Welcome to Duke! That you have chosen to dedicate your time to visit Duke and consider our program for your residency training indicates you are seeking a high-caliber experience that will prepare you for a rewarding career in academic surgery. That you have been selected for an interview should provide affirmation you have the capacity to excel in surgery, and both derive benefit from and contribute to the field. I am thus very glad that you are here, and hope that your visit will help you determine whether Duke is the best fit for you. Your choice of training program will define your career, and indeed, our choice of residents defines our institution. As such, this is an important decision for us both.

During your visit to Duke, you will have an opportunity to meet our residents and faculty, tour our facilities, and gain insights into our training philosophy. You will no doubt find both breadth and depth in the resources available to you; including state-of-the-art clinical operating and patient care facilities, comprehensive training and simulation venues; a well-organized, enthusiastic and dedicated educational faculty engaged in a comprehensive didactic curriculum; and an exceptionally developed and well-funded surgical research enterprise embedded within the larger environment of a world-class research university. The comprehensive offering of clinical, educational, and research platforms organized within a single institution makes Duke among the few institutions that can deliver on the promise to create future leaders in surgery, and it is my personal commitment to offer each trainee the opportunity to go beyond mere assimilation of the current standard, and aspire to define future paradigms.

I genuinely look forward to meeting each of you, learning what contribution you hope to make to the field of surgery, and determining how I can help you reach your career goals.

Sincerely,

Allan D. Kirk, M.D., Ph.D., F.A.C.S.
Professor and Chairman, Department of Surgery
Surgeon-in-Chief, Duke University Health System
Message from the Residency Program Director

I would like to welcome you on behalf of the Duke Department of Surgery and Division of Urology!

The decision on where to train in surgery represents the most important decision of your career. Formal clinical training as well as research into basic or translational medicine will predict success in obtaining competitive fellowships and academic positions.

The goal of the Urology Residency Program at Duke is to provide a balance between patient care, teaching, and research in the areas of oncology, male infertility and sexual dysfunction, urolithiasis, reconstructive urology, female urology and urodynamics, pediatric urology, and minimally invasive surgery.

The clinical program in urology is dedicated to providing comprehensive training in patient care and operative surgery. These experiences are offered within diverse clinical settings including operative experiences at Duke University Hospital, Duke Raleigh Hospital and the Asheville and Durham Veteran’s Administration Hospitals.

The cornerstone of the Urology Residency Program at Duke is the one-year dedicated research fellowship; the “Surgeon Scientist Research Fellowship.” During this year, urology residents begin a dedicated investigative experience designed to give each an opportunity to develop granular expertise in an area of their choosing. These can include basic or translational science projects, experiences in health services or clinical outcomes research, or indeed any thoughtfully conceived knowledge creation endeavor. Innumerable basic science opportunities exist not only in the Division of Urology, but the Department of Surgery and across both the graduate and undergraduate campuses. The goal of this research experience is to create thought leaders in academic urology at both an institutional and national level, and to provide each Duke resident with a concentrated expertise in their chosen field.

You should consider a number of factors when choosing a residency program and clearly one of the most important is the track record of the recent graduates. Our training program is intentionally broad-based and has produced graduates with a wide variety of clinical and research interests. We are proud of our program and achievements, and we are honored that accomplished medical students like you have expressed interest in our residency. I hope that over the course of your interview experience you come away as excited as I am about our programs.

We encourage questions and hope you enjoy your visit.

Sincerely yours,

Andrew C. Peterson, M.D., F.A.C.S.
Associate Professor of Surgery
Program Director, Urology Residency
About the Duke Department of Surgery

As one of the top surgery programs in the world, the Duke Department of Surgery is dedicated to providing unparalleled clinical care, conducting pioneering research, and training the next generation of leaders in clinical and academic surgery. Patients from all over the world seek treatment from its team of experts, who have access to the clinical standard in all surgical domains, as well as experimental procedures and specialized care that extends beyond the current offerings of most hospitals. This provides the best opportunity for each patient to gain their best clinical outcome, and as such attracts a patient population representing an exceptionally broad clinical spectrum from which the trainee can learn.

Since the 1930s, Duke Surgery has led the way in medical innovations. It established the nation's first brain tumor program in 1937 and was one of the first U.S. institutions to successfully perform a kidney transplant nearly 30 years later. Duke surgeons were the first to treat avascular necrosis of the femoral head with a free vascularized fibular graft. More recently, in 2013, surgeons implanted a bioengineered vascular graft in a patient — a first-of-its-kind operation in the United States.

The Department of Surgery's internationally recognized faculty is focused on making gains in basic, clinical, and translational research, and it has traditionally received more NIH funding than any other surgery department in the world. The faculty is also deeply committed to preparing tomorrow's leaders for careers in surgery with the highest level of training and access to unique research and leadership training opportunities.

The Department currently provides attending surgical coverage at Duke University Hospital, Duke Regional Hospital, Duke Raleigh Hospital, and two VA hospitals: Asheville VA and Durham VA hospitals. The faculty maintains an exceptionally busy practice, conducting over 30,000 operative procedures per year. As the Triangle area is perennially one of the fastest growing communities in the United States, Duke continues to expand with new operative platforms and a growing clinical and research faculty. This robust clinical volume combined with remarkably competitive faculty members adept in acquiring grant funding has led to a fiscally solvent department. It is this solvency that allows the Department to continue its unwavering dedication to residency training both on the wards and in the laboratory.
About the Division of Urology

Under the direction of Glenn M. Preminger, M.D., the Duke Division of Urology is dedicated to providing compassionate, state-of-the-art medical and surgical patient care, comprehensive medical education, and innovative research in all areas of adult and pediatric urology.

