

Setting Our Sails to Capture the Winds of Our Future

American Urogynecologic Society

State of the Society 2019

Presented September 26, 2019 at PFD Week

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I am honoured to be before you, presenting the State of our Society this afternoon. In any given year, there are many factors that influence the state of our society. Clearly, our resources, which include our financial position, and the volunteer contributions of our members, are essential elements. Good planning and management are also indispensable. I will touch on these factors shortly. But in addition to these parameters, which we personally manage, there are external elements that are outside of our influence, which can make or break our efforts. And in 2019 our society felt the influence of strong winds outside of our control.

Globally, Urogynecology has seen increasing regulation to restrict the use of mesh in reconstructive pelvic surgery. These regulations that have limited the materials and procedures that we offer our patients, began in Australasia, and by 2018 had spread to the UK. We might have expected these winds to reach North America, and in early 2019 the FDA held an Obstetrics and Gynecology Device Panel on Surgical Mesh for Transvaginal Repair of Prolapse. The stated goal was to define criteria to assess the 522 studies as required by the premarket approval required for Class III



devices. The panel recommended that favourable evaluation should be based on evidence of superior efficacy compared to native tissue repairs, in order to offset the established risks of complications unique to these procedures. And the panel set 36 months follow-up as an appropriate interval to make this assessment.

I testified on behalf of AUGS at the Advisory Panel, and my testimony largely supported the Panel's recommendations while highlighting the importance of choice for patients planning surgical management of prolapse. These gusts were harbingers of the subsequent FDA action although many of us were not prepared when on April 16, the FDA released a notice ordering all manufacturers of surgical mesh products for transvaginal repair of prolapse to

immediately stop selling and distributing their products in the U.S..

The FDA announcement was met with anger and frustration. Many felt that the FDA's action left several unanswered questions, including why the order was made prior to publication of 3-year data, and why it did not accommodate the use of these devices for patients at high risk of failure from native tissue repairs.

In an effort to answer these questions, Michelle Zinnert, your CEO, and I, along with executive members of the Board, had a meeting with members of the FDA Devices Branch. It was an illuminating meeting, which was described in detail in my Presidential Perspective of April 30. The bottom line was that the FDA was bound by Congressional mandate to make a decision by April 30th, and had to proceed without the 3-year data because the 522 studies were not yet complete. The conversation also illuminated the detail that the companies rather than the FDA determined decisions about intended population for the products. Through further discussion with industry leaders, it has become clear to me that the evolving nature of increased regulation and differences in the expected design and outcomes for 522 studies and PMA studies created considerable confusion that contributed to gaps in evidence. The bottom line is that many felt blindsided by this decision and its impact on how we treat our patients. More than that, it fed a sense

that innovation in our field was under attack.

Hopefully, you got a chance to hear the latest on the 522 studies yesterday afternoon in the special 522 Study session. We included it in this year's program to bring our members up to date. In the opening address, Ranee Thakar and I also outlined how our societies can cultivate innovation that will positively impact our patients moving forward.

On that theme, the Board has created a new Lectureship, the AUGS Innovator Lectureship, that is focused on innovation in Urogynecology, specifically addressing excellence in the development of new techniques, technology, outcome measures, educational initiatives and product development. Hopefully next year will see the inaugural lectureship. Now I would like to focus on how AUGS can deal with these sorts of external forces that are outside our control.

An important driver of this regulation was the stories from women who have suffered complications from surgery using mesh. Their difficulty in finding care to manage these complications has fueled their ire, as has legal counsel. Within North America, the resulting litigation has largely focused on surgical companies, resulting in closures that limit the products available to women seeking care. The media coverage of these events

tends to polarize the issue, pitting patients against surgeons. It has also drawn attention to the regulatory structure for these and other medical devices.

