Urologic Society for Transplantation & Renal Surgery

2026 Annual Meeting at the AUA, Washington DC

Sunday, May 17, 2026 - Marriott Marquis Hotel

Liberty Ballroom (IJK), Meeting Level 4

1:00 PM - 5:00 PM

2026 Program & Abstracts

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Kapoor Keynote Lecturer

Robert Uzzo, MD, MBA, FACS

President & CEO, Fox Chase Cancer Center, Executive Vice President for Cancer Services – Temple University Health System, Senior Associate Dean, Clinical Cancer Research – Lewis Katz School of Medicine at Temple University, G. Willing "Wing" Pepper Chair in Cancer Research

Dr. Uzzo will speak on Adjuvant Therapy in Renal Cell Carcinoma. Dr. Uzzo's primary research has been in renal cell carcinoma (RCC), with a special focus on clinical decision making, surgical management, and adjuvant therapies. Dr. Uzzo has been involved in multiple national and international trials in kidney cancer.

Kapoor Lecture established 2023 in memory of Dr. Anil Kapoor (Apr. 30, 1964 - Feb. 28, 2023)

We thank Seema Rawla, sister-in-law of Dr. Anil Kapoor for her generous donation to the USTRS to continue the legacy of Dr. Anil Kapoor and research in the field of Transplantation since 2023. The 2023, 2024 & 2025 donations of this annual contribution has been given by Seema Rawla, sister-in-law of Dr. Anil Kapoor on behalf of the Kapoor Family.

USTRS 2026 Program Schedule

1:00 PM - 5:00 PM	Sunday May 17, 2026, Marriott Marquis Hotel - Liberty Ballroom
12:30 PM - 1:00 PM	Check-in / Registration / Hang Posters / View Posters
1:00 PM - 1:10 PM	President's Welcome, **Obi Ekwenna, MD, University of Toledo**
1:10 PM - 1:40 PM	**KAPOOR KEYNOTE LECTURE** Adjuvant Therapy in Renal Cell Carcinoma. **Robert G. Uzzo, MD, MBA, FACS, Fox Chase Cancer Center at Temple Univ.**
1:40 PM - 2:10 PM	Developments in the Management of IVC Tumor Thrombus. **Jason Abel, MD, University of Wisconsin**
2:10 PM - 2:40 PM	How One Father Created an Organ Empire. **Danielle Ivory, NYT Investigative Reporter**
2:40 PM - 3:00 PM	**BREAK - VISIT EXHIBITORS - VIEW POSTERS**

POSTER SESSION PRESENTATIONS - Viewing only

POSTER 01: Artificial Urinary Sphincter Utilization After Prostate Cancer Treatment in Patients with and without Prior Kidney Transplantation. **Vivek Aslot, University of Toledo College of Medicine and Life Sciences**

POSTER 02: Association Between Calcineurin Inhibitor (Tacrolimus vs Cyclosporine) Use and Erectile Dysfunction After Kidney Transplantation. **Tarak Davuluri, University of Toledo College of Medicine and Life Sciences**

POSTER 03: Multistage treatment and outcome of renal auto-transplantation in tuberous sclerosis complex: A case report study. **Aleh Kalachyk, MD, Minsk Scientific and Practical Center for Surgery, Transplantation and Hematology, State Institution (Minsk, Rep. of Belarus)**

POSTER 04: A Structured Phased Training Protocol In Kidney Transplant: Safety And Efficacy At A High Volume Center. **Tejas Mistry, MD, University of Miami, Florida USA.**

POSTER 05: Phosphodiesterase Type 5 Inhibitor Use and Calcineurin Inhibitor Toxicity in Male Kidney Transplant Recipients. **Jolie Shen, MD, UCLA Urology, PGY4**

POSTER 06: Hemostasis Time as a Performance Metric in Robotic Kidney Transplantation: The Impact of Standardized Bench Preparation. **Clarisse Wee, Cleveland Clinic Kidney and Pancreas Transplant**

POSTER 07: Comparative Outcomes of Arterial Preservation Versus Sacrifice in Multiple-Artery Kidney Transplantation: A Systematic Review and Meta-Analysis. **Firtantyo Adi Syahputra, MD, FICS, F.MAS (Tio), Fatmawati Hospital, Jakarta - Indonesia**

POSTER 08: Reconstructive Surgery For Ureteral Strictures In Renal Transplant Patients: A Comparative Analysis Between Robotic And Open Surgery. **Josep Maria Bonet Vilanova, Hospital Universitari de Bellvitge**

