018
 - Resident Teaching Award, American Urology Association – 2013
 - Shadow of a Leader Award – 2006
 - Resident Teaching Award – 2004
 - Joseph C. Cerny MD Resident Teaching Award – 1997

- **Craig G Rogers**
 - President-elect, Society of Urologic Robotic Surgeons (term starting Fall 2022)
 - TopDoc HOUR magazine 2010-2021
 - Game on Cancer MVP Award, Henry Ford Cancer Institute – 2020
 - Best poster AUA – 2020
 - 2nd Prize, High Value Care Research, Henry Ford Medical Education Research Forum 2020
 - 3rd Prize, Senior Clinical Research, Henry Ford Medical Education Research Forum 2020
 - Best Poster Award, EAU Annual Meeting - 2019
 - Best Poster Award, AUA Annual Meeting - 2018
 - Best Abstract, AUA Annual Meeting - 2017
 - Best Poster Award, EAU Annual Meeting - 2016
 - 2nd Prize in Clinical Studies Poster, Wayne State University Medical Research - 2016
 - Honorable Mention in Clinical Studies Oral Presentation, Wayne State University 2016
 - Best Poster, British Association of Urological Surgeons Annual Meeting - 2015
 - Excellence in Urology Seminar Faculty Award, Intermountain Urological Institute 2015
 - 3rd Prize in Clinical Research, Research Symposium, Henry Ford Hospital - 2015
 - Teaching Award Finalist, American Urological Association - 2014
 - “Top Doc” Hour Detroit Magazine 2010-Present
 - Video Contest Winner, World Congress of Endourology - 2008, 2009, 2010

- Video Contest Winner, European Robotic Urology Symposium - 2008, 2009, 2010, 2011
 - Video of the Year, European Urology Journal – 2012
 - Poster Contest Winner, EAU – 2011, 2015
 - Poster Contest Winner, EAU, European Robotic Urology Section Symposium – 2010
 - Video Contest Winner, AUA Northcentral Section – 2010
 - Abstract Award, Astellas/AUA Annual Meeting – 2006
 - Clinical Research Essay Contest Prize Winner, AUA, Midatlantic - 2004, 2005
- **Ali D Dabaja**
 - TopDoc HOUR magazine 2017-2022
 - Elected to HF Medical Executive Committee
 - NIH Trainee Travel Award - 2014
 - First prize EAU Meeting, Paris -2012
 - Media featured abstract AUA Washington DC. 2011 meeting (AAP Founded Grant Project) – 2011
 - Second prize at the EAU Vienna – 2011
 - First Place Michigan Urologic Society's annual Resident research day – 2010
- **Firas F Abdollah**
 - Best Poster 95th annual NCS AUA 2021 Prostate Malignant Session - 2021
 - Best Podium 95th annual NCS AUA 2021 Prostate Malignant Session - 2021
 - Davidson Fellowship for Entrepreneurs in Digital Health Program
 - Best Poster award AUA 2020
 - Wayne State Medical student research fellowship – Mentor, 2020
 - Winner of the Dykstra Foundation Grant 2017
 - Excellence in Research Southeast Michigan Center for Medical Education – 2017
 - First Place in the Slide Competition Southeast Michigan Center for Medical Education
 - Outstanding reviewer for Cancer: ranked in the top 2% of reviewers for the period spanning September 1, 2016 to August 31, 2017
 - First Prize for the Best Abstract, 33rd Annual EAU Congress – 2018
 - Article of the Month BJUI March 2018
 - 1st place fellow clinical research 25th annual medical education research form in Henry Ford Health System – 2018
 - Best poster award AUA 2018
 - Outstanding Fellow Award Nomination by Henry Ford Alumni Association - 2018
 - Best poster award 34th EAU Congress
 - Best Reviewer Journal of Urology 2018

