NEW ACADEMIC UNIT – APPROVAL REQUEST

See Guidelines for Requesting Academic Unit Changes for Renaming, Mergers, Transferring or Disestablishment of an Existing Academic Unit

I. Campus and Location Offering – indicate by highlighting in yellow the campus(es) and location(s) where this academic unit will reside.

<table>
<thead>
<tr>
<th>UA South Campus</th>
<th>UA Main</th>
<th>Phoenix Biomedical Campus</th>
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<tr>
<td>Sierra Vista</td>
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<td>Douglas</td>
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<td>Yuma</td>
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<tr>
<td>Santa Cruz</td>
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<tr>
<td>UA Science and Tech Park</td>
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</tbody>
</table>

II. Academic College—Provide the name of the academic college where this unit will be housed.

College of Medicine

III. Purpose and Activities of the Unit

A. Identify the basic goals and objectives of the new unit.

B. Describe the activities, projects, and programs that will be conducted by the new unit.

C. Describe demonstrable partnerships and partnership support that arise from the creation of the unit.

D. How does formal creation of this unit directly promote the fostering of collaborative and synergistic research and outreach beyond what is already happening on campus with existing entities?

E. Alignment of the proposed unit’s purpose to the reporting unit and the University’s strategic goals.
F. Documented support from affiliated faculty, department heads, and deans. At the college level, alignment of the proposed unit’s goals and objectives to the college’s recruitment plan and programmatic priorities.

G. Clear statement of the evaluative criteria to be used in the comprehensive review. How will the proposed unit demonstrate success?

III. Resources

A. Faculty and Staff

1. Provide the name and employee ID of the unit head.

2. List the name, rank, highest degree, primary department and estimate of the level of involvement of all current faculty and professional staff who will participate in the new unit. Also, indicate the position each person will hold in the new unit.

3. List the clerical and support staff positions that will be included in the new unit.

4. Project the number and type of new faculty and staff positions that will be needed by the unit during each of the next three years.

B. Physical Facilities and Equipment

1. Provide the Unit address for the new department. Include the following:

   Mailing address
   Building Name
   Building #
   Room
   PO Box
   Zip Code
   Unit phone number

2. Identify the physical facilities that will be required for the new unit and indicate whether those facilities are currently available.

3. List all additional equipment that will be needed during the next five years and the estimated cost.

C. Library Resources, Materials, and Supplies
1. Identify any additional library acquisitions that will be needed during the next three years and the estimated cost.

2. List any special materials or supplies, other than normal office supplies, that will be required by the new unit.

D. Other Information

1. Identify any implications of the proposed change for regional or programmatic accreditation.

2. Provide any relevant information, not requested above, that will assist reviewers in evaluating this proposed addition.

E. Financing

1. Explain the university’s plan for providing adequate financing for the unit.

2. Identify potential sources for external funding for the unit.

3. If state funds will be used, indicate whether new appropriations will be requested or existing appropriations will be reallocated. If reallocating existing appropriations, indicate where these will be drawn from.

4. Complete the Budget Projection Form, projecting the operating budget for the proposed unit for the next three years.

5. Estimate the amount of external funds that may be received by the unit during each of the first three years.

6. Provide the unit account number (if previously assigned).

IV. Additional Information — provide any other information not requested above that may be useful in evaluating this proposal.

V. Required Signatures

Managing Unit Administrator: Benjamin R Lee, MD  Professor, Chief Urology (name and title)

Managing Administrator’s Signature:  Date: 2/26/2019

Dean’s Signature:  Date: 2/28/19
All programs that will be offered through distance learning must include the following signature. The signature of approval does not indicate a commitment to invest in this program. Any potential investment agreement is a separate process.

Joel Hauff, Associate Vice President of Student Affairs & Enrollment Management/Academic Initiatives and Student Success

Signature: ___________________________________________  Date: ____________
III. Purpose and Activities of the Unit

A. Identify the basic goals and objectives of the new unit.

The global mission of the Department of Urology is to provide state of the art care in all aspects of urologic practice while developing coordinated centers of excellence in select specialty areas, basic / translational research, and the training of next generation urologists.

Our goals, and related objectives to achieve them are:

1. Deliver compassionate, highest quality urologic care to the people of Arizona, the Southwestern US and beyond.
2. Provide premiere educational programs that will train and develop the next generation of exceptional urologists.
3. Generate innovative and impactful research that will contribute to the advancement of urologic science & advances the field.
4. Advance the University of Arizona College of Medicine goals in clinical care, education and innovation.
5. Be responsible contributors and resource stewards for the University of Arizona College of Medicine.
7. Become a top 50 Urology program in Blue Ridge rankings for NIH funding.
8. Generate the highest quality urologic care, research and education in each subspecialty domain of urology so that patients from the local community no longer need to travel outside of Arizona for urologic subspecialty care:
   - Urologic oncology – Prostate, Kidney & Bladder cancer
   - Robotic, Laparoscopic and Minimally Invasive Urology
   - Women’s pelvic medicine, incontinence, voiding dysfunction
   - Urinary stone disease and Endourology
   - Reconstructive urology and urologic trauma
   - Men’s health – Benign Prostatic Hyperplasia
9. Maximize profitability so that we can invest in faculty and programs that will help us to achieve our goals.

B. Describe the activities, projects, and programs that will be conducted by the new unit.

Clinical growth. Urology has grown to 12 Providers (Faculty + APPs) within Banner University Medical Center, with resultant significant growth in clinical charges, wRVUs, number of surgical procedures, as well as clinical patient visits and procedures, with commensurate growth in
revenue, work RVUs and collections. **In 2018, there was a 20% growth in net clinical review, and a 25% growth in RVUs.** It would be expected that the financial growth curve of Urology as measured by RVUs, cash collections, clinical encounters and surgical cases to improve clinical effort and impact. Since 2016 there has been significant growth in terms of charges, wRVUs, ORs and Clinical visits.

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<td>177</td>
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<td>164</td>
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- **Referral patterns.** Patients have been referred from all across the state of Arizona as well as New Mexico, California, Colorado, Idaho, Utah, Montana, Nevada, Mexico and Canada. A multidisciplinary Stone clinic has been developed from the ground up as a multi-speciality clinic integrating Urology, Nephrology and Nutrition.
- **Urology leads all clinics at Banner in Net Provider Score = Patients Extremely Likely to Recommend their Family member.**
- **The # of patients seen per month, # of surgical procedures performed per month, and charges per month for services rendered are already among the highest for any clinical division per faculty member across BUMC-T.**
- **The inception of a new Department of Urology, will allow further growth of this clinical unit to accommodate an ever-increasing volume of patient referrals. Potential recruitment of faculty in one of the most competitive subspecialties of female urology, a physician — scientist, as well as general urology will optimize patient access and throughput.**

**Education**

- The 5-year Urology residency program is an ACGME accredited residency program currently matching 2 residents per year for a total of 10 residents. This program has grown and stabilized with current leadership.
- In 2018, among national Urology programs, there were 426 applicants for 325 residency positions in 133 institutions. Thus, with the competitive nature of the Urology match program,
with 22% of applicants unmatched, in combination with a shortage of Urologists nationwide, there is capacity to expand the residency program to 3 residents per year to increase training opportunities.

- **Expanded Residency Training.** To increase training of our residents ultimately from 2 ACGME approved resident positions to 3 residents a year would be a 5 year strategic goal. Our previous Chief Residents graduated in 2016-2018 with well over 200% of the number of index cases required by the ACGME. It is expected that with continued growth of the program, an increased number of residents can be supported within the clinical training program. Currently there are 33 Urology full time and adjunct faculty which support resident training and education.