As an authority in female pelvic medicine and reconstructive surgery, AUGS is in the middle of this evolving story. Moreover, many AUGS initiatives could be negatively impacted, not to mention our reputation as an unbiased advocate for evidence based care. And yet, until recently, the AUGS voice in this fray was largely reactive to the day's crisis. For example, we did not have a plan when faced with picketers at our meeting last year, and had to react. How can we improve on this? Well, the fact is that we cannot impact how the wind blows, but we can trim our sails to ensure that the wind takes us where we want to go.

Last fall, the AUGS Board decided that our interests would be best supported by developing a proactive strategy on mesh rather than suffering a series of reactions to the issues of the day. Towards that end, we developed a comprehensive strategy on mesh to inform all the organization's endeavors.

The Board began the process by defining the principals that would serve as the foundation of the strategy. The first principal was our reaffirmation of the scientific method and evidence based medicine. Next, the Board confirmed the

importance of alternative treatment options, and the need to assess their value to patients in terms of benefits offset by risks. Finally, we recognized the importance of effective and timely management of surgical complications. With these principals established, we developed strategic goals across the organization's governance structure including research, education, quality improvement, patient engagement, and public relations.

RESEARCH

This afternoon, as I review AUGS activities in 2019, I am going to preface my remarks by describing the pertinent elements of the Mesh Strategy relevant to that portfolio. Let's start with Research. Ultimately, the Research goal of the Mesh Strategy is to position AUGS as a champion for and source of objective evidence to support patient alternatives. This clearly requires a patient centered approach to developing evidence that balances benefit with risk and avoids situations that lead to real or perceived bias. We must also acknowledge that complications are a reality of any surgery, and the timely and effective management of complications are our responsibility as surgeons. To achieve this, we need to promote research that defines gaps in the optimal treatment of surgical complications and facilitate research to fill those gaps.

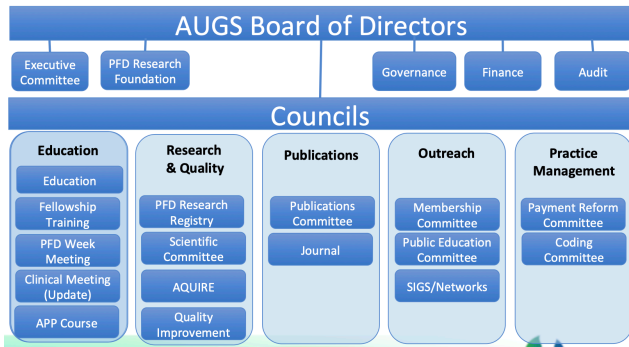
The first step to achieve these research goals was the development of a Position

Statement on the Management of Mesh Related Complications by the FPMRS Specialist. The Board decided that given the global nature of the issue, this would be an appropriate enterprise to do in collaboration with our sister organization, IUGA. We formed a joint writing group made up of IUGA members including Jonathan Duckett, Fred Milani, and Lucilia Pavan; and AUGS members including Christian Twiss, Lisa Rogo-Gupta, and Charley Rardin, who served as the Chair. They started by collecting the prior work on the topic, and defining where there was evidence and where there were gaps. They created standard terminology to clarify reporting, and then developed evidence informed algorithms to define a management protocol.

The draft document was trialed last Monday at the Consensus Conference on Pelvic Organ Prolapse and Mesh Complications that was organized by the Scientific Committee. It is worth recognizing the Scientific Committee, not only for staging the first and now the second Consensus Conference, but also for winning both a NICHD and an AHRQ grant to fund it. Thank you Naz and members of the Scientific Committee. The third and final Consensus Conference will take place on March 27-28, 2020 in Jacksonville, FL. And thank you to the writing group for this Position Statement that will be the backbone of the entire Mesh Strategy.