- Bronze Reviewer BJUI 2019
 - 1st place – High Value care research 27th annual medical education research form in Henry Ford Health System
 - 2nd place – High Value care research 27th annual medical education research form in Henry Ford Health System
 - Article of the month BJUI -2015
 - Best poster award 29th EAU Congress – 2014
 - Best poster award 28th EAU Congress – 2013
 - Reviewer of the month European Urology – 2012
 - Best poster award 27th EAU Congress – 2012
- **Nabeel Shakir**
 - AUA South Central Section Resident Essay Competition, 3rdPlace, 2019
 - AUA South Central Section Resident Essay Competition,1stPlace, 2018
 - John D. McConnell Award for Excellence in Urology, 2014
 - Outstanding Poster (Oncology Section) and Podium Presentation, AUA 2014
 - NIH-Medical Research Scholars Program Fellow, 2013—2014
 - Alpha Omega Alpha, 2013
 - Southwestern Medical Foundation Scholarship, 2010—2015
 - Phillips Petroleum Award for Outstanding Research, 2010
 - Robert C. Byrd Honors Scholarship, 2007—2010
- **Naveen Kachroo**
 - Davidson Fellowship for Entrepreneurs in Digital Health 2021-2022 Program
 - Best Poster prize HFHS basic science symposium (surgeon-scientist to receive that recognition)
 - Consultant of the Year Award, Henry Ford Wyandotte, 2022
- **Hans Stricker**
 - Elected to Chair of the Board of Governors of the Henry Ford Medical Group
 - Best Doctors in America 2010, 2011, 2012, 2013
 - Top Docs, Hour Magazine 2009, 2010, 2011, 2012, 2013
 - Pfizer Academic Excellence in Urology 1998
 - Joseph C. Cerny Resident Teaching Award 1998
- **Johar Raza Syed**
 - 5th Place Resident Essay Competition, South-Central AUA annual meeting – 2018
 - Best Basic Science and Clinical Reports Roswell Park Cancer Institute - 2015
 - Best Abstract EAU Robotic Urology Section meeting – 2014
 - Best Research Resident Department of Surgery, Aga Khan University – 2011

- Société Internationale d'Urologie Travel Fellowship – 2011
 - Best Poster Presentation, 21st Annual AUA meeting – 2011
 - Gold Medal for Best Oral Presentation at JPMC symposium – 2010
 - Young Investigator's Award for Best Poster Presentation, UROCON – 2009
- **Humphrey O Atiemo**
 - TopDoc HOUR magazine, 2021
 - Selected ABU examination committee
 - Elected chair of DEI subcommittee of GME
- **Amit Patel**
 - Davidson Fellowship for Entrepreneurs in Digital Health Program
- **Kandis K Rivers**
 - TopDoc HOUR magazine, 2021
 - Elected to the Board of Governors of the Henry Ford Medical Group
- **Joseph Haddad**
 - TopDoc HOUR magazine, 2021
- **Janae Preece**
 - TopDoc HOUR magazine, 2021
 -
- **Kristina D Suson**
 - TopDoc HOUR magazine, 2021
 -
- **Yegappan Lakshmanan**
 - TopDoc HOUR magazine, 2021
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Attachment 4

Grants

Current Federal

- Genomics in Michigan to AdJust Outcomes in prostate cancer (G-MAJOR): A randomized controlled multi- center study for men with newly diagnosed favorable risk prostate cancer 2019-2022
- Tribbles 2: A Novel Molecular Target for Therapy of Aggressive Kidney Cancer. DoD 2021-2022 (Jagadananda Ghosh PhD)
- Tribbles 2, a Novel Target for Therapy of Enzalutamide Resistant, Neuroendocrine Prostate Cancer. DoD 2022-2025 (Jagadananda Ghosh PhD)
- DOD Prostate Cancer Research Program, Translational Science Award (W81XWH-22-1-0400): Co-targeting telomere integrity and repair of telomere damage for CRPC therapy 2022-2025 (Sahn-Ho Kim PhD)