Our clinical faculty is recognized worldwide for expertise in the areas of:

- General urology
- Prostate cancer and prostatic diseases through leadership in the Duke Prostate Center
- Male sexual health
- Urinary tract stone management through the Duke Comprehensive Kidney Stone Program
- Minimally invasive surgery and robotics
- Reconstructive urology
- Urinary incontinence
- Testicular cancer
- Bladder cancer in a multidisciplinary context
- Kidney cancer in a multidisciplinary context
- Pediatric urology

Duke University Medical Center is recognized as one of the nation’s most respected hospitals. In keeping with this tradition of excellence, the Division of Urology received an outstanding #9 ranking by U.S. News & World Report as a leader in urologic care.

We are extremely proud of this recognition and will continue to strive for excellence as clinicians, researchers, and educators with the ultimate goal of providing exceptional patient care.
Duke Urology Residency Program

Over eight decades of experience in caring for patients with urologic diseases has established Duke’s Division of Urology as a world leader in urologic care, research, and education.

Under the direction of Dr. Andrew Peterson, the Duke Urology Residency Program offers exceptional training for dedicated students who are interested in an experience that will prepare them for either academic or independent practice. Our program meets all the requirements of the American Board of Urology (ABU) and is fully accredited by the American Medical Association’s Accreditation Council for Graduate Medical Education (ACGME).

The goal of Duke’s urologic surgery residency program is to provide a balance between patient care, teaching, and research in the areas of oncology, male infertility and sexual dysfunction, urolithiasis, reconstructive urology, female urology and urodynamics, pediatric urology, and minimally invasive surgery. Thorough training in these urologic subspecialties is made possible by the tremendous volume and variety of cases that are presented at this nationally acclaimed university medical center and its affiliated institutions. Training consists of teaching, independent responsibility, and learning through observation, direct supervision, and hands-on experience.

Clinical urologic training and research
After successfully completing one year of PGY1 general surgery training, the resident enters our program, which consists of four years of clinical urologic training and one year of research. The entire third year is dedicated to urologic research with a few weeks of night float thrown in for good measure.

Under the direction of Dr. Matthew Fraser, the ultimate goal of the research fellowship is for the trainee to learn the basics of research by performing high-quality research, presenting it at regional and national meetings, and submitting it to scientific publications. The trainee is also encouraged to submit grant proposals. Completion of the year includes:

- Continuation/completion of research projects
- Presentations at regional and national meetings
- Preparation of a peer-reviewed manuscript(s) for publication and to gain greater insight into the field of research

In addition to clinical training and research training, residents participate in regular conferences, including Grand Rounds, Pathology, Journal Club, Morbidity and Mortality, Radiology, Pediatric Uroradiology, Core Curriculum, Urodynamics, and AUA updates.
# 2015–2016 Rotation Schedule

<table>
<thead>
<tr>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology – Inman/Rampersaud (BLUE)</td>
<td>Robotics/Recon – Ferrandino/Peterson/Le (GOLD)</td>
<td>Durham VA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durham VA</td>
<td>Oncology – Inman/Rampersaud (BLUE)</td>
<td>Robotics/Recon – Ferrandino/Peterson/Le (GOLD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robotics/Recon – Ferrandino/Peterson/Le (GOLD)</td>
<td>Durham VA</td>
<td>Oncology – Inman/Rampersaud (BLUE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asheville VA</td>
<td>Mini Onc</td>
<td>Pediatrics</td>
<td>Raleigh</td>
<td>Mini Onc</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Raleigh</td>
<td>Mini Onc</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Mini Onc</td>
</tr>
<tr>
<td>Raleigh</td>
<td>Pediatric</td>
<td>Asheville VA</td>
<td>Raleigh</td>
<td></td>
<td>Mini Onc</td>
<td></td>
<td></td>
<td></td>
<td>Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pediatrics</td>
<td></td>
</tr>
<tr>
<td>Inman/Rampersaud (Mini Onc)</td>
<td>Consults</td>
<td>Preminger/Lipkin (Stones)</td>
<td>Durham VA</td>
<td>Preminger/Lipkin (Stones)</td>
<td>Inman/Rampersaud (Mini Onc)</td>
<td>Durham VA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Inman/Rampersaud (Mini Onc)</td>
<td>Durham VA</td>
</tr>
<tr>
<td>Durham VA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Inman/Rampersaud (Mini Onc)</td>
</tr>
<tr>
<td>Preminger/Lipkin (Stones)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raleigh</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Raleigh</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Raleigh</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td></td>
</tr>
<tr>
<td>Asheville VA</td>
<td>Consults</td>
<td>Raleigh</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Raleigh</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Raleigh</td>
<td></td>
</tr>
<tr>
<td>Consults</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Pediatrics</td>
<td>Asheville VA</td>
<td>Consults</td>
<td>Raleigh</td>
<td></td>
</tr>
</tbody>
</table>
2015–2016 Call Schedule Guidelines

### Weekends

<table>
<thead>
<tr>
<th>Year</th>
<th>Requirement</th>
<th>Exclusion</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY4</td>
<td>Fill in</td>
<td>None</td>
<td>Including long weekends/holiday coverages</td>
</tr>
<tr>
<td>PGY3</td>
<td>One 12H/month</td>
<td>None</td>
<td>Including months when on nightfloat</td>
</tr>
<tr>
<td>PGY2</td>
<td>One 24H/month</td>
<td>July</td>
<td>Including months when on nightfloat; will also take a 12 and 24H “piggyback” shift during July</td>
</tr>
</tbody>
</table>

### Breakdown of regular weekends

<table>
<thead>
<tr>
<th></th>
<th>Sat (shifts)</th>
<th>Sun (shifts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>PGY4</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>PGY3</td>
<td>0</td>
<td>48</td>
</tr>
<tr>
<td>PGY2</td>
<td>32</td>
<td>0</td>
</tr>
</tbody>
</table>