- **The Urology division serves as educators and mentors to UA medical students in the Urotroama medical school lecture.** Several faculty members have participated in lectures. In 2017, a Urology student interest group formed.

### Research

- **Our goal is to expand Urology’s current external funding sources at the NIH and DOD in areas of concentration including racial disparities in prostate cancer, precision medicine, benign prostatic hyperplasia, female urology, pelvic medicine, reconstruction and imaging.** Already, a grant submission to the 2018 DoD Kidney Cancer Research Program Idea Development Award **W81XWH-18-KCRP-IDA**, **GRANT12725270** for **KC180119 04/01/2019-03/31/2021 $595,443.00** has been submitted October 2018. In addition, grant preparation for NCI R21 (PAR-18-655) with deadline of November 19, 2018 was also submitted, **$275,000.00 direct costs 2019-2021.**

- **Current funding success entails: AUA Foundation Research Scholar Award 2018-2020,** Identification of Clinical and Molecular characteristics predicting renal cell carcinoma prognosis: Therapeutic precision in a racially diverse population. University of Arizona College of Medicine, Ken Batai, PhD. Mentor: Benjamin Lee, MD and Nathan Ellis, PhD. **$80,000.00**

- **Molecular Profiling of Clear Cell Renal Cell Carcinoma to Identify Biomarkers of Early Onset and Prognosis, $100,000, 2018-2020.** CC$G NIH/NCI grant award P30CA023074. Co-PI: Lee, Batai 2018.

- **Current Blue Ridge Institute for Medical Research for Urology Departments list 35 Departments of Urology, with Thomas Jefferson University listed at $45,245 as the #35 program. Successful funding of the R21 grant would place University of Arizona Department of Urology at the #34 position, thus achieving a top 50 ranking of Urology Departments according to Blue Ridge rankings in the United States.**

**Development towards Endowed Professorship.** Continue an active development program in Urology for creating endowments, named lectureships, and research chairs. Currently, we have already created the George Drach Endowment towards an endowed Professorship, which has
a goal of creating an endowed chair. Currently there is $569,576 raised towards a goal of $1 Million for a Professorship. This fund was established in 2010 with the support of several former residents and named in honor of the founding Chief, Dr. George Drach. Continued efforts towards raising the remaining amount for endowment endure, and currently funds a visiting professorship.

C. Describe demonstrable partnerships and partnership support that arise from the creation of the unit.

- Increased market share of the local and regional urology market. Currently University of Arizona Urology has 25% of market share from Crimson data 2017. Creation of a Department of Urology would provide increase in clinical FTE to achieve #1 market share position in the metropolitan Tucson area. Expansion into underrepresented markets by partnering with Banner Arizona University Hospital counterparts (i.e. Green Valley, Orange Grove, Vail, East Tucson, Casa Grande) is an opportunity with the current 12 Urology providers (faculty + APPs).

- **Expanded Genitourinary Oncology Program.** 3 of the top 6 cancers in men are urologic. The spectrum of GU Oncology encompasses the most common cancer in men (prostate cancer), but also the fourth most common (bladder cancer), and the sixth most common (kidney cancer). In terms of death rate, Prostate cancer is the second most common cause of cancer death in men, and bladder cancer the eighth most common (figure 1). Because of the US Task Force recommendations, PSA screening has decreased, resulting in a shift towards high risk (Gleason 8-10), higher grade prostate cancer incidence has significantly risen, with a resurgence of locally invasive, higher grade & stage prostate and high risk disease now occurring. Departmental status would allow for improved recruitment to further build the multidisciplinary **High Risk Prostate Cancer Program**, comprised of Urologic Oncologists, Medical Oncologists, Radiation Oncologists as well as expansion of the Prostate cancer program. A team integrating

![Estimated New Cancer Cases* in the US in 2018](image-url)
Urology (Dr. Benjamin Lee, Dr. Juan Chipollini, Dr. Joel Funk, Cara Whittingham), Medical Oncology (Dr. Andrew Kraft, Hani Babiker, Dr. Srinath Sundararajan, Dr. Fred Ahmann, Dr. Edward Gelmann), Radiation Oncology (Dr. Shona Dougherty), as well as Researchers (Andrew Kraft, MD, Anne Cress, PhD, Ron Heimark, PhD, Ken Batai, PhD) form the foundation of this multi-disciplinary Program. Diagnostic assessment of extracapsular extension and/or seminal vesicle invasion with Robotic Prostatectomy with extended pelvic lymph node dissection, Salvage Robotic Prostatectomy in men with Radiation failures, opening of expanded Clinical trials for men with Oligometastatic disease are some of the current active areas of treatment together with multiparametric MRI for improved diagnosis of prostate cancer with Fusion MRI-ultrasound capability.

• **High Risk Kidney Cancer multi disciplinary Program.** Clinical expertise has led to a 200% increase in kidney surgery volume which has fostered multiple collaborations of the Division of Urology with the Arizona Cancer Center. The experience of Robotic Partial nephrectomy has expanded indications for treatment to patients with concern because of Renal Cell Carcinoma on a Solitary kidney, bilateral renal masses, chronic renal insufficiency, expansion of clinical trials for laparoscopic cytoreductive nephrectomy, patients with cT1b/T2 Renal Cell Carcinoma and IVC Thrombus invasion. A Kidney Cancer program with multidisciplinary care has combined Urologic Surgery (Dr. Lee, Dr. Juan Chipollini), Nephrology (Dr. Prabir Roy-Chaudhury), Radiology (Dr. Bobby Kalb, Dr. Hina Arif), and Medical Oncology (Dr. Srinath Sundararajan). Each Robotic Partial Nephrectomy on average is a 2 day inpatient hospital stay, with downstream ancillary revenue including Pathology, Anesthesiology, Radiology, and Phlebotomy. With the advent of increase of a dramatic number of FDA approved chemotherapeutic options – tyrosine kinase inhibitors, monoclonal antibodies, and mTor inhibitors, the therapeutic options for the complex patient with kidney cancer is enhanced. Furthermore, an Investigator Initiated Trial looking at neoadjuvant treatment of RCC has been initiated in collaboration with Dr. Daruka Mahadevan.

• **Complex Kidney stone Management and creation of multidisciplinary Recurrent Stone Clinic.** Creation of a “Stone Clinic” for patient with recurrent kidney stones would allow collaboration of Urology (Dr. Benjamin Lee, Dr. David Tzou) with Nephrology (Dr. Sangeetha Murugapandian, and Dr. Bijin Thajudeen) and Nutrition services (Kasey Taylor, RD). Patients who have kidney stones have a 50% probability of recurrent stones within 5 years. Metabolic analysis combining stone analysis, 24 hr urine collection and recommendations of foods to avoid provide counseling for patients with calcium oxalate, uric acid, struvite, cysteine and protease-inhibitor calculi. A CME meeting has already taken place December 2018 which was a significant success
to launch the program.

Annually there are 1.3 million Emergency Room US visits for kidney stones. The lifetime prevalence of urolithiasis is as high as that of diabetes mellitus, ~10% for both women and men. The majority of patients come to the attention of urologists for therapeutic interventions (Extracorporeal Shockwave Lithotripsy, ureteroscopy with laser lithotripsy, percutaneous nephrolithotripsy), subsequent metabolic evaluation and medical treatment to decrease risk of recurrences. Without such intervention the risk of recurrence is exceedingly high, reaching 50% within 5 years. Given the desert climate, Arizona is within the stone belt region of the US, so there is a significantly higher incidence of kidney and ureteral stone disease.