Current Non-Federal

- Better Lithotripsy and Ureteroscopy Evaluation of Stenting (BLUES) 2022
- W029636 phase III, open-label, multicenter, randomized study of atezolizumab (anti-pd-11 antibody) versus observation as adjuvant therapy in patients with high-risk muscle-invasive urothelial carcinoma after surgical resection 2017-2023
- A Phase 3, Randomized, Comparator-controlled Clinical Trial to Study the Efficacy and Safety of Pembrolizumab (MK-3475) in Combination with Bacillus Calmette- Guerin (BCG) in Participants with High-risk Non-muscle Invasive Bladder Cancer (HR NMIBC) 2022-2024
- Open- Label Trial of Sipuleucel-T Administered to Active Surveillance Patients for Newly Diagnosed Prostate Cancer (ProVent) 2019-2024
- Medtronic Evaluation of Implantable Tibial Neuromodulation (TITAN 2) Pivotal Study 2022 – 2025 (Humphrey Atiemo)
- Ambu Research Grant for evaluation of efficiency of disposable cystoscopes in clinic (Craig Rogers)
- ACS Pfizer Grant to improve PSA Screening among underrepresented men in Detroit (Firas Abdollah Co-PI)
- Development of novel small molecule inhibitors of Tribbles 2 using artificial intelligence. HFH-MSU Pilot Grant 2022-2023 (Jagadananda Ghosh PhD)
- Characterize the Tribbles 2 interactome to reveal actionable novel targets for therapy of enzalutamide-resistant, lethal prostate cancer. HFH-MSU Pilot Grant 2022-2023 (Jagadananda Ghosh PhD)
- Henry Ford Cancer Institute (HFCI) – Internal Funding for project development- ‘Evaluation of prostate cancer tumor heterogeneity in repeat biopsy samples’ (Nallasivam Palanisamy)
- Henry Ford Cancer Institute (HFCI) – Internal Funding for project development- ‘Characterization of a novel recurrent gene fusion in prostate cancer’(Nallasivam Palanisamy)
- Pfizer 2021 Global Medical Grant (01/2022 – 06/2023); Integrating Orthodox and Traditional Prostate Cancer Care and Treatment in Ghana: Evelyn Jiagge, PI, Eleanor Walker, Nallasivam Palanisamy, Clara Hwang and Sylvester Antwi

Attachment 5

Practice Changing Contributions - Urology

Practice Changing Contribution (brag point)	MD/Researcher	Citation/Source Link	Add'l Comments
CAUTI Reduction: • Dr. Dabaja led a multidisciplinary initiative at Henry Ford Hospital which resulted in a remarkable milestone of significant reduction in catheter acquired UTI's (CAUTI). He helped develop a Urinary Catheter Alleviation Navigator Protocol (UCANP) to reduce the use of indwelling catheters and unnecessary urine cultures to enhance patient safety. This work has been published.	Dr. Ali Dabaja	https://www.ajicjournal.org/article/S0196-6553(21)00459-4/fulltext	
Gender affirming surgery using Single Port Robot. Hosted first multidisciplinary robotic genitourinary reconstructive surgery symposium (MERGERS) with international audience. First Single port robotic vaginoplasty in the Midwest. Collaboration with Plastic Surgery.	Dr. Nabil Shakir	Home MERGERS (multidisciplinaryreconstruction.org)	
Leadership in use of reusable cystoscopes: Our department was one of the first in the country to go "all in" on using disposable scopes during the pandemic and received recognition on a national podcast about how using disposable scopes helped save clinic procedures when the Fairlane clinic was displaced after the floods and when staffing shortages affected our ability to do procedures.	Dr. Craig Rogers		
First in Michigan to offer fully robotic High Intensity Focused Ultrasound (HIFU) Procedure for focal therapy of localized prostate cancer. Our prostate HIFU program was recently featured in a press release and on Fox 2 news. One of first programs in the country to offer both robotic HIFU and single port robotic surgery for prostate cancer.	Dr. Craig Rogers	https://www.fox2detroit.com/news/henry-ford-health-can-target-and-treat-prostate-cancer-through-robotic-technology	
Helped build Robotic kidney transplant program in collaboration with Henry Ford Transplant Institute that is now a highly successful program for them	Dr. Wooju Jeong / Dr. Atsi Yoshida		
DEIJ: Urology staff started a scholarship to help attract residency applicants to our program and to provide mentorship opportunities to college and high school students who are underrepresented in medicine. Dr. Abdollah featured in presentation about disparities in prostate cancer and is part of grant with Dr. Walker and Dr. Hwang to reduce disparities in prostate cancer diagnosis in the community.	Dr. Ray Littleton, Dr. Humphrey Atiemo		Humphrey Atiemo was voted as Chair of the Diversity Equity and Inclusion (DEI) sub-committee of the GME
First robotic partial cystectomy and first targeted biopsies at HF Allegiance.	Dr. Buddima Ranasinghe Dr. Wooju Jeong		
First robotic cystectomy with intracorporeal "W-pouch" urinary diversion in our department and region	Dr. Johar Syed Raza	https://www.henryford.com/services/prostate-cancer/patient-stories/donnel	
First health system in Michigan to perform Single Port (SP) robotic prostatectomy surgeries, which includes both extraperitoneal and intraperitoneal approaches, and facilitates same day discharges.	Dr. Craig Rogers / Dr. James Peabody		
First Transvesical single port simple and radical prostatectomy surgeries in Michigan for patients with abdominal adhesions otherwise not eligible for traditional surgical approaches	Drs. Craig Rogers/Dr. Wooju Jeong		