### Nightfloat

<table>
<thead>
<tr>
<th>Year</th>
<th>Requirement</th>
<th>Exclusion</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY4</td>
<td>1.5 weeks/yr</td>
<td>Non-onc rotation</td>
<td>Only during onc</td>
</tr>
<tr>
<td>PGY3</td>
<td>4 weeks/yr</td>
<td>None</td>
<td>1 wk in July, 1 wk in block 2, 2 wks in block 3 or 4</td>
</tr>
<tr>
<td>PGY2</td>
<td>6 weeks/yr</td>
<td>Raleigh/Asheville</td>
<td>In 2-wk blocks, 2 wks during peds, 4 wks during consults, avoid 4 wks in a row</td>
</tr>
</tbody>
</table>
Urology Conferences

Didactic Training

Monday
Pediatric Uroradiology Conference (1st Monday)  5:30 p.m. – 6:30 p.m.
Urodynamics Conference (2nd Monday)  5:30 p.m. – 6:30 p.m.
Radiology Conference (4th Monday)  5:30 p.m. – 6:30 p.m.

Tuesday
AUA Updates  7:00 a.m. – 8:00 a.m.

Wednesday
Core Curriculum Conference  6:30 a.m. – 7:30 a.m.
Urology Grand Rounds (1st, 2nd and 3rd Wednesday)  7:30 a.m. – 8:30 a.m.
QI/PI Conference (4th Wednesday)  7:30 a.m. – 8:30 a.m.

Thursday
Journal Club (3rd Thursday)  6:30 p.m. – 7:30 p.m.
Salaries (as of July 2015)

<table>
<thead>
<tr>
<th>PGY</th>
<th>Stipend/Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$52,284.00</td>
</tr>
<tr>
<td>2</td>
<td>$54,408.00</td>
</tr>
<tr>
<td>3</td>
<td>$56,508.00</td>
</tr>
<tr>
<td>4</td>
<td>$58,812.00</td>
</tr>
<tr>
<td>5</td>
<td>$61,080.00</td>
</tr>
<tr>
<td>6</td>
<td>$63,504.00</td>
</tr>
</tbody>
</table>

**Vacation**

**General Surgery Intern Year**
PGY1
2 weeks per year (Dates are set by General Surgery)
Includes 6 days at Christmas or New Year's

**Urology**
PGY2 – PGY6
4 weeks per year (20 weekdays)
Includes 6 days at Christmas or New Year's

For more information on Duke Hospital Trainee benefits and requirements and standards, visit the Duke GME website: [http://gme.duke.edu/prospective-trainees](http://gme.duke.edu/prospective-trainees)
Recent Duke Urology Residency Alumni—Where are they now?

### 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Rajeev Chaudhry</td>
<td>Children's Hospital of Pittsburgh</td>
<td>Fellow</td>
</tr>
<tr>
<td>Dr. Zachariah Goldsmith</td>
<td>St. Luke's University Health Center for Urology</td>
<td>Faculty</td>
</tr>
<tr>
<td>Dr. Abhay Singh</td>
<td>Martin Army Hospital, Ft. Benning, GA</td>
<td>Military Practice</td>
</tr>
</tbody>
</table>

### 2014

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. David Chu</td>
<td>Children's Hospital of Philadelphia</td>
<td>Fellow</td>
</tr>
<tr>
<td>Dr. Zarine Balsara</td>
<td>Boston Children's Hospital</td>
<td>Fellow</td>
</tr>
<tr>
<td>Dr. Mark Anderson</td>
<td>Darnell Army Medical Center, Ft. Hood, TX</td>
<td>General Urology</td>
</tr>
</tbody>
</table>

### 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. John Mancini</td>
<td>Evans Army Hospital, Ft. Carson, CO</td>
<td>General Urology</td>
</tr>
<tr>
<td>Dr. Suzanne Biehn Stewart</td>
<td>Mayo Clinic</td>
<td>SUO Fellow</td>
</tr>
<tr>
<td>Dr. Brian Whitley</td>
<td>Sanford, NC</td>
<td>Urology Private Practice</td>
</tr>
</tbody>
</table>
Recent Duke Urology Residency Alumni—Where are they now?

### 2012

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Erin McNamara</td>
<td>Boston Children’s Hospital</td>
<td>Pediatrics Research Fellow</td>
</tr>
<tr>
<td>Dr. Jodi Antonelli</td>
<td>UTSW – Dallas Kidney Stone Disease</td>
<td>Faculty</td>
</tr>
<tr>
<td>Dr. Danielle Stackhouse</td>
<td>Tripler Army Medical Center, HI</td>
<td>General Urology</td>
</tr>
</tbody>
</table>

### 2011

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Joseph Klink</td>
<td>Newburgh, IN</td>
<td>Urology Oncology Practice</td>
</tr>
<tr>
<td>Dr. Chuck Scales</td>
<td>Duke University Medical Center</td>
<td>Faculty</td>
</tr>
<tr>
<td>Dr. Florian Schroek</td>
<td>The Dartmouth Institute</td>
<td>Faculty</td>
</tr>
</tbody>
</table>

### 2010

<table>
<thead>
<tr>
<th>Name</th>
<th>Fellowship</th>
<th>Current Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Cooper Buschmeyer, III</td>
<td>East Texas Urology Specialists, Fufkin, TX</td>
<td>Staff Urologist</td>
</tr>
<tr>
<td>Dr. Marnie Robinson</td>
<td>Chesapeake Urology</td>
<td>Staff Urologist</td>
</tr>
<tr>
<td>Dr. Edward Rampersaud</td>
<td>Duke University Medical Center</td>
<td>Faculty</td>
</tr>
</tbody>
</table>
Current Residents

Chief Residents (PGY6)
Nicholas Kuntz, M.D.
Jessica Lloyd, M.D.
Ramiro Madden-Fuentes, M.D.

PGY 5
Michael Granieri, M.D.
Tara Ortiz, M.D.
Richard Shin, M.D.
Hsin-Hsaio (Scott) Wang, M.D.