- **Female Urology / Urinary Incontinence / Pelvic Floor Center.** Urinary incontinence affects approximately 16 million Americans, with the prevalence increasing steadily with age. Female Urology (urinary incontinence and pelvic outlet relaxation disorders) is a tremendous area for departmental faculty and programmatic growth. Urology (Dr. Christian Twiss and Dr. Joel Funk) has developed this area at the University of Arizona College of Medicine, in collaboration with OBGYN (Ilana Addis, MD MPH, Janiel Cragun, MD, and John M. Heusinkveld, MD), to create a multidisciplinary pelvic floor program for management of pelvic prolapse. The scope of practice includes coordinating the urodynamics laboratory, medical management of incontinence, electrical stimulation for voiding disorders, pubovaginal sling and related procedures, and repair of pelvic prolapse.

Department status would also allow recruitment of a Physician Scientist focused on GU Cancer with a focus on Prostate Cancer. Opportunities to recruit together with Arizona Cancer Center would allow investigative opportunities for personalized medicine in the diagnosis and treatment of advanced castrate resistant prostate cancer. Main area of focus could entail genomics and proteomics of prostate cancer.

D. **How does formal creation of this unit directly promote the fostering of collaborative and synergistic research and outreach beyond what is already happening on campus with existing entities?**

1) **Distinct discipline.** Urology is an independent and distinct discipline which is separate from General Surgery. Urologists share little with General Surgery either clinically or academically. Urology has separate national meetings with separate ACGME and residency review committees. The American Board of Urology was founded in 1934 and is one of 24 medical specialty boards that make up the American Board of Medical Specialties (ABMS). We have
distinct residency and fellowship programs that go through different accreditation channels completely separate from General Surgery. Creation of the Department of Urology will insure programmatic stability and sustained growth of Urology on a National level, as well as opportunities for multi-institutional research collaborations and grant funding opportunities.

2) Enhanced national visibility and reputation. As noted, Urology is a medical school department in >89% of the medical centers with Urology residency programs. Seventeen of the top 20 urology programs as ranked by US News & World Report in 2017-18 are departments. Large, effective urology departments at ABOR peer institutions include University of Virginia, University of California, Irvine, and University of Wisconsin. Academic Department status is a natural evolution of our growth and stature. In addition, development of fellowship programs such as a Female Pelvic Medicine & Reconstructive Surgery fellowship or Endourology/robotics fellowship programs would be strengthened for recruitment by departmental status. These fellowship programs do not currently exist.

3) Faculty retention and recruitment. College of Medicine department status is important for faculty retention and recruitment. Many divisions of urology have difficulty recruiting faculty leaders and conversion of existing divisions to departments is a common request for new urology leaders. There is concern among urologists nationally that divisions won’t be supported with adequate resource allocation by their general surgery department chairs, as has occurred at a number of programs. With this transition of leadership, there is always concern of Urology faculty leading to issues of retention and recruitment. Urology departmental status enhances engagement and faculty satisfaction, and is the overall vision which has kept this Division of Urology and current faculty aligned towards a unified mission and has provided motivation to be cohesive at a time of healthcare transformation. Urology residents and faculty are recruited by the head of the urology program and they expect their compensation discussions, offer letters and promotion letters to come from the Urology leader. The ability to retain faculty-key leaders within the program have been offered leadership jobs in Urology departments across the country. In addition, it would strengthen the ability to recruit faculty, most notably for difficulty to recruit positions such as pediatric urology and physician-scientists. It would also allow the ability to recruit the top medical students to the UA Residency program.

E. Alignment of the proposed unit’s purpose to the reporting unit and the University’s strategic goals.

University Strategic goals are to build upon University of Arizona’s disciplinary strengths such as Imaging and Informatics, Space & Optics, Translational Biomedical and others encompassing the strategic initiatives of the Institution. Further concentrating efforts on Racial Disparities, Population Health and Health Outcomes, Precision Health, & Neuroscience. Furthermore, Banner University Medical Center has focused on Strategic Direction and Vision as a Trusted Advisor, Health Steward and Population Health Management Industry Leader. Additional Strategic Initiatives include: Improving Access to Care, Fast pass, Improving financial
Stewardship, Maintain #1 Net Provider Score ranking in Banner Healthcare, Reduce Readmission rates, Decrease Length of Stay, Improve Voice Survey results "I trust B-UMD".

**Imaging and Informatics.** Clinical and Research initiatives will focus on integration of imaging in the care of patients with Prostate Cancer, Kidney Cancer and Kidney stones. These are new clinical programs focused on Robotic treatment as the surgical cornerstone, but also in a multidisciplinary approach with Urology, Medical Oncology and Radiation Oncology. Clinical expansion with Magnetic Resonance Imaging (MRI) for Diagnostic assessment of extracapsular extension and/or seminal vesicle invasion with multiparametric MRI and diagnosis of prostate cancer with Fusion MRI-ultrasound capability, A High Risk Prostate Cancer program would provide the man with prostate cancer options of multidisciplinary care. Furthermore, imaging would be integral in the care of Kidney cancer patients, since every patient has need of an Abdominal CT scan with and without IV contrast, or MRI in order to stage the kidney tumor, noted in accordance with American Urological Association (AUA) Guidelines, would require followup imaging at 6-12 months for surveillance of recurrent disease. Kidney stone patients have regular need of CT scans for assessment of size and location of calculus, as well as whether hydronephrosis is present. Renal ultrasound is also used for screening and follow-up.

From a research perspective, imaging integration of projects focusing on Confocal microscopy and Video-rate structured illumination microscopy for rapid assessment of surgical margins during robotic radical prostatectomy and robotic partial nephrectomy preliminary data has been used to submit for a NIH-R01 Grant Submission: Transforming diagnostic prostate biopsies via rapid, non-destructive evaluation with quantitative structured illumination microscopy and fluorescence histology.” (PI Brown) $1,000,000, 10/1/2015-9/30/2019. This research report has been accepted for presentation at the national American Urological Association meeting.

**Translational Biomedical: Population Health and Health Outcomes.** A Telemedicine initiative will focus on providing care to the underserved Native Americans within the State of Arizona, not only in the area of Urology telemedicine consultation, but also in the area of Preoperative Anesthesia Evaluation and support to decrease Same Day Surgery Cancellations.

F. Documented support from affiliated faculty, department heads, and deans. At the college level, alignment of the proposed unit’s goals and objectives to the college’s recruitment plan and programmatic priorities.

Department Chairs Letters of Support (attached).
G. Clear statement of the evaluative criteria to be used in the comprehensive review. How will the proposed unit demonstrate success?

As described in Section IIIA, the global mission of the Department of Urology is to provide state of the art care in all aspects of urologic practice while developing coordinated centers of excellence in select specialty areas, basic / translational research, and the training of next generation urologists.

Evaluation criteria to assess success would be assessed by the following metrics:

1. Deliver compassionate, highest quality urologic care to the people of Arizona, the Southwestern US and beyond.

   **Metric:** Increased community physician referrals
   - Achieve patient satisfaction scores in the 90+ percentile
   - Top Net Promotor Score for patient satisfaction
   - Consistently achieving 95+ scores in clinical outcomes
   - Develop multidisciplinary Prostate Cancer program

2. Provide premiere educational programs that will train and develop the next generation of exceptional urologists.

   **Metric:** Resident case log case volumes >100% of required ACGME index cases
   - Top quartile USMLE scores of resident applicants
   - Number and quality of residency applications received
   - 100% pass rate with American Board of Urology for graduates of program

3. Generate innovative and impactful research that will contribute to the advancement of urologic science & advances the field.