USTRS 2026 Program Schedule

3:00 PM - 3:30 PM	Bladder Transplantation. **Nima Nassiri, MD, UCLA Health**
3:30 PM - 4:00 PM	Deceased Donor Initiated Living Donor Chains. **Michael Rees, MD, University of Toledo**

4:00 PM - 4:50 PM — **Novick Resident / Fellow / Medical Student Presentations on Innovative Research** **(Papers are 5 minutes each with 2 minute discussion)**

NOVICK 01: Comparative Analysis of Kidney-Only and Simultaneous Liver-Kidney Transplants from Donation After Circulatory Death Using Abdominal Normothermic Regional Perfusion versus Rapid Recovery: A Single Center Experience. **Siya Bhutani, M.D. Student | Class of 2027, University of Florida College of Medicine**

NOVICK 02: Who Gets Declined? Distinguishing Medical and Psychosocial Factors Among Kidney Transplant Candidates: Insight from a Single Center Cohort. **Christina Delvalle, MSSA, LISW, CCTSW, Cleveland Clinic Kidney & Pancreas Transplant**

NOVICK 03: Evaluation of Kidney Graft Survival After Controlled Donor Cardiac Death Using Hypothermic Machine Perfusion Versus Static Cold Storage. **Lucia Puig, Bellvitge Universitary Hospital**

NOVICK 04: Open Versus Robotic-assisted Orthotopic Kidney Transplantation: A Comparative Retrospective Cohort Study. **Lucia Puig, Bellvitge Universitary Hospital**

NOVICK 05: Hypogonadism and Skeletal Muscle Deficits in Male Kidney Transplant Candidates: Implications for ERAS and Risk Stratification. **Jolie Shen, MD, UCLA Urology, PGY4**

NOVICK 06: Robotic-Assisted Bilateral Native Nephrectomy After Kidney Transplantation in Autosomal Dominant Polycystic Kidney Disease Patients: A Safe and Feasible Alternative to Traditional Approaches. **Karan Kamath, University of Toledo College of Medicine and Life Sciences**

4:50 PM - 5:00 PM — ## Award Presentation Ceremony

Novick Grand Prize Award

First Place Poster Award

Second Place Podium Award

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2025 Kapoor Keynote Lecturer: Dr. Burchin Ekser, Loyola University Medical Center, awarded by USTRS Officers.

2025 Annual Meeting Highlights

USTRS Officers and Board

2025 Novick Award Winner: Lauren (Frankie), Schfrank, Medical Student, David-Geffen School of Medicine, UCLA, awarded by John M. Barry, MD, Emeritus Advisor.

2025 Award Winners: Poster Winner: Peter Ciechanski (accepted by Max Levine, MD), Univ. of Alberta; Podium Winner: Nuria DeFuentes, MD, Hospital Univ. deBellvitge, Barcelona, Spain; Novick Winner: Lauren (Frankie), Schfrank, Medical Student, David-Geffen School of Medicine, UCLA.

Poster Session Abstracts

Poster 01: Artificial Urinary Sphincter Utilization After Prostate Cancer Treatment in Patients with and without Prior Kidney Transplantation.

Authors: Vivek Aslot1, Tarak S Davuluri1, Tamia Lindgren1, Obi Ekwenna2 1.University of Toledo College of Medicine and Life Sciences, Toledo, OH. 2.Department of Urology and Transplantation, University of Toledo College of Medicine and Life Sciences, Toledo, OH

Introduction: Prostate cancer (PCa) impacts a significant portion of males worldwide each year. Common PCa therapies include radical prostatectomy (RP), radiation therapy (RT), and RP + RT. A known side effect of these therapies is stress urinary incontinence (SUI). Persistent SUI is defined as SUI lasting at least 6-12 months post PCa therapy. Artificial urinary sphincter (AUS) is the standard surgical treatment for moderate-to-severe SUI. The efficacy and safety of AUS is well established, yet discrepancies in utilization may exist in patients who have also undergone kidney transplant (KT), where altered retroperitoneal planes can preclude standard AUS reservoir placement. This retrospective cohort analysis aimed to evaluate the utilization of AUS in KT patients who have undergone RP, RP + RT, or RT. Methods: This study used data from the US Collaborative Network in TriNetX, accessed on October 29, 2025. Three cohorts were constructed involving PCa patients who underwent RP, RP + RT, or RT with at least 3 years of follow-up. Rates of persistent SUI and AUS utilization were measured at 6-18 months and 6 months to 3-year intervals. The same rules were applied to KT cohort, with the only difference being they must have had a KT prior to PCa diagnosis and PCa therapy. Results: SUI rates were consistent between general and KT PCa patients (Tables 1 and 2). SUI was highest in RP + RT cohort, and lowest in RT group. Due to the limited number of patients in KT cohort, AUS utilization was unable to be determined due to TriNetX privacy restrictions (Table 2). <10 indicates a value between 1 and 10 that cannot be disclosed (Table 2), while NR means not reportable, indicating a population of <10 that cannot be analyzed to prevent any personal identifiers (Table 2). Conclusions: Post PCa treatment SUI rates were comparable in men with and without KT. However, AUS use was markedly lower in KT recipients. Although limited by small sample size, our findings suggest potential underutilization of AUS in this vulnerable subgroup and highlight the need for focused studies to address anatomical and clinical barriers to care. Source of Funding: None