PGY 4
Divya Ajay, M.D.
Joseph Fantony, M.D.
Melissa Mendez, M.D.
Matvey Tsivian, M.D.

Research Residents (PGY3)
Bryce Allio, M.D.
Eugene Cone, M.D.
Brian Young, M.D.

PGY 2
Steven Brousell, M.D.
Brian Inouye, M.S.
Ruiyang Jiang, M.D.
Stephanie Knapp, M.D.
Research

The acclaim that has been received by Duke Urology in understanding, diagnosing, and treating urologic diseases is the result of combined excellence in patient care with superior clinical and laboratory research.

- **Basic and translational research**: Our researchers are involved in multidisciplinary research backed by state-of-the-art research facilities and dedicated faculty, fellows, students, residents, and staff.
- **Clinical research**: We are actively involved in clinical research that translates to advances and improvements in clinical care.

Research areas

Non-Oncology

- Neurourology
- Bladder and kidney stones
- Pediatric urology
- Reconstructive urology

Oncology

- Bladder cancer
- Kidney cancer
- Prostate cancer

Research Institutes and Centers

**Duke Cancer Institute**
The Duke Cancer Institute combines cutting-edge research with compassionate care. Our team of nationally recognized physicians and staff treat more than 7,000 new patients per year, giving them extensive experience that yields better results.

**Duke Prostate Center**
The Duke Prostate Center (DPC) is a multidisciplinary team of physicians, research scientists, and health care providers who seek to prevent prostate cancer and improve the care of men living with prostate cancer.

The DPC offers patients a team approach including comprehensive evaluations, state-of-the-art treatment, and access to new treatments based on basic, translational, and clinical research.

**Duke Clinical Research Institute**
The Duke Clinical Research Institute (DCRI) is the largest academic research organization in the world. The DCRI coordinates clinical trials through all stages of development and execution in an effort to answer scientific questions and improve patient care.
Endourology and Laparoscopy

Glenn Preminger, M.D.
Professor of Surgery

Title:
Chief, Division of Urologic Surgery
James F. Glenn, M.D., Professor of Urology

Training:
M.D., New York Medical College, 1977

Residency:
General Surgery, University of North Carolina Hospitals, 1977–1979
Urology, University of North Carolina Hospitals, 1979–1983

Fellowship:
Mineral Metabolism, University of Texas Southwestern Medical Center, 1983–1985

Clinical Interests:
Medical and surgical management of kidney-stone disease; shock wave lithotripsy; minimally invasive management of benign prostatic hyperplasia; endoscopic management of urinary tract obstruction.

Research Interests:
Minimally invasive management of urologic diseases; minimally invasive management of renal and ureteral stones; medical management of nephrolithiasis; bioeffects of shock wave lithotripsy; basic physics of shock wave lithotripsy; intracorporeal lithotripsy for stone fragmentation; minimally invasive management of urinary tract obstruction, including ureteropelvic junction obstruction and ureteral strictures; enhanced imaging modalities for minimally invasive surgery; digital video imaging during endoscopic surgery; 3-D imaging modalities for minimally invasive surgery; holmium laser applications in urology.
Endourology and Laparoscopy (continued)

**Samuel Eaton, M.D.**  
Assistant Professor of Surgery  

**Training:**  
M.D., Columbia University College of Physicians and Surgeons (New York), 2003  

**Residency:**  
General Surgery, Boston University Medical Center (Massachusetts), 2005–2007  
Urology, Boston University Medical Center (Massachusetts), 2007–2011 (Chief Resident, 2010–2011)  

**Fellowship:**  
Endourology (Minimally Invasive Surgery, Kidney Stones, Robotic Surgery), Northwestern University (Illinois), 2011–2013  

**Clinical Interests:**  
Comprehensive medical and surgical management of kidney stones, renal cancer, prostate cancer, minimally invasive surgery, laparoscopic and robotic surgery, minimally invasive management of urinary obstruction, general urology.

**Charles Scales, M.D.**  
Assistant Professor of Surgery  

**Training:**  
M.D., Duke University School of Medicine, 2004  

**Residency:**  
Internship, General Surgery, Duke University Medical Center, 2005–2006  
Urology, Duke University Medical Center, 2006–2011  

**Fellowship:**  
Endourology Research, Duke University Medical Center, 2004–2005  
Robert Wood Johnson Foundation Clinical Scholar, University of California, Los Angeles, 2011–2013  

**Other Training:**  
M.S.H.S., Fielding School of Public Health, University of California–Los Angeles, 2012  

**Clinical Interests:**  
Medical and surgical management of kidney stone disease, shock wave lithotripsy, medical and minimally invasive management of benign prostatic hyperplasia, endoscopic management of urinary-tract obstruction.
Urologic Research

Matthew Fraser, Ph.D.
Associate Professor of Surgery

Training:
Ph.D., Physiology/Neuroscience, University of Pittsburgh School of Medicine (Pennsylvania), 2001

Other Training:
B.A., Biology/Anthropology, University of Pittsburgh College of Arts and Sciences (Pennsylvania), 1981
Brant Inman, M.D.
Associate Professor of Surgery

Title:
Vice Chief of Urology

Training:
M.D., University of Alberta (Canada), 2000

Residency:
Urology, Laval University (Canada), 2001–2005

Fellowship:
Urologic Oncology, Mayo Clinic College of Medicine (Minnesota), 2005–2008

Other Training:
B.S., Medical Science, University of Alberta (Canada), 1999
Fellow, Royal College of Surgeons of Canada, 2005
M.S., Clinical and Translational Science, Mayo Clinic Graduate School of Medicine (Minnesota), 2011