First in the country to enroll a patient in a phase 2 clinical trial involving MRI-guided targeted injections of nanoparticle paclitaxel directly into localized prostate cancer. This was followed by single port extraperitoneal prostatectomy	Drs. Ali Dabaja & Craig Rogers		
Our targeted MRI fusion prostate biopsy results rank among the top in the state over the past 3 years for detection of clinically significant prostate cancer			
20 th anniversary of the first robotic prostatectomy performed in the U.S., leading to the first robotic prostate surgery program in the U.S. and the foundation for robotic surgery in all other aspects of urology and other specialties. 100th Urology Department anniversary celebrating legacy of innovation in Urology in department			
Innovations in prostate biopsy: Transperineal technique for prostate biopsy in the office. One of first departments in the country to have entire staff convert to transperineal approach for office biopsy, resulting in a reduction in biopsy sepsis and bleeding complications as well as antibiotic use. The Henry Ford biopsy technique has received international attention and was recently published in the Urology 'Gold' journal, featured in the AUA Core Curriculum and MUSIC websites, and was presented at the AUA national meeting and the World Congress of Endourology. Unique "Executive Biopsy" program with streamlined one-stop diagnostic process for prostate cancer that can allow for a prostate MRI targeted biopsy and pathology results in less than 48 hours.	Dr. Craig Rogers, Dr. Amit Patel & Dr. Ali Dabaja		
Numerous publications, international meeting abstracts, and research awards, led by VCORE research group, averaging about 50 publications per year, with about 500 publications in the past 10 years	Dr. Firas Abdollah		
Leadership in Michigan Urologic Surgery Improvement Collaborative (MUSIC): Led research on active surveillance and reducing ER readmissions after kidney surgery	Dr. Craig Rogers		
Innovation in Precision Prostatectomy technique to remove the cancer while preserving a thin rim of prostate capsule on the uninvolved side of the prostate opposite to the dominant lesion to help preserve sexual and urinary function. Published largest experience in the world. First-in-the world to perform procedure using a single-port robotic approach through a small incision in the bladder. Dr. Abdollah performed first precision prostatectomy at HF Macomb	Dr. Wooju Jeong		
Collaboration with Interventional Radiology: First in world to perform endovascular removal of IVC tumor thrombus in patient with metastatic kidney cancer, facilitating a subsequent robotic cytoreductive nephrectomy and enrollment in a clinical trial to make a vaccine from the tumor. First in Michigan to offer prostate artery embolization for BPH and super selective embolization of kidney tumors prior to nephrectomy.			
Collaboration with Radiation Oncology: First in world to treat a patient with prostate cancer using the combined MRI Linac technology for precise radiation therapy. Same technology now offered for select patients with kidney cancer.			
Featured on Channel 4 news discussing research linking COVID infections to an increased risk of ED.	Dr. Amarnath Rambhatla		
Dr. Peabody led recent JAMA surgery article about sexual function after radical prostatectomy.	Dr. James Peabody		
Innovations in robotic kidney surgery: First in Michigan to perform cooling of the kidney during robotic partial nephrectomy now used in	Dr. Craig Rogers		