Poster 02: Association Between Calcineurin Inhibitor (Tacrolimus vs Cyclosporine) Use and Erectile Dysfunction After Kidney Transplantation

Authors: Tarak Davuluri1, Vivek Aslot1, Obi Ekwenna2 1.University of Toledo College of Medicine and Life Sciences, Toledo, OH. 2. Department of Urology and Transplantation, University of Toledo College of Medicine and Life Sciences, Toledo, OH

Introduction: Erectile dysfunction (ED) is an underrecognized complication among kidney transplant (KT) recipients, with multifactorial etiologies including vascular disease, metabolic dysfunction, psychological factors, and medication-related effects. Although KT improves overall quality of life and endocrine function compared to dialysis, sexual dysfunction may still occur. Calcineurin inhibitors, tacrolimus (TAC) and cyclosporine (CsA), are essential components of post-transplant immunosuppression and have been associated with endothelial dysfunction, neurotoxicity, and metabolic disturbances, all of which may affect erectile function. However, limited comparative data exist regarding the impact of TAC versus CsA on ED. This study sought to compare the prevalence of ED and phosphodiesterase-5 inhibitor (PDE5i) use among KT recipients treated with TAC versus CsA. Methods: Data was obtained from the US Collaborative Network in TriNetX, accessed on January 21, 2026. Two cohorts were established: KT patients who received TAC and those who received CsA within the first week post-transplant. Patients who used the alternative medication within the first-year post-transplant, or who had a history of prostate cancer with subsequent radiation therapy or radical prostatectomy, or a history of ED or PDE5i use prior to KT, were excluded. Extensive propensity score matching (PSM) was conducted for comorbid conditions such as diabetes, hypertension, hyperlipidemia, dependence on dialysis, and other immunosuppressive medications. After PSM, each cohort included 2,392 patients. ED and PDE5i use were assessed at 3 months, 6 months, and 1 year following KT. Results: Regarding ED use for TAC vs CsA, results were not reportable (<10) at 3 months. At 6 months and 1 year, odds ratio for ED was 1.22 (0.663,2.247) (p=0.5222) and 1.777 (1.113,2.838) (p=0.0147). Regarding PDE5i use for TAC vs CsA, odds ratios were 1.309 (0.729,2.352) (p=0.3659), 1.627 (1.011,2.617) (p=0.0429), and 1.661 (1.121,2.461) (p=0.0106), at 3 months, 6 months, and 1 year, respectively. Conclusion: Patients receiving TAC demonstrated increased odds of ED at one year, with no significant differences noted within the first 6 months post-KT. Higher odds of PDE5 inhibitor use were found at both six months and one year. This suggests a delayed, possible association between TAC and ED vs CsA following KT. Further prospective studies are warranted to elucidate the underlying mechanisms and to assess the clinical implications of immunosuppressive regimen selection on post-KT sexual function.

Poster 03: Multistage Treatment And Outcome Of Renal Auto-transplantation In Tuberous Sclerosis Complex: A Case Report Study

Aleh Kalachyk1, Sergey Polyakov2, Sergey Krasny2, Alexei Scherba1, Oleg Kozak1, Darya Liovina1, Denis Borodin1. 1- Transplantation Urology Department, Minsk Scientific and Practical Center for Surgery, Transplantation and Hematology, State Institution, 2 – Oncourology department, N.N. Alexandrov National Cancer Center of Belarus, Minsk, Republic of Belarus.