In fact, the writing committee, is actually part of the new Publications Committee led by Scott Smilen and Steve Swift. And this reminds me that I need to update you on recent governance changes within AUGS. The governance changes were predicated on the recognition that AUGS could improve on our existing Council structure in order to facilitate better communication between the Board, councils and committees. Here you see the prior Governance structure. We began by folding the ACQUIRE Committee and Networks Committees into the Scientific Committee. The QI-ORN project was placed under the Quality Committee, which was then moved to a new Council, the Research and Quality Council. Next, the Guidelines Committee, Systematic Review Committee, and Terminology Committee were folded into a new Publications Committee. This Committee actually became a council that also houses the Journal. And as the ACQUIRE registry became an increasingly important aspect of our future goals, we made it into a separate committee within the Research and Quality Council.

So you can see that the new Publications Council has taken on a lot of responsibility. In fact they have been quite productive as well. Beyond the development of the Position Statement on the Management of Mesh Complications, they have also produced a number of Best Practice Statement and systematic reviews.



The FPMRS Journal is also under the new Publications Council. I personally rely on the FPMRS journal to keep me up to date in our field, and I'm therefore, grateful to Linda Brubaker, our Editor in Chief, and the Editorial Board for their leadership in growing our journal. In 2018, the journal continued its upward curve on journal submissions, and through the development of an interactive Website, more than a third of our readership is now from outside the U.S.. But aside from academic quality and reach of the journal, FPMRS is now producing 6% of AUGS revenue. Diversification of revenue is an important goal for our organization. This was one of the drivers when we initiated the process of purchasing the journal in 2010 under the leadership of then President, Dee Fenner. And finally, we are reaping that reward. In 2020, AUGS will become the sole owner of the FPMRS Journal. This will allow us to not only increase the revenue to our organization but also make important editorial changes. Expect to see your journal monthly now with added pages and accessibility features.

EDUCATION

Returning to the Mesh Strategy, the Board identified education as another key area of focus. The Position Statement will play an important educational function for providers, but could also serve as a resource for patients. So, once it is finalized, we will develop a patient version. This fits into prior goals to develop a full range of shared decision-making tools to facilitate patient/doctor discussion.

While the Position statement will be an educational tool for physicians, we also strive to increase options for women by ensuring that our members remain skilled in non-mesh procedures for both urinary incontinence and prolapse. You will notice that these educational priorities are reflected in this year's workshops and surgical tutorials. The Board believes that AUGS is in the best position to provide CME education for the remaining procedures using mesh, and for future innovations. Specifically, AUGS can offer competency based medical education for developing new surgical skills that leads to credentialing. Aside from our broad experience in continuing medical education, we can also offer arms length education that corporate entities cannot. And these educational goals apply both to fellows and to practicing physicians, although the delivery will be separate. In fact, AUGS will further our profile in education by becoming an Accreditation Body for certifying CME events in 2020. Not only does this enhance our profile as an

Education authority, but it will also save the cost of CME accreditation for AUGS programs, as well as providing a new source of revenue for the organization.

Over the past few years, AUGS has developed a broad educational curriculum for fellows. When I attended my first AUGS meeting as a fellow, it was a career changing experience. The science that I saw and the proximity to colleagues with a shared interest and the leaders of the specialty was inspiring. I hope that we continue to provide such inspiration to our fellows, but we now also offer much more tangible knowledge than what I experienced in the early nineties. The Fellows Hands on Cadaver Lab that occurred on Tuesday, and Fellow's Day on Wednesday are good examples. Another is the Fellow's Hands on Course, where fellows from across North America come to learn FPMRS techniques from an expert faculty using cadavers. Thank you to John Gebhart for designing and fine-tuning this course over the last three years. And thank you as well to Rob Gutman who has been a long-term faculty member and will assume leadership of the course in 2020. The course is scheduled in Tampa Florida for February of 2020. Another example is the Fellow's Robotic Course, led by Pat Culligan, which will provide two days of hands on robotic training. It is scheduled for May 2020 in Atlanta.