   **Metric:** Increase in new and ongoing clinical trial protocols
   - Published outcomes in highly cited peer reviewed journals
   - Clinical discoveries and improved treatments resulting from studies
   - Increase in grant applications and successful funding.
   - Patent application submission
4. Advance the University of Arizona College of Medicine goals in clinical care, education and innovation.

**Metric:** Increased participation in COM Medical Student interviews
Increase in number of students at U of A applying for Urology residency programs nationwide.

5. Be responsible contributors and resource stewards for the University of Arizona College of Medicine.

**Metric:** Participate in University Leadership positions such as faculty senate, University nominating committee, Committee of Ten

6. Become a top 50 Urology program in Blue Ridge rankings for NIH funding.

7. **Metric:** Increase Tucson Urology Market share from 25% to 30%
III.  Resources

A. Faculty and Staff

1. Provide the name and employee ID of the unit head.

Dr. Benjamin R Lee would be Chair, Department of Urology.

2. List the name, rank, highest degree, primary department and estimate of the level of involvement of all current faculty and professional staff who will participate in the new unit. Also, indicate the position each person will hold in the new unit.

The evolution of the Department of Urology would allow immediate growth into a single academic discipline of 33 full time faculty, VA, and adjunct faculty. This Department of Urology would coordinate the current 8 Urologists at the University of Arizona. Furthermore, under the umbrella of Resident training, there are other educational sites for the residency training program including 6 Urologists at the Veterans Affairs Hospital, 4 Urologists at the Banner Cardon Pediatric Urology faculty, and 15 Community Urologists, in total combining for an average 230-260 surgical cases monthly for resident education, clinical training, and scholarly activity. The faculty are composed of outstanding clinicians in the Southern Arizona Tucson community with a desire to create robust, cost effective, quality measured, outcome reported clinical programs, as well as teach and lead research efforts in clinical innovation and translational science. The faculty represent the complete spectrum of general and subspecialty urology training.

<table>
<thead>
<tr>
<th>Urology Faculty</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benjamin R Lee, MD</td>
<td>Professor with tenure</td>
</tr>
<tr>
<td></td>
<td>Chair, Department of Urology, 1.0 FTE</td>
</tr>
<tr>
<td>Christian Twiss, MD</td>
<td>Associate Professor, 1.0 FTE</td>
</tr>
<tr>
<td></td>
<td>Program Director, Urology residency</td>
</tr>
<tr>
<td></td>
<td>Director, Pelvic Floor Center</td>
</tr>
<tr>
<td>Matthew Gretzer, MD</td>
<td>Associate Professor, 1.0 FTE</td>
</tr>
<tr>
<td>Joel Funk, MD</td>
<td>Associate Professor, 1.0 FTE</td>
</tr>
<tr>
<td></td>
<td>Chief of Surgery, BUMC- South</td>
</tr>
<tr>
<td>Juan Chipollini, MD</td>
<td>Assistant Professor, 1.0 FTE</td>
</tr>
<tr>
<td>David Tzou, MD</td>
<td>Assistant Professor, 1.0 FTE</td>
</tr>
<tr>
<td></td>
<td>Director, Urology Quality Assurance</td>
</tr>
<tr>
<td>Ken Batai, PhD</td>
<td>Research Assistant Professor of Surgery, 1.0 FTE</td>
</tr>
<tr>
<td>Roger Nellans, MD</td>
<td>Associate Professor, 0.6 FTE</td>
</tr>
<tr>
<td>Andrew Wright, MD</td>
<td>Clinical Assistant Professor</td>
</tr>
<tr>
<td>Michael Siroky, MD</td>
<td>Clinical Professor CS Track</td>
</tr>
<tr>
<td></td>
<td>Southern Arizona VA Health Care System</td>
</tr>
</tbody>
</table>
3. List the clerical and support staff positions that will be included in the new unit.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosemary Balderrama</td>
<td>Program Coordinator for Residency Program, 1.0 FTE</td>
</tr>
<tr>
<td>Melody Hoopes</td>
<td>Administrative Assistant, 1.0 FTE</td>
</tr>
<tr>
<td>New Hire</td>
<td>Administrative Associate, 1.0 FTE</td>
</tr>
<tr>
<td>New Hire</td>
<td>Department Administrator, 1.0 FTE</td>
</tr>
<tr>
<td>New Hire</td>
<td>UA Business Manager Senior, 0.5 FTE</td>
</tr>
<tr>
<td>New Hire</td>
<td>Student worker, 1.0 FTE</td>
</tr>
<tr>
<td>New Hire</td>
<td>Financial Analyst – Banner Health, 0.5 FTE</td>
</tr>
</tbody>
</table>

4. Project the number and type of new faculty and staff positions that will be needed by the unit during each of the next three years.

<table>
<thead>
<tr>
<th>Faculty / Staff position</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urologic Oncology / Physician Scientist</td>
<td>NIH funded research scientist focused on Urologic Oncology topic area including Prostate cancer, Kidney cancer and / or Bladder cancer. 1.0 FTE</td>
</tr>
<tr>
<td>Female Urology / Pelvic Floor &amp; Reconstruction</td>
<td>Treatment of incontinence, pelvic prolapse, urodynamics, 1.0 FTE</td>
</tr>
<tr>
<td>General Urology</td>
<td>Primary care urology focus on hematuria, stones, erectile dysfunction, urinary infection, prostatitis. 1.0 FTE</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Department Administrator</td>
<td>1.0 FTE. Manage administrative needs for the Department of Urology. Banner position.</td>
</tr>
<tr>
<td>Business Manager Senior</td>
<td>0.5 FTE. Manage the financial operations together with budgeting with COM. Partner with another Department, UA position.</td>
</tr>
<tr>
<td>Administrative Associate</td>
<td>1.0 FTE, Physician Onboarding, Credentialing, Promotions and Honors Committee, Administrative needs of full time faculty.</td>
</tr>
<tr>
<td>Research Coordinator</td>
<td>1.0 FTE. Coordinator IRB, Clinical Trials, Database management, Organize grant &amp; manuscript submissions</td>
</tr>
<tr>
<td>Financial analyst</td>
<td>0.5 FTE Financial analyst with Banner Healthcare. Clinical operations.</td>
</tr>
</tbody>
</table>

B. Physical Facilities and Equipment

1. Provide the Unit address for the new department. Include the following:

Mailing address: Department of Urology, 1501 N. Campbell Ave  
Building Name: Arizona Health Sciences Center  
Building # 201  
Room 5325  
PO Box 245219  
Zip Code 85719  
Unit phone number 520 626 6895

2. Identify the physical facilities that will be required for the new unit and indicate whether those facilities are currently available.

a. COM Office space for new faculty, administrative space and Conference Room. Office space for the current 8 faculty, with growth of recruitment expected within the next 2-3 years to 12 faculty, administrative support for 5 administrative members (Program Coordinator, Admin, DA, Financial analyst, Assistant admin) and 2 Departmental research team members (Research coordinator, admin), with conference room. Currently the faculty have filled the current office space without additional room for administrative support, PhD, as well as Research Coordinator. 1,351 sq ft.