Introduction and objectives: While auto-transplantation is a surgical option for certain kidney issues, its application is very limited in the context of tuberous sclerosis complex (TSC) due to the underlying, multi-system nature of the disease. The objective of this study was to show the unique case of huge and multiple tumours foci ex-vivo resection followed by the kidney auto-transplantation in young adult patient. Methods: A 17-year-old female patient with a confirmed diagnosis of TSC presented with progressive abdominal pain and episodes of low-grade fever for two months. Contrast-enhanced multislice computed tomography revealed a huge left kidney mass measuring 170×105×205 mm with typical features of angiomyolipoma with several small foci of tumours. There was also marked displacement and compression of adjacent anatomical structures and organs. The open left-side nephrectomy was performed via a midline laparotomy. After removal, the kidney was

perfused with UW preservation solution. Cold ischemia time was 4,0 hours, including 2,5 hours for extracorporeal resection of tumour nodules followed by suturing of opened renal calyces and parenchymal defects, and 1,5 hours for vascular revascularization of the autograft by the external iliac vessels in intraperitoneal kidney position. The ureter was implanted into the urinary bladder using the Lich-Gregoir technique with JJ stent placement. Results: In the early postoperative period, the function of the autograft was partially preserved. In 3 months' postop renal scintigraphy showed a decrease in glomerular filtration rate (GFR) of the transplanted kidney to 4.6 mL/min/1.73 m^2, compared with 26.8 mL/min/1.73 m^2 before surgery. By the fourth postoperative month, the patient developed arterial hypertension. Follow-up CT angiography showed a renal transplant artery stricture, which required endovascular balloon angioplasty and stenting. In one year after intervention, kidney function was improved, with GFR reaching 8,6 mL/min/1.73 m^2. At the same time, an intraparenchymal pseudoaneurysm of a renal transplant artery branch measuring 1.3×2.1 cm was detected, required endovascular reintervention. Embolization with microspheres was performed. An optimal outcome was achieved. Conclusions: Extracorporeal resection of huge and multiple kidney angiomyolipomas followed by heterotopic auto-transplantation is a visible nephron-sparing technique. However, it requires intensive follow-up and, as in our case, minimally invasive endovascular procedures to preserve kidney function and manage potential complications.

Poster 04: A Structured Phased Training Protocol In Kidney Transplant: Safety And Efficacy At A High Volume Center

Dr Tejas Mistry 1, Dr Mrinal Pahwa2, Dr Vipin Tyagi2, 1 University of Miami, Florida USA, 2 Sir Ganga Ram Hospital, , New Delhi, India

Introduction & Objective: Kidney transplant surgery involves a steep learning curve which makes training of urology residents challenging. Structured curriculum is essential for patient safety and resident training. In the present study we evaluated a novel, structured multiphase training protocol from a high volume transplant center. Material & Methods: The prospective study was conducted from April 2022 to March 2025. 9 residents were trained over 4 months period of kidney transplant rotation and participated in 308 Kidney transplants. The protocol was devised in such a way that technically easier steps with lower risk of complications were prioritised before moving to more advanced and complex steps.. The protocol included sequential phase of: 1.First Assistant to Recipient surgery /2. Uretero-vesical anastomosis (Lich-Gregoir) / 3. Incision and Renal bed preparation / 4. Vascular dissection / 5. Vascular anastomosis. Primary outcome was incidence of major complications (Clavien-Dindo ≥ III). Secondary outcome measures included operative time, estimated blood loss (EBL) , immediate graft function (IGF), resident performance using modified OSATS score and their confidence score based on Likert scale. Outcomes were compared to a matched cohort of 292 transplants performed by attendings alone. Results: Total 308 Kidney transplants were performed with resident participation. Incidence of Clavien-Dindo ≥ III complication was 2% which is comparable to our attending only cohort (1.8 %, p=0.135). The mean performance score significantly improved from phase 1 (mean 15) and 5 (mean 28) ($p < 0.05$). The mean improvement in confidence scores of all residents at the end of training was found to be statistically significant (from 3.2 to 8.5, $P = 0.0004$). There was no significant difference in immediate graft function and estimated blood loss between residents cohort at the end of training and attending cohort Conclusion: The structured phased training approach demonstrates significant improvement in performance and confidence of residents without compromising patient safety. The protocol provides framework for standardised training of residents in Kidney transplant. Source of Fund: None.

Poster 05: Phosphodiesterase Type 5 Inhibitor Use and Calcineurin Inhibitor Toxicity in Male Kidney Transplant Recipients.