And as fellows near their Board exam, AUGS has them covered, thanks to the

Self-Assessment Fellows' Exam or SAFE Exam, which gives them a chance to test their knowledge of FPMRS. We are thankful for Gary Sutkin's leadership of the Education Committee in launching the SAFE Exam, and to Jon Fischer for helping to keep the SAFE program running. Jon Fischer also helped AUGS to develop an online Urogynaecologists Self Assessment platform for practicing urogynaecologists, which is now available to all of AUGS members, whether they are learners or not.

Another initiative that bridges research and education is the Urogyn CREST program. Under the leadership of Cindy Amundsen and in collaboration with Duke, AUGS secured an NIHCHD Clinical Research Educational Scientist Training grant. This will fund a program for junior faculty to pursue a curriculum in data science and analytics. The goal is to prepare them to develop and win their own project grant in the future. And you can see here the inaugural class. Developing our new investigators is an important way to plan for the future.

Increasingly, we have recognized the growing number of subgroups within our membership who have specific learning needs. Advanced Practice Providers is one example. AUGS is acknowledging the unique learning needs and striving to meet them. With respect to Advanced Practice Providers, we had a special session for them on Wednesday. In addition, Matt Barker and John Occhino

developed a 2-day curriculum specifically designed for the advance practice provider who is either new to the urogynecology practice or has worked in Urogyn setting for some years. In 2020 they will be leading the third rendition of this course, which is scheduled for March in New Orleans.

Our Basic Scientists are another special interest group within AUGS. The Board recognized that discovery in basic science and translation science is often where innovation begins, and consequently, we want to provide fertile ground for it to flourish within AUGS. Towards that end, the Board has elevated the Basic Science SIG to a Sub-committee within the Scientific Committee. We also supported Marianna Alperin, and Maria Bortolini of IUGA to develop a full-day Basic Science Program for this year's meeting, that took place on Tuesday. You can see that our mesh strategy priorities even show up in their program.

We are also considering our members who are primarily clinicians and are developing education focused on clinically relevant practice advice that helps you to improve patient care. Within PFD Week, we have added a new Fundamentals of Urogynaecology course. My gratitude to Mark Walters, who developed this curriculum, which offers a broad vision of our specialty. The workshops and surgical tutorials are further educational programs directed to our clinician members. And for those

clinicians who find it difficult to make it to the PFD Week, we now offer a Clinical meeting, during the winter, focused on clinically focused topics. The Clinical Meeting, evolved from the former Update Course, and is now planned by Catherine Mathews and John Gebhart. Thank you Catherine and John. It will take place in January in Ft Lauderdale, Florida.

While the Board recognizes that the APP Course and the Clinical Meeting have value to specific members due to a focused educational curriculum and a tighter schedule, we also see benefit in having an annual gathering place for all of AUGS members. However, PFD week can be overwhelming and many members do not stay for the entire meeting. So we have tasked the new Program Committee, under the leadership of Adam Steinberg, to create new meeting tracks for specific AUGS Subgroups, that will improve the efficiency of planning and the educational experience of members. We will continue to add content tailored to specific sub-groups, but will organize the offerings during the week to create tracks for specific groups of our membership.

QUALITY

The Mesh strategy also has goals within our Quality portfolio. AUGS has already invested heavily in quality improvement through the founding of the Quality Improvement and Outcomes Research

Network. The QI-ORN network presented early findings at last year's meetings, and we are encouraging the completion of that work to see how surgical volume and sub-specialty status impacts surgical quality. We also started the AQUIRE registry, originally as a Qualified Data Registry that allowed members to participate in the Merit-Based Incentive Payment System arm of the Quality Payment Program. In 2016, AUGS developed the concept of expanding AQUIRE to include a module focused on treatments for stress urinary incontinence. Under Charley Rardin's leadership in 2017, AUGS partnered with the FDA to develop this module. The connection with the FDA led to a connection with MDEpiNet, a government, academic and industry partnership focused on developing a series of linked registries reporting on outcomes in women's health. This connection led to plans for development of the POP Module. AUGS pursued a Delphi process to determine outcome measures that were further honed at the POP Consensus Conference last Monday. The Quality Committee also collaborated with the Science Committee on the Prolapse Consensus Conference – specifically in identifying the existing patient reported questionnaires/outcomes focused on prolapse. The goal is to work to develop one comprehensive patient questionnaire that is feasible for use in clinical practice and for the AQUIRE registry. AUGS is now building that POP

module. And finally last last year, the AUGS Board prioritized developing evidence based approaches to managing surgical complications, including those involving mesh, which led to the enhancement of existing modules to include surgical complications.