This Conference room space is needed for promotion of ACGME conferences, foster collaboration, presentations, and meeting space. A conference room is needed to facilitate department meetings, lectures, conferences and research discussions. Currently this is shared space, with obsolete facilities. Weekly educational conferences such as AUA University,
Campbell's conference, Indications conference, Morbidity and Mortality, Core Curriculum conference, Tumor board Multidisciplinary conference, and Journal club need a dedicated conference room for a space to meet sufficient for 30 attendees to sit (10 residents, 12 faculty, 5 VA faculty, 3 community faculty). 1,323 sq ft.

Urology has collaborated significantly with Departments of Diagnostic Medical Imaging, Pathology, Cancer Center as well as Surgery. If possible, proximity to these departments would be optimal. Currently we are utilizing space allocated to the Department of Surgery, which we would like to return to Surgery after becoming an independent department. Furthermore, with future return of Banner facilities to COM planned for the future, optimal utilization of renovated space would be preferable.

b. Resident room. 400 sq ft. Common space for resident research, textbooks and educational resources. Included in this area would be a break area with kitchen facilities (i.e. sink).

Total space request: 3,046 sq ft.

c. Clinic Space. Urology currently is part of the Banner University Medical Center Tucson – North Campus, located at 3838 N. Campbell Ave, 3rd floor, Clinic G. Currently over 14,000 E&M visits, clinic procedures such as prostate biopsy, cystoscopy and urodynamics takes place annually. Continued growth of clinical services with a multidisciplinary stone clinic with urology, nephrology and nutrition has been established. With desire for increasing market share in Tucson area, clinics have been developed in Green Valley, Orange Grove, and future strategic growth would include expansion of to East Tucson and potentially Vail.

3. List all additional equipment that will be needed during the next five years and the estimated cost.

Startup funds for lab and equipment for GU Oncology physician surgeon scientist, addressing NIH cap, cost share, and indirect cost recovery. $450,000 over 3 years.

MRI Fusion – Ultrasound targeted Prostate biopsy equipment. In order to establish a prostate cancer program with ability to image prostate cancer, pass the information to the ultrasound to establish GPS targeted biopsies, FDA approved equipment such as the Artemis system (Aloka) or Uronav (BK) is requested. $250,000 one time.

Clinical research coordinator. Prepare IRB and research grants; assist in data collection for clinical trials, outcomes analysis for robotic partial nephrectomy, radical cystectomy, robotic prostatectomy surgery; populate new Urology database. $340,000 spread over years 2-4.
C. Library Resources, Materials, and Supplies

1. Identify any additional library acquisitions that will be needed during the next three years and the estimated cost.

None

2. List any special materials or supplies, other than normal office supplies, that will be required by the new unit.

Business copying machine, fax machine x 2, shared network printers and computers for all faculty and staff. UITS User fee phones, COM IT support, Office supplies.

D. Other Information

1. Identify any implications of the proposed change for regional or programmatic accreditation.

Departmental status would allow continued ACGME Urology Residency accreditation. There are no implications for other accreditation. The formation of the Department of Urology will better position the program on the national stage, improve our ability to recruit and retain faculty and residents and allow it to have a stronger voice in the College of Medicine and healthcare partner, Banner.

2. Provide any relevant information, not requested above, that will assist reviewers in evaluating this proposed addition.

E. Financing

1. Explain the university’s plan for providing adequate financing for the unit.

Please see proposed all funds budget which demonstrates adequate funding from clinical revenue, state funds, discretionary funds, grants and COM / Banner funding.

2. Identify potential sources for external funding for the unit.

The primary external funding for the Department will be clinical revenue. Other external sources include revenue from American Urological Care Foundation, grants, Banner funds flow, and industry sponsored clinical trials and grants.

3. If state funds will be used, indicate whether new appropriations will be requested or existing appropriations will be reallocated. If reallocating existing appropriations, indicate where these will be drawn from.

The proposal includes a state allocation which would be allocated from the COM. This allocation would be determined by the Dean’s office.
4. Complete the Budget Projection Form, projecting the operating budget for the proposed unit for the next three years. Attached

5. Estimate the amount of external funds that may be received by the unit during each of the first three years.
External funds are estimated at $5,261,317. Assumptions include: increase in clinical revenue (Currently $7,451,465 in charges) as clinical faculty continues to grow, grant funding – a DOD grant as well as an R21 grant has been submitted, Banner/COM funds flow for Graduate Medical Education / Chairman support.

6. Provide the unit account number (if previously assigned).

Additional Information --provide any other information not requested above that may be useful in evaluating this proposal.

Current Urology Accomplishments:

- Funding with the division includes “Molecular Profiling of Clear Cell Renal Cell Carcinoma to Identify Biomarkers of Early Onset and Prognosis”. CCSG NIH/NCI grant award P30CA023074.
- AUA Foundation Award Research Scholar Award “Identification of Clinical and Molecular Characteristics Predicting Renal Cell Carcinoma Prognosis: Therapeutic Precision in a Racially Diverse Population”
- FY2016 & FY2017 clinical charge volumes were among the highest among the divisions of the Department of Surgery.
- Several new clinical programs have launched with multidisciplinary efforts including:
  - Recurrent Stone clinic partnering Urology / Nephrology and Nutrition faculty,
  - Pelvic Floor Center with Urology / OB GYN
    - Renewed collaborations with medical and radiation oncology
    - Doubling of robotic prostatectomy clinical volume Doubling of renal cell carcinoma clinical volume
    - These Programs did not exist at U of A prior to 2015.

- Achievement of full accreditation status of Urology residency with ACGME (Jan 2018).
- Increase in residency complement in ACGME Urology residency program to 10 residents.
- Leadership & UA committee roles within UA include Director, GU Cancer & Disease Oriented Strategic Planning team, University of Arizona Cancer Center, University of Arizona Committee of Ten, Periop steering committee, Medical Executive Committee,
Performance Improvement committees, Surgery & Urology Clinical Consensus Groups, UA Leadership Development Institute, UA Nominating committee.


- Basic science research collaborations have been drastically improved with UA Medical Oncology, Radiation oncology, Diagnostic Medical Imaging, Nephrology, Transplant, BIOS Institute, UA College of Engineering, and several clinicians/researchers at the UA Cancer Center.

- Creation of a medical student Urology interest group. In 2015 0 medical students were interested in pursuing urology residency. In 2018, there are 2 medical students in COM class of 2019 who are interested in applying for urology residency.

**Improved representation of Urology needs at the institutional level.** Improved representation of Urology's specific needs at the institutional level is a critical issue and perhaps the most important reason for transition to a department. With previous departure of Orthopedics, Emergency Medicine and Otolaryngology, the Department of Surgery has remained strong. The essence of this strength is a common purpose of practice and education among the more traditional disciplines of General Surgery. Many of the recent Urology Division to Department conversions in the United States have occurred after long, unsuccessful attempts to find a new Division Chief. High quality programs such as Yale, University of Alabama Birmingham are such examples. University of Wisconsin, Madison is a stellar example of how Urology has grown with recruitment of faculty, increase in budget and contribution margin and national reputation with their transformation to Department status. Recent institutions where Urology has evolved to Departmental status include UC San Diego, Univ of Kentucky, and Univ of Tennessee.