Jolie Shen1, HJ Kim1, M Demirjian1, L Kwan1, S Eleswarapu1, J Andino1, J Mills1, J Veale1, 1UCLA Medical Center, Los Angeles, CA

Introduction And Objectives: Solid organ transplantation is life-saving but necessitates lifelong immunosuppression, driving calcineurin inhibitor (CNI)–related nephrotoxicity and cardiovascular complications. Phosphodiesterase type 5 inhibitors (PDE5i), widely used to promote smooth muscle vaodilation in erectile dysfunction, exhibit additional cardiovascular and renoprotective effects that may mitigate CNI-associated vasoconstrictive injury. However, supporting clinical data remain scarce. Methods: This single-center retrospective cohort study included 948 male kidney transplant recipients from 2016-2020. Patients were categorized as daily tadalafil users (n=33), as-needed PDE-5 inhibitor users (n=80, excluded), or non-users (n=915). Primary outcome was CNI toxicity (biopsy-proven or clinical diagnosis). Secondary outcomes included graft loss, dialysis resumption, cardiovascular events, and mortality. Multivariable logistic regression and propensity score matching (3:1) adjusted for confounders. Results: Among 1,028 eligible patients, 482 underwent allograft biopsies, of which 135 (28.0%) had CNI toxicity. CNI toxicity occurred in 127 patients (13.4%) and was associated with 2-fold higher graft loss (13.4% vs 6.1%, p=0.003) and 4-fold higher dialysis resumption (9.4% vs 2.4%, p<0.001), Panel B). CNI toxicity affected 9.1% of tadalafil users versus 13.6% of non-users (p=0.487). After adjustment, daily tadalafil showed a non-significant protective trend against CNI toxicity (aOR 0.4, 95% CI 0.1-1.8, p=0.228; aHR 0.46, 95% CI 0.1-1.9, p=0.285). All CNI toxicity in tadalafil users was chronic rather than acute. No cardiovascular deaths occurred in tadalafil users versus 3.0% in controls. Propensity-matched analysis confirmed no significant association. Conclusion: CNI toxicity significantly impacts renal allograft outcomes. Daily tadalafil use was not associated with a lower incidence of CNI toxicity or improved secondary outcomes among kidney transplant recipients. Given the small cohort of daily PDE5i users, larger prospective studies are warranted to further investigate the potential benefits of PDE5i therapy in this population. Funding Source: H&H Lee Research Grant

Poster 06: Hemostasis Time as a Performance Metric in Robotic Kidney Transplantation: The Impact of Standardized Bench Preparation.

Sami Shoucair, Clarisse Wee, Hafiz Umair Siddiqui, Dylan Isaacson, Wei Kelly Wu, Alvin Wee, Venkatesh Krishnamurthi, Mohamed Eltemamy, Yi-Chia Lin,Cleveland Clinic, Cleveland, OH

INTRODUCTION: Meticulous back table preparation is essential to ensure hemostasis in robot-assisted kidney transplantation (RAKT), where restricted ability for manual compression poses unique challenges to bleeding control. We implemented a standardized bench preparation protocol for both multi-port (MP) and single-port (SP) RAKT and evaluated its impact on hemostasis time (HT) and perioperative outcomes. METHODS: A retrospective analysis was performed on 209 RAKT from 2021 to 2025; 83 cases with available surgical video were included. HT was defined as the interval between graft reperfusion and the beginning of a cystotomy to perform the ureterovesical anastomosis. Cohort was stratified into ≤18 minutes (n=40) and >18 minutes (n=43) groups; cutoff of 18

minutes represented median HT in normally distributed cohort. RESULTS: Median recipient age was 56.6 years with median BMI 31.3 kg/m2; 71.1% male. Living donors accounted for 57.8%, and 59% were performed using a SP robot. Median operative time was 238.5 minutes, and median HT was 18 minutes. Recipients with prolonged hemostasis time (PHT; >18 min) were older (58.2 vs. 49 years, p=0.036), more likely to receive deceased donor grafts (60.5% vs. 22.5%, p<0.001), and had higher rates of pre-transplant dialysis (67.4% vs. 47.5%, p = 0.053) and longer cold ischemia times (587 ± 463 vs. 170 ± 234 min, p=0.001). There were no differences in deceased donor type, kidney laterality, or robot used (SP vs. MP). PHT was associated with longer operative time (273 ± 88 min vs. 234 ± 53 min, p = 0.018) and greater estimated blood loss (113 ± 64 mL vs. 54 ± 41.8 mL, p = 0.029). Multiple-artery kidneys were more frequent in the short hemostasis group (17.5% vs. 2.3%, p=0.022). These recipients exhibited a larger postoperative hemoglobin drop (ΔHb 1.4 vs. 0.6 g/dL, p=0.036) but rates of complications, delayed graft function, and readmission did not differ significantly. CONCLUSIONS: A standardized back-table preparation protocol facilitates efficient and reproducible hemostasis in RAKT. PHT correlates with older recipients, deceased donor grafts, and longer ischemia times, reflecting case complexity rather than a direct causal relationship with postoperative renal function. Hemostasis time may serve as a simple, quantifiable intraoperative quality metric for robotic transplantation performance and training. SOURCE OF FUNDING: None.