robotic kidney transplant. Helped develop robotic bulldog clamps and robotic ultrasound probe for robotic partial nephrectomy. First live webcast of robotic partial nephrectomy in the US and first live demonstration of robotic partial nephrectomy at the AUA National meeting			
Stent and Implant tracking. Currently we have algorithm build within EPIC that monitor stent implants and alert providers monthly when the implants are in place over 90 days	Dr. Ali Dabaja	UrologyStentsAdmin-V2 - Power BI Report Server (hfhs.org)	
Working on very innovative technique to isolate exosome specific for prostate cancer. Initial results are highly sensitive and specific to detect not only prostate cancer, but its exact grading too. These are based on urine and blood samples alone, without the need to obtain a biopsy. This has the potential of totally changing the practice and the way we take care of prostate cancer	Firas Abdollah		
We are studying racial disparity in prostate cancer exosome expression, with hope of identifying differences in exosomes among different races, and use that in designing specific biomarkers, and treatments	Firas Abdollah		
First to use Koelis machining to place SpaceOAR hydrogel	Firas Abdollah		
We are one of the few centers in Michigan to offer 3D US guided prostate biopsy using Koelis machine along with MRI-fusion - working on developing an AI model to decide the best biopsy scheme based on data from these biopsies	Firas Abdollah		
We developed a PSA testing/screening database based on EMRs from all Henry Ford providers going retrospectively to 20 years ago and connected it to Michigan death certificates to obtain follow-up. This is a unique source, which allows us for the first time to examine how PSA is used in real practice (outside RCT), and the impact of that on patients' outcomes	Firas Abdollah		
Created new collaboration with several institutions from across the country to address UTUC outcomes (the ROBUUST collaboration), which has procedure 6 publications in high-impact factor journals in the last year	Firas Abdollah		

Attachment 6

CHM Assurances in Response to Dean Amalfitano's Concerns Submitted to CAC October 17, 2022

On Friday, October 14, Dean Amalfitano sent the email copied below in response to the CHM submissions for Departments of Neurosurgery and Urology. To help clarify our response to the questions, we have inserted bold numbers before the questions. Our responses follow the email.

"Afternoon Aron, Nara, Carol, and members of the CHM CAC. I have also cc'ed Dr. David Kaufman, Asst.VP of Clinical Affairs in the Office of Health Sciences, as there are clinical implications related to the new department request(s) , as noted below.

We again appreciate the opportunity to participate in the "assurances" portion of your processes. We have had several questions and suggestions generally arise in regard to the proposed departments, which I've again pasted below for your team's consideration.

[1] Questions as to adding these departments (some of which are clearly duplicative of existing depts/divisions-with vague plans as to how to reconcile these duplications in the future) will create confusion as to which departments are East Lansing based, vs Providence based, vs HF based, and where faculty will be residing primarily, in particular when initially responding to job postings etc. **[2]** This also touches on referral pattern confusion, for example if we have Neurosurgeons/Spine Surgeons in the COM Osteopathic Surgical and Orthopedic Specialties depts at MSU-HCI in East Lansing, yet there is another "Neurosurg" dept, practicing in South East Michigan, and another at Providence Hospital as well.

[Variation for the urology proposal also emailed on October 14, "This also touches on referral pattern confusion, for example if we have Urologists in the COM Osteopathic Surgical Specialties dept at MSU-HCI in East Lansing, yet there is another Urology dept, practicing in South East Michigan."]

[Variation for the Dermatology proposal emailed by Dean Amalfitano on September 19, 2022, "Morning Aron, and members of the CHM CAC.

We appreciate the opportunity to participate in the "assurances" portion of your processes. We have had several questions and suggestions generally arise in regard to the proposed 4 new departments, which I've basically pasted below for your team's consideration. Thank you. AA

This also touches on referral pattern confusion, for example if we have ENT's at MSU-HCI in East Lansing, yet there is another ENT dept, practicing in South East Michigan."]

[3] Will any research done by the no-cost faculty becoming part of these depts., be attributed to MSU generally, MSU CHM or strictly to the jointly funded Health Sciences Center at Henry Ford?. **[4]** Will future investments in research faculty be shared across colleges, should they reside in a HF located dept?