Ultimately, we believe the University of Arizona will benefit from increased national representation of an outstanding Department of Urology. Institutionally, the Division of Urology has been one of the most financially sound divisions within the Department of Surgery. With the changing national demographics regarding the transition towards older patients living longer, and the transition toward a greater density of outpatient surgical care, Urology will increase its proportion of health care in the future. Furthermore, there has been a consistent population increase with elderly snowbirds migrating to Arizona during the winter months which have resulted in a consistent clinical program. Here at the University of Arizona, Urology provides significant input into coordinated clinical trials with the University of Arizona Cancer Center and moved into the new Urology clinic in the Outpatient North Clinic expansion in July 2018. The success and coordination of the expanded urologic clinical services with our educational programs and translational research will be best accomplished as a well-managed and independent, academic department.

National and regional competition is another motivation. Our academic competitors in our Western region, which include Mayo Clinic Scottsdale, UCLA, USC and UC Irvine, have significant urology departments of distinction with extensive investment in Institutes of Urology and
subspecialty centers that have garnered national acclaim. The Mayo Clinic Scottsdale has an excellent urology cancer program that competes for the Arizona Cancer Center services. Also locally, Urology Associates as well as Southern Arizona Institute of Urology (12 partners) and Urological Associates of Southern Arizona (11 partners) are both Large Group Urology Practices (LGUP) with a number of subspecialty-trained physicians, so it is important for University of Arizona Urology to maintain our subspecialty research and clinical focus, while continuing our engagement in outreach and marketing to maintain our market share. The ability to compete locally, regionally and nationally is being restricted by division status.

Recruitment and retention of faculty have been directly impacted by previous lack of Urology leadership. The element of Departmental status has been an issue for all of our recent recruits. The movement towards the establishment of other surgical subspecialty Departments such as Otolaryngology was helpful in landing their recruits as well as growing significantly in number of faculty. Current recruitment efforts to continue growth and replacement of retiring faculty are underway and a major focus of the recruits’ inquiries are about departmental status and future plans for moving in that direction. Faculty perceive limitations in their potential careers if their Departmental Chair is not within their discipline of Urology. We have been fortunate to have an outstanding Chair of Surgery, Dr. Leigh Neumayer, who has supported our desire for autonomy for our Urology division, but the faculty and recruits know that this situation is a promotion from potential change, as well seen in December 2016 with the change in the Office of the Senior Vice President for Health Sciences. In addition, there have been multiple attempts by previous Chiefs of Urology, Drs. Bruce Dalkin (1995-2003), Craig Comiter (2003-2008), Mitchell Sokoloff (2008-2014) which previously had desired to evolve Urology from division to department, with each previous attempt and departure of the chief of urology, the division suffered with a long drawn reduction in clinical services and financial contraction. With the arrival of Dr. Benjamin Lee (June 2016), there has been significant growth in clinical services, restored collaboration within the institution, multidisciplinary care and a change in culture across the division.

In summary, the clinical Division of Urology seeks College of Medicine Academic Department of Urology status.

- We believe that academic department status is a natural evolution of our growth and independence
- Departmental status will recognize our distinctiveness as a discipline
- Enhance faculty, resident recruitment and retention
- Augment representation for urology programmatic development at the institutional level
- Facilitate growth and excellence to continue on our trajectory to become one of the most outstanding Urology departments in the country.
- A prestigious Department of Urology will bring academic, clinical, research and educational accolades and maximize profitability to the University of Arizona College of Medicine and help evolve the institution the next level of academic success.
- The College of Medicine has been supportive towards this endeavor, with a foundation of resources upon which to build upon & strategically grow with programmatic development.
January 16, 2019

Michael D Dake, MD  
Senior Vice President for Health Sciences  
PO Box 210202  
Roy P. Drachman Hall (#202), rm. B207  
Tucson, AZ 85724

Irving L Kron, MD  
Dean, College of Medicine - Tucson  
Senior Associate Vice President  
PO Box 245150  
Arizona Health Sciences Center (#201), rm. 2205  
Tucson, AZ 85724-5150

RE: Letter of Support, Department of Urology

Dear Dr. Dake & Dr. Kron,

It is with great pleasure that I write this strong letter of support for the creation of the Department of Urology at the University of Arizona College of Medicine, Tucson. As Chair of the Department of Surgery, I am supportive of the transition of the Urology program from a division within the Department of Surgery to an independent Department of Urology. There have been several significant accomplishments under Dr. Benjamin Lee’s leadership in the last 2 ½ years:

1. **Education.** Stabilization and growth of the Urology residency program to a fully accredited ACGME residency was achieved. Under previous leadership, the Urology residency program was on warning status, on the brink of probation. Currently, Urology’s residency program has not only stabilized, but grown to fully accredited ACGME status. Further growth to 10 residents in the program, with 100% American Board of Urology pass rate is a significant accomplishment. Forty percent of urology residency graduates remain within the state of Arizona, which will only further address and serve healthcare needs in the aging population.

2. **Clinical.** In every metric, work RVUs, operative case volumes, contribution margin, and clinic visits, the division of Urology has grown significantly and has become the best practices example of a successful clinic, both in culture, as well as Banner Net Promotor Score (NPS). Recruitment of 4 additional clinical urologists (Dr. Lee, Dr. Chipollini, Dr. Tzou and Dr. Nellans) have all ramped up to target RVUs within 5-6 months of hire. Significant marketshare in female urology, reconstruction, and kidney cancer has been established. There are currently 13 Full time Urologists at the University of Arizona and VA, and an additional 11 Community Urologists which help provide clinical volume for resident index cases. I would expect the transition to Department would improve the financial position of the clinical enterprise and bolster the foundation.

3. **Scholarly Activity.** Overall faculty scholarly activity has increased across the board, with presentations at state, national, and international conferences. Manuscripts in peer reviewed journals as well as grant submissions have augmented the research activity of Urology. Furthermore, scholarly activity has been boosted with recruitment of Ken Batai, PhD, funded by the American Urological Association Foundation award, as well as supported by a CSG NIH/NCI grant award P30CA023074 Molecular Profiling of Clear Cell Renal Cell Carcinoma to Identify Biomarkers of Early Onset and Prognosis. There has already been submission of a

In addition a NCI R21 submission, “Effects of Genomic Ancestry and Obesity on Epigenomic Profiles of Early-onset Clear Cell Renal Cell Carcinoma in Hispanic Americans (R21 PAR-18-655) was submitted in 2018. If this R21 is funded, then new UA Department of Urology would be in the top 35 Blue Ridge rankings.

4. National Reputation. There have been significant contributions to local, regional, national and international organizations in leadership positions, including WS-AUA Board of Directors (Dr. Twiss), Journal of Endourology Editorial Board (Dr. Lee), NIH Grant Review Committee (Dr. Twiss), AUA Judicial Ethics Executive Committee Vice Chair (Dr. Twiss), Chief of Surgery, Banner University Medical Center South (Dr. Funk), Nominating Committee (Dr. Lee).

In my opinion, Urology meets all of the criteria for becoming a department and thus achieving that status will allow the institution to compete for recruitment of the top academic Urologists, candidates for residency and peer reviewed funding. The group has also set an example and precedent for outreach to the community, and has elevated the institution’s local, national and international reputation. Furthermore, Urology has developed several strong referral relationships with physicians in the community. Since the inception of the program, it has contributed significant growth to the network, with significant downstream benefits to the clinical departments of pathology, radiation oncology, medical imaging, and Arizona Cancer Center.

Dr. Lee and the current faculty in Urology have shown over the last few years a commitment to substantial growth and expansion while maintaining high quality patient care, outstanding resident education and scholarly pursuits. We have established an excellent working relationship which I would expect to continue, along with the ability to achieve even greater expansion of the program as Urology evolves to the next level of Department.