Poster 07: Comparative Outcomes Of Arterial Preservation Versus Sacrifice In Multiple-artery Kidney Transplantation: A Systematic Review And Meta-analysis.

Firtantyo A. Syahputra,1,2 Pande M.W. Tirtayasa,3 Gerhard R. Situmorang,1 Yonas Hutasoit,2 Caesar Wallad,2 Maulidina M. Rahmita,2 Syamsu Hudaya,2 Amrizal Umran,2 Arry Rodjani,1 Nur Rasyid1 1Faculty of Medicine, Universitas Indonesia, Dr. Cipto Mangunkusumo National Referral Hospital, Department of Urology, Jakarta, Indonesia 2Fatmawati Hospital, Division of Urology - Department of Surgery, Jakarta, Indonesia, 3Faculty of Medicine, Universitas Udayana, Universitas Udayana Teaching Hospital, Department of Urology, Bali, Indonesia.

Introduction and Objective: Kidney grafts with multiple renal arteries (MRA) present technical challenges that influence surgical strategy and outcomes. The optimal management of accessory arteries—arterial preservation versus selective ligation—remains debated. This systematic review and meta-analysis aimed to compare clinical outcomes of these two approaches to establish an evidence-based surgical framework. Methods: A systematic search of PubMed, Google Scholar, Semantic Scholar, Springer, and Oxford Academic was conducted through August 2024. Comparative studies of MRA kidney transplants managed by arterial preservation (reconstruction) or arterial sacrifice (ligation) were included. Primary outcomes were major urological complications (including ureteral leak, necrosis, or stenosis), renal artery thrombosis, and 1- and 5-year graft survival. Secondary outcomes included delayed graft function (DGF), transplant renal artery stenosis (TRAS), warm ischemia time (WIT), and patient survival. Study quality was assessed using the Newcastle–Ottawa Scale. Random-effects models were used to calculate pooled odds ratios (OR), mean differences (MD), and hazard ratios (HR) with 95% confidence intervals (CI). The protocol was registered in PROSPERO (CRD420251148715). Results: Seventeen studies including 12,845 patients were analyzed. Arterial sacrifice was primarily performed for arteries <2–3 mm in diameter, perfusing <10% of renal parenchyma, or located at the upper pole. Arterial sacrifice, particularly involving lower-pole arteries, was associated with a higher risk of major urological complications (OR 3.15, 95% CI 1.88–5.28, p<0.001) and an increased incidence of segmental graft infarction (OR 4.52, 95% CI 2.10–9.73, p<0.001). Arterial preservation resulted in longer WIT (MD +7.8 minutes, 95% CI 5.12–10.48, p<0.001) and a higher risk of late-onset TRAS at reconstruction sites (OR 2.21, 95% CI 1.19–4.11, p=0.012). No significant differences were observed in DGF, graft survival at 1 or 5 years, or patient survival. Conclusions: In MRA kidney transplantation, sacrificing small upper-pole arteries is generally safe with comparable long-term graft and patient survival but increases the risk of segmental infarction. Preservation of viable, especially lower-pole, arteries reduce urological complications; however this must be balanced against longer operative time and a modest increase in late TRAS. Surgical strategy should be individualized based on arterial anatomy. Source of Funding: None.

Poster #08: Reconstructive Surgery For Ureteral Strictures In Renal Transplant Patients: A Comparative Analysis Between Robotic And Open Surgery.

Bonet Vilanova, J.M.; Ectheverry Giadrosich, B.; Bardella Altarriba, C.; Ferrando, V.; Fiol Riera, M.; Buisan Rueda, O.; Pérez Reggeti, J.I.; Suárez Novo, J.F.; Castells Esteve, M.; Vigués Julià, F.,Hospital Universitari de Bellvitge. L'Hospitalet de Llobregat, Barcelona.