Recently, the Board recognized that what began as a QCDR registry has grown to a much bigger undertaking. We have expanded the scope of the registry, but we have also taken on partners. This began with our partnership with the FDA, and then MDEpiNet, but since then we have added Society partners and Industry partners.

For example, we invited sister organizations, such as SGS to offer free participation in the AQUIRE registry to their members. We also included spots in the core SUI Registry for Industry partners, which allow incentivizing users through payments. To acknowledge these new partners, AUGS created the AQUIRE Partnership Alliance and created a governance structure. The AQUIRE Partnership Alliance includes one representative from all partners, including medical societies, relevant government and regulatory entities, and industry partners. The AQUIRE Partnership Alliance will be responsible for identifying future areas of investigation, as well as developing strategies for continuing to increase physician participation in AQUIRE.

We presently have 118 physicians enrolled to use AQUIRE. Most are using the SUI module at this point. There are 55 physicians actively entering data, and thus far we have 5000 patients entered, including ~500 in the SUI module. AUGS progress in pursuing our goals for AQUIRE have slowed this year due to unforeseen problems with our data platform provided by FigMD. In early 2019, with no warning, FigMD notified AUGS that they were increasing their annual fees by 400%. Yet again, the wind was blowing from a different direction. So the Board changed our tack, and pursued a new vendor Prometheus. The transition to the new vendor will be complete in November, and actually has provided a much better platform. It includes an ideal registry architecture that includes a portal for patient reported outcomes and a platform for clinician data capture. It can provide patient dashboards, as well as clinician focused quality reporting and regulatory reporting. This type of data is ideal for quality reporting but can also serve as a research platform for real world reporting of outcomes for innovative surgical procedures. For example, this is much more nimble than the platform used in the 522 studies.

So if you are not using AQUIRE, and are wondering whether you should be part of a surgical registry, the answer is yes. Beyond a quality improvement tool, it provides value for patients, providers, hospital administrators, and industry.

And compared to other surgical registries open to FPMPRS providers, AQUIRE has the appropriate platform elements to maximize your experience.

The Quality Committee has been pursuing other work as well. AUGS is a Member of the ACOG Patient Safety Council on Women's Health. They are working on a patient safety bundle for hysterectomy and opioid use, and the Quality Committee will take this work and focus it for the urogynecologist, along with developing quality outcome measures around postsurgical opioid use.

PATIENT ENGAGEMENT

Perhaps the most novel aspect of the AUGS strategy on Mesh, is within patient engagement.

When we learned last year that an advocacy group for women suffering from mesh complications, Mesh Victims United, was planning to protest at our meeting, we decided that the most pragmatic approach was to offer them a meeting with AUGS leadership. For me, that turned out to be a transformative conversation. Not only did it trigger compassion for their suffering but also made me realize that as an organization we needed to hear their stories.

Shortly thereafter, I traveled to the UK to attend the British Society of Urogynecology meeting in London. In conversations there with members of the Royal College of Obstetrics and

Gynaecology, I discovered that the RCOG has a Women's Network that served in an advisory capacity to the College. I was lucky enough to meet with the lead of this group and learn how they worked with and served the greater goals of the RCOG. By time I left, I had a new vision for AUGS. And when I took this vision to the Board, it was well received.