Please feel free to contact me if there are any further questions.

Sincerely,

Leigh A. Neumayer, MD, MS, FACS
Professor and Chair, Department of Surgery
Margaret E and Fenton L Maynard Endowed Chair in Breast Cancer Research
University of Arizona College of Medicine - Tucson
lnuemayer@surgery.arizona.edu
January 8, 2019

Michael D. Dake, MD
Senior Vice President
University of Arizona Health Sciences

Irving L. Kron, MD
Interim Executive Dean, College of Medicine – Tucson
Senior Associate Vice President
University of Arizona Health Sciences

Dear Dr. Dake & Dr. Kron,

It is with great pleasure that I write a strong letter of support for the creation of the Department of Urology at the University of Arizona College of Medicine, Tucson. As Director of the University of Arizona Cancer Center (UACC), and Senior Associate Dean of Translational Research, I am highly supportive of the transition of the Urology program from a division of the Department of Surgery to an independent Department of Urology. The team led by Dr. Benjamin R. Lee meets all of the criteria for becoming a Department. Achieving this status will allow the Institution to recruit top academic Urologists, candidates for residency, and peer reviewed funding. Urology can set an example and precedent for outreach to the community, and has elevated the Institution’s local, national and international reputation. Furthermore, Urology has developed strong referral relationships with physicians in the community, which will enable it to function as a Department.

Dr. Lee has significantly grown the Prostate Cancer Clinical program, which has subsequently led to increased prostate cancer specimen collections for the TACMAS biorepository. In addition, growth in all Urologic Oncology programs – Renal Cell Carcinoma, Bladder cancer, and Penile/Testis cancer, has led to a 200% increase in biorepository specimen collections. This has helped support several investigators at the Arizona Cancer Center in their research initiatives, such as support of organoid culture growth and circulating tumor cell projects which will help stimulated new NIH R01 funded investigations. With the understanding that cancer is an institutional priority, Urology has significantly addressed access to care, being able to schedule patients with elevated Prostate Specific Antigen (PSA) blood tests within 3 days, if not the same day, as well as prioritize localized Prostate Cancer patients to be seen within 5 days. A strategic plan for Prostate Cancer access was set forth and implemented successfully.

With the recruitment of Ken Batai, PhD, research in Urology has established a strong foundation with the project, “Molecular Profiling of Renal Cell carcinoma towards diagnostic and prognostic analysis in Hispanic Native American and European American Patients.” The UACC has seen significant promise in this research and awarded Dr. Batai and Dr. Lee from our CCSG NIH/NCI grant award P30CA023074. Furthermore, recruitment of Dr. Juan Chipollini in Urologic Oncology, and Dr. Edward Gelmann, a medical oncologist who has a clinical interest in prostate cancer, as well as historical experience in NIH funding, will continue to bolster scholarly activity in research collaborations between the UACC and Urology.
I have worked with Dr. Lee over the past 2 ½ years, and I have been impressed by what he has done to build the Division of Urology. I would expect as a Department Head, he will have the ability to achieve even greater expansion of the program. It will be much easier for the Cancer Center to work closely with a Department of Urology and Dr. Lee to accomplish the recruitment of an NIH Funded Physician-Scientist, who will have impact on the Center and the Urology research.

Please feel free to contact me if there are any further questions.

Sincerely,

Andrew S. Kraft, MD
Sydney E. Salmon Endowed Chair
Director of the University of Arizona Cancer Center
Associate Vice President for Oncology Programs
Professor of Medicine, Department of Medicine, Division of Hematology/Oncology
Senior Associate Dean for Translational Research, College of Medicine
January 7, 2019

Michael D Dake, MD  
Senior Vice President for Health Sciences  
PO Box 210202  
Roy P. Drachman Hall (#202), rm. B207  
Tucson, AZ 85724

Irving L Kron, MD  
Dean, College of Medicine - Tucson  
Senior Associate Vice President  
PO Box 245150  
Arizona Health Sciences Center (#201), rm. 2205  
Tucson, AZ 85724-5150

Re: Letter of Support, Department of Urology

Dear Dr. Dake & Dr. Kron,

It is with great pleasure that I write this strong letter of support regarding creation of the Department of Urology at the University of Arizona College of Medicine, Tucson. As Chair of the Department of Pathology, I am supportive of the evolution of the division of Urology within the Department of Surgery to an independent Department of Urology. Our Pathology Department has a close working relationship with Urology. We have collaborated on a number of research projects including the project “Molecular Profiling of Renal Cell carcinoma towards diagnostic and prognostic analysis in Hispanic Native American and European American Patients.” Furthermore we obtained a seed grant with the The Arizona Area Health Education Centers (AzAHEC) for “Identification of predictive genetic and histologic markers in the progression of benign prostatic hyperplasia”. The project on Molecular Profiling of Renal Cell carcinoma has much promise, and has developed into a submission towards an R21 submission.

Dr. Benjamin R Lee has worked closely with my genitourinary pathologist, Dr. Erika Bracamonte not only in the multi-disciplinary GU Tumor board, but also in all of the clinical material which has doubled 200% in clinical volume under his leadership. Given his clinical priorities of robotic prostatectomy for high risk disease, as well as robotic surgery for renal cell carcinoma, the complexity of cases has increased as well. Urology meets all of the criteria for becoming a department and thus achieving that status will allow the institution to compete for recruitment of the top academic Urologists.
It is my understanding that more than 85% of Urology programs in the United States are currently Departments of Urology, at our peer institutions such as University of Virginia, University of Wisconsin, University of California Irvine, as well as University of California San Diego. It would put our institution at a disadvantage towards faculty recruitment, competition for NIH and DOD funding, and resident recruitment. We are currently planning to recruit an additional translational G.U. pathologist to complement the institutional programs of prostate cancer research.

Please feel free to contact me if there are any further questions.

Sincerely,

Achyut K. Bhattacharyya, MD
Chair
Department of Pathology
January 7, 2019

Re: Letter of Support, Department of Urology

Dear Dr. Dake & Dr. Kron,

It is with great pleasure that I write this strong letter in support of the inaugural creation of Department of Urology at the University of Arizona College of Medicine, Tucson. As Chair of the Department of Radiation Oncology, I am fully supportive of the evolution of the division of Urology within the Department of Surgery to an independent Department of Urology. Our Radiation Oncology Department has a close working relationship with Urology. Our faculty makeup is similar, and resources focused on a multi-disciplinary Prostate cancer program have been shared.

Dr. Benjamin R Lee has worked closely with my Faculty, Dr. Shona Doughtery not only within the multi-disciplinary GU Tumor board, but also in all of the clinical material which has doubled 200% in clinical volume under his leadership. There has been an expansion of the diagnosis of prostate cancer with collaborations with the fusion MRI –targeted prostate biopsy program. Furthermore, collaborations with Urology have helped with optimization of placement of rectal spacing gel to decrease morbidity of XRT.

Urology meets all of the criteria for becoming a department and thus achieving that status will allow the institution to compete for recruitment of the top academic Urologists. Achievement of Departmental status would allow for advancing the Arizona College of Medicine to academic prominence, and granting Urology departmental status would allow for further growth and national recognition. In Colleges of Medicine, it is common that in large departments with multiple subspecialities (ie surgery) that subspeciality divisions sponsor their own residency programs, create and teach their own medical student electives and/or rotations, manage their own clinical
January 22, 2019

Irving L. Kron, MD, Interim Dean  
College of Medicine – Tucson  
P.O. Box 245017  
Tucson, Arizona 85724

Dear Dr. Kron,

I wish to write a strong letter of support for Dr. Benjamin Lee, MD, Professor and Chair, Urology in the College of Medicine, who is requesting Department status for the Division of Urology. Dr. Lee leads a superb team of faculty who have established the University of Arizona, Tucson as a regional and national leader in several areas of Urology including robotic assisted surgery, urologic oncology, pelvic medicine and reconstructive surgery of the genitourinary system. In addition, the UA Division of Urology runs an innovative residency program that has been training urologists for more than 30 years. The Division of Urology has strong clinical, research, and educational programs and is well-deserving of Department status.