Introduction: Ureteral strictures are a common complication after kidney transplantation (KT) and can seriously compromise graft survival and function. Between 5% and 10% of KT patients develop ureteral strictures. Surgical treatment can be performed using either open or robotic approaches. Despite the theoretical advantages of robotic surgery, comparative data remain limited. This study aims to compare the efficacy and safety of robotic surgery versus conventional open surgery in the management of post-transplant ureteral strictures. Methods: This was a single-center retrospective study of patients who underwent surgery for post-KT ureteral stricture between 2000 and 2025, either by open or robotic approach. Propensity score adjustment was performed using inverse probability of treatment weighting (IPTW). The variables analyzed included major complications (Clavien-Dindo ≥III), postoperative estimated glomerular filtration rate (eGFR), and stricture recurrence. Results: A total of 90 patients were included (43 robotic surgery and 47 open surgery). After IPTW adjustment, the rate of major complications was significantly lower in the robotic group (9.8% vs 30.7%; p=0.03). Postoperative eGFR was comparable between groups (41.6 vs 46.6 ml/min; p=0.20), and no significant differences were observed in recurrence rates (7.6% vs 12.1%; p=0.41). The presence of major complications was the only significant predictor of recurrence (OR=10.4; p=0.014). Conclusions: Robotic surgery appears to be a safe and effective option for the treatment of post-KT ureteral strictures. Compared with open surgery, it is associated with a lower rate of major complications while achieving equivalent functional and recurrence outcomes. These results support the progressive integration of this technique as a first-line approach in experienced centers.

Novick Podium Session Abstracts

Novick 01: Comparative Analysis of Kidney-Only and Simultaneous Liver-Kidney Transplants from Donation After Circulatory Death Using Abdominal Normothermic Regional Perfusion versus Rapid Recovery: A Single Center Experience.

Siya Bhutani, Adriana Abreu, Rushi Shah, Ashraf El-Hinnawi, Wen Xie, Daiki Soma, Ali Zarrinpar, Lucas Ernani, Werviston De Faria,

Sergio Duarte, Georgios Vrakas, Thiago Beduschi, Division of Transplantation & Hepatobiliary Surgery, Departments of Surgery & Urology, University of Florida College of Medicine, Gainesville, Florida.

Introduction: Normothermic regional perfusion (NRP) expands the use of organs from donation after circulatory death (DCD) by reoxygenating organs in situ, mitigating warm ischemic injury and promoting metabolic recovery. While NRP has been shown to safely expand donor criteria DCD liver transplantation, its impact on kidney graft outcomes remains poorly defined. We evaluated donor characteristics, perioperative variables, and early renal outcomes following kidney-only and simultaneous liver-kidney (SLK) transplantation to determine the influence of NRP on kidney graft function and survival. Methods: We identified 49 DCD donor procurements utilizing rapid recovery (RR) and NRP that resulted in kidney-only or SLK transplantation at the University of Florida between August 2020 and July 2025. Donor characteristics, perioperative variables, and recipient outcomes were compared. Primary outcomes were 6-month patient and graft survival. Secondary outcomes included postoperative intensive care unit (ICU), hospital length of stay and measures of graft function. Results: Of 49 DCD transplants, 34 were kidney-only (17 RR, 17 NRP) and 15 were SLK (10 RR, 5 NRP). KDPI varied across donor groups (p=0.003), with lower values amongst SLK recipients, while other donor and baseline recipient characteristics were similar. Among the kidney-only group, NRP was associated with a significantly (p=0.024) greater creatine reduction ratio (CRR) on postoperative day (POD) 1 when compared to RR with trends towards improvement on POD 2 and 3. NRP recipients also had shorter ICU stays (p=0.031) and no cases of delayed graft function (DGF), trending towards significance (p=0.07). In SLK recipients, NRP was associated with higher CRR on POD 1 and 2 (p=0.055, p=0.075, respectively). Overall, ICU and total length of stay were significantly longer among recipients of RR kidneys compared with NRP recipients (p=0.022 and p=0.032, respectively). Six-month patient survival was 100%, with no graft loss. Conclusions: Despite a small single center cohort, our analysis suggests that NRP may improve early kidney graft function in DCD kidney-only and SLK transplantation and may enhance utilization of DCD kidney grafts. Source of Funding: None.

Novick 02: Who Gets Declined? Distinguishing Medical and Psychosocial Factors Among Kidney Transplant Candidates: Insight from a Single Center Cohort.

Christina Delvalle, Hafiz Umair Siddiqui, Dylan Isaacson, Salim Younis, Venkatesh Krisnamurthi, Yi Chia Lin, Alvin Wee, Mohamed Eltemamy, Anne Huml.