Clinical Interests:
Bladder cancer (including bladder-sparing options, robotic cystectomy, neobladders, hyperthermia); penile cancer (including penis-sparing options and inguinal lymphadenectomy); kidney cancer (including minimally invasive surgery, partial nephrectomy and vena caval thrombectomy); testicular cancer; urachal cancer; cancers of the ureter and renal pelvis; advanced genitourinary cancer surgery (including masses invading multiple organs and treatment-refractory tumors)

Research Interests:
Clinical research interests: Clinical trials of novel diagnostic tests and therapies for genitourinary malignancies, with a strong focus on bladder cancer. Basic science research interests: Immune therapies for cancer, molecular biology of bladder cancer, novel therapies—including hyperthermia—for bladder cancer.
Judd Moul, M.D.
Professor of Surgery

Title:
Director, Duke Prostate Center
James H. Semans, M.D., Professor of Surgery

Training:
M.D., Jefferson Medical College of Thomas Jefferson University (Pennsylvania), 1982

Residency:
Surgery, Walter Reed Army Medical Center (Washington, DC), 1982–1983
Urology, Walter Reed Army Medical Center (Washington, DC), 1983–1987

Fellowship:
Urologic Oncology, Duke University Medical Center, 1988–1989

Other Training:
B.S., The Pennsylvania State University, 1979
Fellow, American College of Surgeons

Clinical Interests:
Minimally invasive nerve-sparing radical prostatectomy, treatment of PSA-only or biochemical recurrence of prostate cancer, prostate cancer in African Americans, multidisciplinary management of prostate cancer, clinical trials in prostate disease, elevated PSA and screening, prostate cancer and outcomes/database research, elevated PSA and prostate cancer screening issues, active surveillance in early stage prostate cancer.
Edward Rampersaud, M.D.
Assistant Professor of Surgery

Title:
Director of Medical Student Education in Urology

Training:
M.D., Duke University School of Medicine, 2004

Residency:
Internship, General Surgery, Duke University Medical Center, 2004–2005
General Surgery, Duke University Medical Center, 2005–2006

Fellowship:
Urologic Surgery Research, Duke University Medical Center, 2006–2007
SUO Urologic Oncology, Institute of Urologic Oncology, University of California–Los Angeles (UCLA), 2010–2012

Clinical Interests:
Kidney cancer (including all facets of care for both localized and advanced pathology: minimally invasive techniques, renal-preservation surgeries, and advanced vascular/caval reconstruction as needed); testicular cancer (including the advanced upper-retroperitoneal and vascular techniques required to address post-chemotherapy pathology); bladder cancer (including bladder-sparing protocols, creation of neobladders, and robotic/minimally invasive techniques); prostate cancer (including robotic prostatectomy and multimodal management of locally advanced pathology); penile cancer (including penile-sparing techniques); advanced genitourinary cancer surgery; diagnosis and treatment of rare/unusual genitourinary and retroperitoneal tumors.
Urologic Oncology (continued)

Cary Robertson, M.D.
Associate Professor of Surgery

Training:
M.D., Tulane University School of Medicine (Louisiana), 1977

Residency:
Surgery, University of Oregon Health Center, 1977–1978
Surgery, Duke University Medical Center, 1980–1981
Urologic Surgery, Duke University Medical Center, 1981–1985

Fellowship:
Urologic Oncology (Fellow), Surgery Branch, National Cancer Institute (Maryland), 1985–1987
Urologic Oncology (Senior Investigator), Surgery Branch, National Cancer Institute (Maryland), 1987–1988

Clinical Interests:
Urologic oncology, robot-assisted laparoscopic radial prostatectomy, high-intensity focused ultrasound therapy of prostate cancer, renal-cell cancer, partial nephrectomy, benign prostatic hyperplasia

Research Interests:
High-intensity focused ultrasound therapy of prostate cancer; surgical technique improvement in prostate cancer; clinical predictors of outcome in prostate cancer; molecular imaging and genomics of genitourinary malignancies; quality of life measures in genitourinary malignancies.
Urologic Oncology (Duke Raleigh Hospital)

Aaron Lentz, M.D.
Assistant Professor of Surgery

Training:
M.D., University of North Carolina–Chapel Hill School of Medicine, 2005

Residency:
Surgery, UNC Hospitals, 2005–2006
Urologic Surgery, UNC Hospitals, 2006–2010

Fellowship:
Genitourinary Reconstructive Surgery, Duke University Medical Center, 2010–2011

Clinical Interests:
Genitourinary reconstructive surgery with focus on complex urethral stricture disease utilizing anastomotic and substitution urethroplasty; management of upper urinary tract obstruction; urinary fistula repair; prosthetic urology including penile implants for erectile dysfunction as well as artificial urinary sphincters and minimally invasive slings for male stress urinary incontinence; penile reconstruction for Peyronie's disease, corporal fibrosis, peno-scrotal lymphedema.
Urologic Oncology (Durham VA)

Philip Walther, M.D., Ph.D.
Professor of Surgery
Associate Professor of Pathology

Training:
M.D., Ph.D., Duke University School of Medicine, 1975

Residency:
Surgery, Duke University Medical Center, 1975–1976
Surgery, UCLA Medical Center (California), 1976–1977
Urologic Surgery, UCLA Medical Center (California), 1977–1981

Fellowship:
Clinical Fellow, American Cancer Society, 1983–1984

Clinical Interests:
Urologic oncology, including prostate cancer surgery (such as robotic prostatectomy and nerve-sparing prostatectomy); surgery for testis cancer (such as nerve-sparing retroperitoneal lymph-node dissection), bladder cancer (including continent reservoirs or neo-bladders), and kidney cancer (including tumor thrombectomy); laparoscopic robotic nephrectomy; prostate cancer staging; chemotherapy for bladder and prostate cancer; clinical trials in bladder, kidney, and prostate cancer, including neoadjuvant treatment for high-risk prostate cancer; prostate cancer chemoprevention.