I support this submission on a personal level after seeing the growth experienced by the Department of Otolaryngology – Head and Neck Surgery when we became the 15th COM Department in 2014. I predict that establishing Urology as an independent Department will similarly catalyze rapid growth and development for Urology in the near future. Examples of the benefits that a Department of Urology would provide to the COM community include greater opportunity for sharing resources such as Surgical Training Lab space and a tissue biorepository. Other benefits include enhanced research collaborations and broadened educational collaborations across the University of Arizona Health Sciences.

In summary, I wholeheartedly support this Departmental Change of Status Request for the Division of Urology. Please let me know if you need anything further from me in support of Dr. Lee’s packet.

Sincerely,

Steven J. Wang, MD, FACS  
Professor and Chair  
Department of Otolaryngology – Head and Neck Surgery
February 28, 2019

Jeff Goldberg, PhD  
Interim Senior Vice President for Academic Affairs and Provost  
c/o Pam Coonan  
Executive Director, Academic / Curricular Affairs  
P.O. Box 210128  
Tucson, AZ 85721

RE: Proposal to Establish the Department of Urology, College of Medicine – Tucson as a New Academic Unit

Dear Provost Goldberg,

Enclosed please find our request to transition the College of Medicine - Tucson’s current surgery division of urology to a free-standing academic department of urology. This is one of two requests to establish new academic departments we are submitting with a desired implementation date of July 1, 2019.

Since its inception in 1970, the growth of the urology program has been a source of pride for the College of Medicine - Tucson. Throughout its nearly fifty-year history, the division of urology has provided significant contributions to the college’s academic mission and many of the current and past faculty are well recognized nationally and internationally for their contributions to the discipline. I have identified the program as an important piece of my strategic plan of advancing the college to academic prominence, and I believe granting it department status will allow for further growth and national recognition.

In colleges of medicine, it is common that in large departments with multiple subspecialties (e.g., surgery) that subspecialty divisions sponsor their own residency programs, create and teach their own medical student electives and/or rotations, manage their own clinical service and conduct and manage research unique to their subspecialty. In the instance of the subspecialty of urology, however, it is more common for the subspecialty to be its own department. Eighty-nine percent of all academic urology programs with residencies are, in fact, free-standing departments including 90% of top 20 programs nationally. We expect that the transition of urology from a division to a department will increase its national visibility and reputation, enhance our ability to recruit outstanding residents and faculty and improve the financial position of the clinical enterprise, thus better serving the people of Arizona.

We would like to implement this change at the beginning of fiscal year 2019-2020. If you have
questions or need additional information regarding this request, please do not hesitate to contact Benjamin Lee, Judy DiMarco or me. We appreciate your support.

Sincerely,

Irving L. Kron, MD
Senior Associate Vice President, UA Health Sciences
Interim Dean, College of Medicine
Professor, Surgery
### METRICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase in annual college enrollment UG</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Net increase in college SCH UG</td>
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</tr>
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<td>Net increase in annual college enrollment Grad</td>
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<tr>
<td>Net increase in college SCH Grad</td>
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<tr>
<td>Number of enrollments being charged a Program Fee</td>
<td>N/A</td>
<td>N/A</td>
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</tr>
<tr>
<td>New Sponsored Activity (MTDC)</td>
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<td>$245,579</td>
<td>$491,158</td>
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<tr>
<td>Number of Faculty FTE</td>
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<td>10</td>
<td>11</td>
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</table>

### FUNDING SOURCES

#### Continuing Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG RCM Revenue (net of cost allocation)</td>
<td>N/A</td>
<td>N/A</td>
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</tr>
<tr>
<td>Grad RCM Revenue (net of cost allocation)</td>
<td>N/A</td>
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<tr>
<td>Program Fee RCM Revenue (net of cost allocation)</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>F and A Revenues (net of cost allocations)</td>
<td>$14,459</td>
<td>$28,511</td>
<td>$57,022</td>
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<tr>
<td>UA Online Revenues</td>
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<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Distance Learning Revenues</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Reallocation from existing College funds (attach description)</td>
<td>$792,579</td>
<td>$792,579</td>
<td>$792,579</td>
</tr>
<tr>
<td>Other Items (attach description)</td>
<td></td>
<td></td>
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</table>

#### One-time Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>College funds balances</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Institutional Strategic Investment (UAHS funds)</td>
<td>$1,032,055</td>
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<tr>
<td>Gift Funding (Endowment Principal)</td>
<td>$581,290</td>
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<tr>
<td>Other Items (attach description)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Banner program support</td>
<td>$44,810</td>
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<tr>
<td>Total One-time</td>
<td>$1,613,345</td>
<td>$-</td>
<td>$-</td>
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</table>

### TOTAL SOURCES

<table>
<thead>
<tr>
<th>Source</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,953,811</td>
<td>$4,279,409</td>
<td>$4,693,454</td>
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### EXPENDITURE ITEMS

#### Continuing Expenditures

<table>
<thead>
<tr>
<th>Category</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>$2,678,040</td>
<td>$3,403,040</td>
<td>$3,753,040</td>
</tr>
<tr>
<td>Other Personnel</td>
<td>$147,660</td>
<td>$150,613</td>
<td>$153,625</td>
</tr>
<tr>
<td>Employee Related Expense*</td>
<td>$550,292</td>
<td>$673,542</td>
<td>$724,035</td>
</tr>
<tr>
<td>Graduate Assistantships</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Graduate Aid</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Operations (materials, supplies, phones, etc.)</td>
<td>$53,265</td>
<td>$54,863</td>
<td>$56,509</td>
</tr>
<tr>
<td>Additional Space Cost</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Items (attach description)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Continuing</td>
<td>$3,429,257</td>
<td>$4,282,058</td>
<td>$4,687,209</td>
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</table>

#### One-time Expenditures

<table>
<thead>
<tr>
<th>Category</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction or Renovation</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Start-up Equipment</td>
<td>-</td>
<td>-</td>
<td>$500,000</td>
</tr>
<tr>
<td>Replace Equipment</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Library Resources</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Items (attach description)</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Total One-time</td>
<td>-</td>
<td>-</td>
<td>$500,000</td>
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### TOTAL EXPENDITURES

<table>
<thead>
<tr>
<th>Source</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,429,257</td>
<td>$4,282,058</td>
<td>$5,187,209</td>
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### Net Projected Fiscal Effect

<table>
<thead>
<tr>
<th>Source</th>
<th>1st Year 2019-2020</th>
<th>2nd Year 2020-2021</th>
<th>3rd Year 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,524,554</td>
<td>$(2,649)</td>
<td>$(493,755)</td>
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</tbody>
</table>

*ERE is a blended Banner / UA rate for clinical faculty

Reallocation from existing College funds includes:

- State and Designated Funds: $434,370
- Banner Academic Funds Flow: $329,488
- Banner Leadership Funding: $262,359
- TOTAL: $1,026,217