[5] In line with the above, a general theme is questioning why these departments, and the faculty assigned to them, could not be shared between the medical schools, just as several other departments already are. We note that in the creation of the most recent dept on the MSU East Lansing campus., the Dept. of Orthopedics, this premise was highly desired by both colleges, and indeed the current Dept of Orthopedics is shared between COM and CHM.

[6] Is there a mechanism or plan for clinically active HF faculty to also be appointed through the MSU HCI?

[7] We are concerned with the lack of acknowledgement of COM education or role in some of these proposed new departments. For example, it is critical that the new Urology dept. chair recognize two completely different educational approaches in CHM and COM and joint appointments might be considered to recognize these dichotomies, especially as both COM and CHM students are being trained currently at Henry Ford System hospitals.

Thank you for your thoughtful consideration of these comments and questions.

AA”

The College of Human Medicine responds:

As to [1]

It is true that we have some existing divisions (e.g., Neurosurgery *division which is not a department*). Divisions are constructs of the dean’s office and are not recognized by the university. Our proposal here is to create statewide departments, as all CHM departments are. In general, if there are existing divisions, structurally these will be incorporated into the appropriate departments either as a sub-entity or as a merger (depending on faculty needs and wishes). It is true that some departments have more faculty based in East Lansing (e.g., Medicine) or Grand Rapids (e.g., Pediatrics and Emergency Medicine), but that does not define the department, and faculty from all over the state can be in the department. It is also true that the collaborations in each department can be complex, but all departments in the university that engage with the community deal with complexity at some level. The college does not specify where faculty have to live as long as they can fulfill their role. Also note, we are purposely not creating duplicative departments.

As to [2]

Inclusion in MSU HealthCare, Inc. practices (and referrals to MSU physicians) is a separate issue than membership in a department. In this sense, these new departments will be the same as existing departments that include non-HCI faculty, including non-prefix faculty, from Flint, Grand Rapids, Detroit, the Upper Peninsula, or other communities across Michigan. Clinical integration partnerships between MSU and hospital systems, including joint ventures in radiology, or non-clinical relationships, including a statewide residency consortium, create more areas for confusion than these departments will. As a particular example, the neurosurgeons based at Ascension Providence are faculty for both CHM and COM, yet both colleges have decided that any confusion clinically is tolerable given the benefits to students.

As to [3]

The creation of this department will not change the eventual attribution of research funding. As a matter separate from the creation of these departments, we believe MSU, the Health Science Center, applicable college and department will all have attribution, but that system has not been implemented.

As to [4]

Investments from the college to departments will continue as they have for all departments, whether they are joint or in a single college. The attribution and indirect costs follow the appointments and investments as they do now, regardless of the geographical location of the department. For example, for departments located in Grand Rapids and Flint and invested in by CHM- research attribution and indirect costs will flow through CHM. Similarly, for departments located in East Lansing and jointly invested by COM- research attribution and indirect costs flow through the respective college in which the faculty is appointed. CHM has no interest in overturning the current system.

As to [5]

Neither the College of Human Medicine nor the collaborating physicians at Henry Ford Health envision these as joint departments. Some joint departments have been successful, but they are more difficult to administer. The orthopedics department is an interesting example, because administration of that unit has been a challenge and not an experience to be replicated. As in all of our departments, we will welcome faculty from other departments and colleges who are interested in secondary appointments in the new departments.

As to [6]

As of October 16, 2022, there is no pathway for Henry Ford Medical Group faculty to be appointed in MSU HealthCare, Inc., and any decisions to create such a pathway are separate from the department decisions. This is analogous to the CHM Emergency Medicine department created a decade ago; faculty employed by ECS are not “appointed” or credentialed in MSU HCI.

As to [7]

We expect the new department will only increase options available to COM students. The college and the new department are open to cross-listing classes as happens now across the university, and we will ensure the courses of the new department will be available to medical students regardless of college. Finally, there is nothing in the creation of the department that disturbs the existing curricular courses used by COM students. In fact, these additional departments enhance research, educational and clinical opportunities for COM students.