Research Interests:
Developmental therapeutics of systemic urologic cancer; p53 mutations in prostate cancer; association of oncogenic types of human papillomavirus with urologic malignancy; treatment of renal cancer with gamma-interferon; androgen receptor-mediated transcriptional regulation in androgen-dependent human prostate cancer xenograft.
Nikki Le, M.D.
Assistant Professor of Surgery

Training:
M.D., Jefferson Medical College of Thomas Jefferson University (Pennsylvania), 2005

Residency:
Urology, University of Florida, 2006–2010

Fellowship:
Female Pelvic Medicine and Reconstructive Surgery, University of California–Los Angeles, 2010–2012

Other Training:
B.S., Biology, Emory University (Georgia), 2000
B.A., Spanish, Emory University (Georgia), 2000

Clinical Interests:
Pelvic floor reconstruction, pelvic floor prolapse, male and female incontinence and voiding dysfunction.

Andrew Peterson, M.D.
Associate Professor of Surgery
Residency Program Director

Training:
M.D., Dartmouth Medical School (New Hampshire), 1995

Residency:
Urology, Madigan Army Medical Center (Washington), 2002

Fellowship:
Reconstructive Urology, Female Urology, and Urodynamics, Duke University Medical Center, 2003

Other Training:
Fellow, American College of Surgeons

Clinical Interests:
Female urology with emphasis on urinary incontinence and vaginal prolapse (combined urology and gynecologic approach); reconstructive urology and bladder dysfunction in men and women; urinary incontinence in men; reconstruction for urethral stricture and trauma; new bladder construction and urinary diversion; video urodynamic study, of particular value to patients with bladder-emptying problems and bladder-outlet symptoms; care of prostate cancer survivors with respect to sexual function and urinary continence, including penile prosthesis.
Endourology, Laparoscopy, and Robotics

Michael Ferrandino, M.D.
Assistant Professor of Surgery

Title:
Director, Minimally Invasive Urologic Surgery
Associate Residency Program Director

Training:
M.D., New York University School of Medicine, 2001

Residency:
Urology, State University of New York Downstate Medical Center, 2007

Fellowship:
Laparoscopy, Robotics, and Endourology, Duke University Medical Center, 2009

Clinical Interests:
Minimally invasive treatment of benign and malignant urologic conditions; robotic, laparoscopic and endourologic approaches and medical and surgical management of stone disease.

Michael Lipkin, M.D.
Associate Professor of Surgery

Training:
M.D., University of Medicine and Dentistry of New Jersey–New Jersey Medical School, 2003

Residency:
Urology, New York University Medical Center, 2009

Fellowship:
Endourology (Kidney Stones), Laparoscopy, and Robotics, Duke University Medical Center, 2011

Clinical Interests:
Medical and surgical management of kidney stone disease, minimally invasive urologic surgery, endoscopic management of urinary tract obstruction, robotic and laparoscopic urologic surgery.
Thomas Polascik, M.D.
Professor of Surgery

Title:
Director, Society of Urologic Oncology Program
Director, Genitourinary Program on Focal Therapy

Training:
M.D., University of Chicago Pritzker School of Medicine (Illinois), 1991

Residency:
General Surgery, Johns Hopkins Hospital (Maryland), 1991–1993
Urology, James Buchanan Brady Urological Institute, Johns Hopkins Hospital (Maryland), 1993–1997

Fellowship:
Urologic Oncology, Johns Hopkins Hospital (Maryland), 1997–1998

Other Training:
Fellow, American College of Surgeons

Clinical Interests:
Robotic nerve-sparing prostate surgery; nerve-sparing focal therapy (cryosurgery, laser, hemiablation) for prostate cancer; minimally invasive (robotic, laparoscopic, cryotherapy) surgery for kidney tumors; urologic oncology.

Research Interests:
Prostate cancer imaging; focal therapy of prostate cancer; prostate cancer outcomes; kidney cancer outcomes; minimally invasive surgery; nerve-sparing cryotherapy.
Pediatric Urology

**J. Todd Purves, M.D.**
Instructor, Temporary in the Department of Surgery

**Training:**
M.D., University of Illinois College of Medicine, 2000
Ph.D., University of Illinois – Urbana-Champaign, 1998

**Residency:**
Urology, University of Arizona College of Medicine, 2002–2006
General Surgery, University of Arizona College of Medicine, 2000–2002

**Fellowship:**
Pediatric Urology, Johns Hopkins Hospital (Maryland), 2006–2008

**Jonathan Routh, M.D.**
Associate Professor of Surgery
Assistant Professor in Pediatrics

**Training:**
M.D., University of North Carolina–Chapel Hill School of Medicine, 2002
M.P.H., Harvard School of Public Health (Massachusetts), 2010

**Residency:**
Urology, Mayo Clinic (Minnesota), 2008

**Fellowship:**
Pediatric Urology, Children’s Hospital Boston (Massachusetts), 2011
Pediatric Robotic Surgery, Children’s Hospital Boston (Massachusetts), 2011
Pediatric Health Services Research, Harvard Medical School (Massachusetts), 2010

**Clinical Interests:**
Robotic and laparoscopic kidney and bladder surgery in children; urologic neoplasms in children; reconstructive surgery of congenital anomalies of the genitourinary tract (hypospadias, cryptorchidism, intersex, obstructive uropathies [hydronephrosis], vesicoureteral reflux, exstrophy); management of urinary-tract infections, incontinence, and enuresis in children; management of neurogenic bladders in children; general pediatric urology; consultation for fetal uropathies.
John Wiener, M.D.
Professor of Surgery
Associate Professor in Pediatrics

Title:
Section Head, Pediatric Urology

Training:
M.D., Tulane University School of Medicine (Louisiana), 1988

Residency:
General Surgery, Duke University Medical Center, 1988–1990
Urology, Duke University Medical Center, 1991–1995

Fellowship:
Urology (Research), Duke University Medical Center, 1990–1991
Pediatric Urology, Baylor College of Medicine (Texas), 1995–1997

Clinical Interests:
Reconstructive surgery of congenital anomalies of the genito-urinary tract (hypospadias, cryptorchidism, intersex, obstructive uropathies [hydronephrosis], vesicoureteral reflux, exstrophy); management of urinary-tract infections, incontinence, and enuresis in children; management of neurogenic bladders in children; urologic care of spina bifida patients; general pediatric urology; consultation for fetal uropathies; urologic neoplasms in children.