This was the basis for the development of the Patient Advisory Panel. So what does AUGS hope to achieve with the Patient Advisory Panel? Our goal is to open a conduit for the needs and opinions of women with PFDs that can reach and inform the AUGS Board and Committees on issues of importance to women with pelvic floor disorders. Importantly, this is not limited to patients with mesh complications but all PFDs where we strive to glean a patient's perspective on new clinical guidance documents, patient information materials, as well as quality improvement activities.

Of course, the population of women with PFD is large, and their experiences varied, so to engage the full spectrum of patient experience we are also creating the Voices for PFD Involvement Network. For more than 5 years, AUGS has provided a patient facing informational Website the Voices of PFD. It has more than 4000 regular users and offers women with PFDs a variety of resources. Within the web platform, we will create an online group of Voices for PFD members who want to use their

experience of women's health services to influence the work of the Patient Advisory Panel. One of the mandates of the Patient Advisory Panel is to monitor the dialogue on the PFD Involvement Network and elevate issues@@ that are important to the leadership of AUGS.

We held our first meeting of the Patient Advisory Panel on Monday. It includes 6 women who have experienced different PFDs. They are an accomplished and generous group of women who bring a broad range of professional skills and views to our organization. And they got right to work, as they were actively involved in Monday's Consensus Conference. Some of them are still here today, and I would like to take this opportunity to recognize them. Could the following members of the Patient Advisory Group stand: Nancy Gretzinger, Alexandra Pettet, Brenda Rosenthal, Malka Zeefe, Jan Gray, and Laura Ralph. I also want to acknowledge and thank Chris LaSala who is serving as the Chair and Julie Starr, as Vice Chair of the group.

There is one other element of patient engagement within the Mesh Strategy, and that relates to optimizing the treatment of surgical complications. As surgeons, we are all aware of the need to address surgical complications in a timely and effective way, and yet complications related to mesh procedures often fall short of this ideal. The Position Statement on Mesh Complications addresses this issue, and it was a topic of

discussion at the recent Consensus Conference. They identified a number of key qualities of both providers and centers that will help to optimize treatment of surgical complications, including those related to mesh.

It is also important to protect patients from for-profit Mesh Removal centers, which are little more than fronts for Plaintive Attorneys. These centers seek to optimize cases for litigation rather than optimizing patients, underlining the imperative for defining qualities of the ideal Center for Managing Complications.

Management of mesh-related complications should center around the patient. At the same time, many of these cases require a broad range of diagnostic and surgical skills that begs for an interdisciplinary approach. Regardless, access to the appropriate diagnostic and therapeutic modalities is essential as are the principals of quality assurance. This includes the use of established nomenclature, the utilization of an evidence based treatment algorithm, and the provision of audit and review of results. AUGS is committed to cultivating such centers and the providers to run them.

PUBLIC RELATIONS

The last element of our Mesh strategy relates to Public Relations. Our goal is to build AUGS reputation as an unbiased evidence based organization focused on

improving patient care. We also want to continue efforts to raise the positive visibility of urogynecology and those who practice it. To date, the preceding elements of the strategy have trimmed our sails so that we are on a tack to accomplish this goal.

We have talked about some of the elements that AUGS cannot control, but there are many things that we can control that deserve celebration.

MEMBERSHIP

The first is our membership. AUGS has continued to grow as an organization and now has more than 2,000 members. I've already touched on the diverse nature of our membership that includes care providers, scientists, and learners. The development of an International membership category, with a reduced fee, has built that segment of our membership. We now have members from 20 different countries outside of North America, and we are partnering with other North American professional organizations. For example, the Canadian Society of Pelvic Medicine held its third Annual Conference here in Nashville as part of PFD Week.

Recognizing and cultivating alliances with these sister organizations elevates the goals of FPMRS generally, as it does the goals of AUGS.

The second is the transition to self-management. For many years AUGS contracted our administrative staff from

a management company, Smith-Bucklin. In 2014, the Board decided that AUGS was big enough to save money by hiring our own staff. 2019 marked the completion of our staff transition and we now have 11 staff members that take care of day to day business. We still hire contract labour for portfolios that are not full-time, but these are limited. And here are your staff. I would like to thank Michelle Zinnert for building this amazing team. And the organization saves considerable money for more engaged staff.

And that brings us to AUGS financial position. Here you can see a very high level picture of our financial position for fiscal year 2018 and 2019.

Financial Position	Fy18 (Actual)	FY19(unaudited)
Operating Cash	\$883,016	\$1,589,668
Investments	\$1,952,911	\$1,882,978
Accounts Receivable	\$293,157	\$611,600
Fixed Assets	\$59,646	\$36,681
Total Assets	\$3,188,730	\$4,120,927
Accounts Payable	\$252,488	\$380,585
Deferred Revenue	\$634,489	\$1,643,043
Long-term liabilities	\$136,432	\$25,427
Total Liabilities	\$1,023,409	\$2,049,055
Position	\$2,165,321	\$2,071,872

You can see that our assets have improved since 2018, although our liabilities have risen as well, leaving the organization in a stable position. Our investments are above the goals set by the Finance committee, leading to the policy of spending extra revenue to maximize the resources available for our initiatives. Of course this policy depends on reliable revenue and for the last few years the Board has been focused on diversifying our revenue. You can see in

this chart that our overall revenue has grown year over year. 2015 is a bit of an aberration as that was the last combined AUGS/IUGA meeting, nevertheless, the upward trend is obvious. Historically, the largest source of revenue have been from industry and from members, including dues and meeting registration. Over the last 5 years, we have added new revenue sources, many of which I have mentioned already. This helps to protect our revenue during future times of uncertainty. And even within corporate support, you can see that we have sought corporate support of specific projects related to educational and quality initiatives, such as the ACQUIRE registry, with smaller amounts for meeting support.

Developing resources to realize our mission is a foundational element of pursuing the mission. While we are diversifying our resources, AUGS still partners with corporate entities that share our vision. Those companies whose corporate goals align with AUGS goals are often supportive of the mission and initiatives of AUGS and the PFD Research Foundation. Through partnering with AUGS and the PFD Research Foundation these companies enhance the advancement of our field. AUGS accepts corporate funding to support the Society's meetings, and events. AUGS accepts unrestricted corporate funding to support the Society's educational programs, patient education, and research. These funds are used to

support the infrastructure needed to host these types of initiatives such as, audiovisual, location rental fees, staff support and marketing). These funds are not used to support social events or meal functions held during the educational program. And yet, those who would like to discredit AUGS have recently suggested that industry funds represent unethical funding. So, in the interest of full transparency, AUGS will start publishing an addendum to our Annual Report that clarifies all corporate funding that AUGS receives.

We have already met the AUGS staff, and celebrated many of the volunteers that serve our organization. I would be remiss and not showing my gratitude to fellow members of the Board of Directors. Of course, the Board is always evolving, and this year we will lose a number of members, including two at large members, Jeff Clemons and Jennifer Wu. Karen Noblett, also finishes her term as the Chair of the Board for the PFD Foundation and Chris Tarnay will fill the void. Karen, thank you for your leadership. And finally, Charley Rardin finishes his role as Immediate Past

President, which completes his Presidential cycle. Charley, has been a tireless and effective advocate for AUGS, and we all owe him a debt of gratitude. And we welcome new Board members, Beth Mueller, Ike Rahn, Maggie Mueller, and Elizabeth Geller. And we welcome your next President, Shawn Menefee, as we head for smooth sailing.

Historically, this has been a venue to acknowledge one's mentors, yet the breadth of our Society's undertakings has captured my time. Nevertheless, I would be remiss in not mentioning three mentors who were so instrumental in building my foundation. They are Alf Bent, Rick Bump, and Al Addison. Of course, there are many others in this room who have had important impacts on my career as well, including more than 20 fellows and many residents with whom I have worked, and then colleagues who have served on committees and Boards with me over the decades. You are all what AUGS means to me, and I could not be more honored then to have served such a wonderful and supportive group.