Research Interests:
Fetal and neonatal hydronephrosis; molecular biology of urogenital development; neurogenic bladder; voiding dysfunction; hypospadias.

General Urology and Male Sexual Dysfunction

Brian Whitley, M.D.
Assistant Professor of Surgery

Training:
M.D., University of Alabama School of Medicine, 2007
M.P.H., University of Alabama at Birmingham, 1999

Residency:
Urology, Duke University Medical Center, 2008–2013
General Surgery, University of North Carolina at Chapel Hill, 2007–2008
DUKE UNIVERSITY MEDICAL CENTER HISTORY

1891
Trinity College President John Franklin Crowell makes public a plan for starting a medical college with a teaching hospital at Trinity College.

1924
James B. Duke establishes The Duke Endowment and allocates part of his $40 million gift to transform Durham's Trinity College into Duke University.

1925
James B. Duke makes an additional bequest to establish the Duke School of Medicine, Duke School of Nursing, and Duke Hospital, with the goal of improving health care in the Carolinas and nationwide.

1927
Construction begins on the medical school and Duke Hospital.

1929
Three thousand applicants apply to the new medical school. Seventy first- and third-year students are selected, including four women.

1930
Duke Hospital opens July 20, 1930, attracting 25,000 visitors.
Classes begin in hospital administration, dietetics, and medical technology on August 15.
Eighteen third-year and 30 first-year medical students begin classes on October 2.
Duke University Medical Center History (continued)

1931
The Duke School of Nursing’s first class of 24 undergraduate students begin classes on January 2.
The dedication ceremony for Duke Medical School and Duke Hospital is held on April 20.
The Private Diagnostic Clinic, Duke’s physician practice organization, is organized September 15.

1940
The first wing is added to Duke Hospital.
The 65th General Hospital is authorized as an affiliated unit of the Duke University School of Medicine on October 17.

1957
The Outpatient Clinic and Private Diagnostic Clinic as well as the Hanes and Reed private floors and operating rooms are opened.
The original medical school and hospital are renamed Duke University Medical Center.

1966
A new hospital entrance, the Woodhall Building, opens.

1980
The new $94.5 million, 616-bed Duke Hospital opens, bringing the total number of patient beds to more than 1,000.
Duke University Medical Center History (continued)

1998
The Duke University Health System (DUHS) — an integrated academic health care system serving a broad area of central North Carolina — is officially created as Duke establishes partnerships with Duke Regional Hospital, Raleigh Community Hospital, and other regional health care providers. DUHS today includes three hospitals, ambulatory care and surgery clinics, primary care medical practice clinics, home health services, hospice services, physician practice affiliations, managed care providers, and other related facilities and services.

2007
Future DUHS expansion includes the development of the Hospital Addition for Surgery (HAFS) building.

2009
DUHS moves forward with the construction of a dedicated, state-of-the-art cancer center and the new Duke Medicine Pavilion, a major expansion of surgery and critical care services at Duke University Hospital.

2012
On February 27, a new landmark opens its doors on Duke's medical center campus — the seven-story, 267,000-square-foot Duke Cancer Center. More than just a modern space, it's an environment designed to transform the experience of every patient welcomed inside. The center consolidates outpatient cancer services and clinical research from across the campus into a patient-centered, multidisciplinary facility. The building adjoins the current Morris Cancer Clinic and is equipped with, among other features, 140 examination rooms, 75 infusion stations, a pharmacy, and an outdoor garden terrace where chemotherapy patients can go while receiving their infusions.

2013
The Duke Medicine Pavilion at Duke University Hospital opens in June. The eight-floor, 608,000-square-foot pavilion includes 160 critical care rooms, 18 operating rooms, and an imaging suite. The operating suites feature the latest in surgical technologies, as well as intraoperative magnetic resonance and computed tomography (CT) imaging capabilities that enable greater real-time precision and safety in complex procedures. With Duke University Hospital having to turn more than 900 patients away the previous year due to lack of space, the newly created critical care beds were urgently needed. Also, the 64 new intermediate care beds allow for optimal transition of patients from intensive care beds to standard hospital rooms.

The expanded Duke clinical facilities also provide state-of-the-art training and education for the nearly 900 residents and fellows at Duke — one of the largest training programs in the United States. This major expansion project follows several recent significant capital projects throughout Duke Medicine, including renovations at Duke Raleigh Hospital and Duke Regional Hospital, and the opening of several new clinics in Wake County (Brier Creek, Morrisville, Knightdale, and North Raleigh).
Facilities

The Department of Surgery’s residency program gives students the opportunity to gain hands-on experience providing care for diverse populations and treating a wide range of conditions. With five world-class facilities, surgical residents can take advantage of valuable training opportunities, from pediatric through geriatric procedures, including comprehensive experiences in hepatobiliary surgery, transplantation, vascular surgery, and advanced laparoscopic procedures. The program includes experience in community and VA-based care, which is crucial for surgeons interested in academic careers. Residents become equipped with the knowledge and skills needed to be competitive in the workforce.

**Duke University Hospital (DUH)**

Consistently ranked as one of the top ten hospitals by U.S. News & World Report, the 989-bed Duke University Hospital is a tertiary and quaternary care hospital and Level I trauma center. On its 210 acres, it houses comprehensive diagnostic and therapeutic facilities that serve a multistate region, drawing patients routinely from the Carolinas, eastern Tennessee, southern Virginia, Georgia, and Florida. Many of its programs also attract patients from other national and international sites. The main hospital is complemented by a state-of-the-art ambulatory surgery center situated two blocks away. Recent additions to Duke Hospital continue to add operative capacity and the patient volume continues to grow, consistent with the booming population moving to the triangle area.

**Duke Medicine Pavilion**

The Duke Medical Pavilion, a major expansion of Duke University Hospital, opened in 2014. The eight-floor, 608,000-square-foot pavilion includes 160 critical care rooms, 18 operating rooms, and an imaging suite. The building advances Duke’s surgical and intensive care capabilities by providing surgical faculty and staff with the capacity to meet the growing demand for Duke’s innovative procedures and recognized quality of care. The building’s spacious, light-filled waiting rooms and larger patient rooms ensure privacy and comfort. Its environmentally friendly design earned it a LEED silver certification.
Duke Clinic
Duke Clinic houses many of Duke’s specialty outpatient clinics, as well as medical school classrooms, laboratories, administrative offices, and a small number of inpatient units.

Duke Cancer Center
The Duke Cancer Center, which opened in February 2012, is a state-of-the-art facility that provides patients access to a more streamlined approach to cancer care. The 267,000-square-foot building epitomizes the Duke Cancer Institute model, fully integrating care and research. The synergy fostered by the cancer facility and DCI accelerates the translation of research discoveries into the most advanced clinical care for patients.

Duke Regional Hospital (DRH)
Duke Regional Hospital is a 369-bed acute care hospital that has been serving the community’s health care needs since 1976. A comprehensive facility, it offers Duke surgical residents experience in inpatient, outpatient, surgical, and emergency care. The medical facility also features a level II intensive care nursery, the 30-bed Durham Regional Rehabilitation Institute, and the Davis Ambulatory Surgical Center. It also has a nine-bed coronary care unit and a 17-bed intensive care unit. Other training opportunities include the highly acclaimed Duke Bariatric Surgery and Advanced Laparoscopic programs.
Durham Veterans Administration Hospital (DVAMC)
This 274-bed general medical and surgical facility is located just across the street from Duke Hospital. The DVAMC provides general and specialty medical, surgical, psychiatric inpatient, and ambulatory services and is a major referral center for veterans in North Carolina, southern Virginia, northern South Carolina, and eastern Tennessee. In this capacity, the DVAMC accommodates veterans from these regions with complex general, vascular, and cardiothoracic needs and, in addition, serves local veterans requiring care for common general surgical disorders.

Asheville Veterans Administration Hospital (AVAH)
The Asheville VA Medical Center is a tertiary care, 112-bed acute care facility located in western North Carolina. Asheville VA operates a separate 120-bed Extended Care and Rehabilitation Center, serving the western North Carolina area and portions of South Carolina, Tennessee, and Georgia. General surgical residents rotating through AVAH gain additional experience in vascular surgery, general surgery, cardiac surgery, and endoscopy.

Duke Raleigh Hospital (DRaH)
This is a 148-bed general medical and surgical hospital in Raleigh. The Duke Raleigh rotation provides residents with a community-based general surgery experience that includes what would be considered “bread and butter” general surgery, such as cholecystectomy, hernia, breast biopsy, mastectomy, and colectomy. It is currently expanding to include a comprehensive weight management program and enhanced general surgical oncology.
Duke Medicine and Duke University

With a top-ranked medical school, health system, and university, Duke University is a hub for academic excellence and innovation. Located in Durham, N.C. — one of the fastest growing areas in the country and a center of biomedical research — it produces leaders in fields ranging from business to engineering to public policy. Duke Medicine, which comprises Duke University Health System, Duke University School of Medicine, and Duke University School of Nursing, consistently ranks as one of *U.S. News & World Report’s* best medical centers.

Duke Medicine is an international leader in health care, research, and training. Its state-of-the-art facilities include the flagship Duke Hospital and two community hospitals, Durham Regional and Duke Raleigh. It’s also affiliated with other health care facilities, including local hospitals, community-based primary care physician practices, and hospice care. The School of Medicine has 31 departments, centers, and institutes, and employs more than 2,000 faculty members. Duke logs more than 61,000 inpatient stays and 1.8 million outpatient visits each year.

Duke Medicine offers world-class education for some of the brightest minds in medicine. Programs promote multidisciplinary collaboration between basic science, translational, and clinical faculty. Trainees are encouraged to pursue research in their area of interest and, upon graduation, are uniquely positioned for sought-after clinical or research positions.
Durham, North Carolina

Located halfway between the stunning Blue Ridge Mountains and the spotless beaches of the Outer Banks, Durham is the fourth largest municipality in North Carolina. Visitors come to Durham for its sports teams, eclectic restaurants, and diverse culture; residents live here for its reasonable cost of living, strong sense of community, and agreeable weather. From Forbes to USA Today, the Raleigh-Durham area consistently lands on the major top 10 lists of best places in the country to visit, live, and do business.

Durham has the charm of a Southern college town with the amenities of a larger city. The nearby Research Triangle Park, the largest research park in the country, is a wellspring of advancements and career opportunities in biotechnology, environmental sciences, and pharmaceuticals. The annual Full Frame Documentary Film Festival brings together people from all over the world to showcase the work of new and established filmmakers. With more than 60 parks, an extensive network of running and biking trails, and several major waterways, the city offers abundant activities for outdoors enthusiasts. Access to and from Durham is convenient, as the RDU airport just 12 miles outside the city.

(Clockwise from top left) ENO RIVER STATE PARK. Photo credit: Durham Convention & Visitors Bureau. AMERICAN TOBACCO CAMPUS. Photo credit: Durham Convention & Visitors Bureau. DURHAM BULLS ATHLETIC PARK. Photo credit: Brian Fleming Photography, Durham Bulls Athletic Park and Durham Convention & Visitors Bureau