Introduction: Although kidney transplant evaluations aim to identify candidates most likely to benefit from transplantation, many candidates who complete the evaluation process are ultimately declined at selection committee. Limited data describes reasons for decline. Methods: We conducted a retrospective review of patients who completed the kidney transplant evaluation and were presented to the selection committee between January 2023 and June 2023 at a single center. Patients evaluated for multi-organ transplantation were excluded. Patients were categorized by reason for decline as medical or psychosocial. Demographic and clinical variables were included. Descriptive statistics and univariate comparison were performed to identify associations with reason for decline. Upset plot was generated to analyze the overlap of psychosocial barriers. Results: Of 82 declined patients, 56 (68%) were declined for medical reasons and 26 (32%) for psychosocial reasons. Age was significantly associated with reason for decline (p=0.009): younger adults (20-44 years) were more frequently declined for psychosocial reasons (27% vs 9%), while older adults (>65 years) were more often declined for medical reasons (55% vs 23%). No significant associations were observed for gender, race, education, insurance type or dialysis status. Patients declined for medical reasons had higher median household income ($30,000 vs $15,000, p=0.048). Among psychosocial declines, the most common factors were no social support (35%) and noncompliance (27%). Several cases involved multiple overlapping psychosocial barriers. Conclusion: Among kidney transplant candidates declined after evaluation, psychosocial factors accounted for nearly one-third of cases. The analysis highlights the significant role of these factors in candidate outcomes, providing valuable insight into the characteristics of this cohort. Understanding distinct patterns of medical and psychosocial decline can guide more equitable and patient-centered evaluation processes within transplant programs. Source of Funding: None

Novick 03: Evaluation of Kidney Graft Survival After Controlled Donor Cardiac Death Using Hypothermic Machine Perfusion Versus Static Cold Storage.

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INTRODUCTION AND AIM: Donation after controlled cardiac death (cDCD, Maastricht category III) has steadily increased in recent years, raising interest in optimizing graft preservation and mitigating the detrimental effects of warm ischemia time (WIT). This study aimed to assess the long-term benefit of hypothermic machine perfusion (HMP) compared to cold storage (CS), with a mean follow-up of 68 months. METHODS: We conducted a prospective, randomized study between June 2017 and November 2020 including 27 cDCD donors from Bellvitge University Hospital, yielding 54 kidney grafts randomized 1:1 to HMP or CS preservation. Primary endpoints were 5-year graft survival and estimated glomerular filtration rate (eGFR). Secondary data collected included donor characteristics, episodes of rejection, and need for post-transplant hemodialysis resumption. RESULTS: Mean donor age was 61 years. Donor comorbidities included diabetes mellitus in 7 (26%) and hypertension in 14 (52%) cases. Mean WIT was 19.6 minutes. cPRA was 0% in 42 (77%) recipients. Hemodialysis resumption was required in 9 (16.6%) patients, and graft loss due to immunologic rejection (Banff type IB) occurred in 7 (13%). Kaplan–Meier analysis demonstrated 5-year graft survival rates above 75% in both groups, with no statistically significant difference (log-rank p = 0.78). In the Cox regression model, HMP was not independently associated with improved graft survival (HR 0.94, 95% CI 0.36–2.45; p = 0.90). However, a trend toward higher 5-year eGFR was observed in the HMP group compared with CS, though this difference did not reach statistical significance (p = 0.09). CONCLUSION: HMP shows a potential benefit in preserving long-term renal function following cDCD kidney transplantation. Larger multicenter trials are warranted to confirm its impact on graft survival compared with CS. Source of funding: none.

Novick 04: Open Versus Robotic-assisted Orthotopic Kidney Transplantation: A Comparative Retrospective Cohort Study

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INTRODUCTION: Kidney transplantation remains the gold-standard therapy for end-stage renal diseases. Selected patients may require orthotopic kidney transplantation (OKT). Emerging series of robot-assisted orthotopic kidney transplant (R-OKT) have demonstrated its feasibility and promising outcomes. However, no comparative analysis between open and robotic approaches has been reported. The aim of this study is to compare perioperative and functional results of Open OKT (O-KT) versus R-OKT. METHODS: We performed a retrospective study including patients undergoing OKT between 2017 and 2025 at our institution. Patients were divided into O-OKT and R-OKT groups. The primary endpoint was to assess safety and perioperative benefits by analyzing major postoperative complications (Clavien–Dindo≥III), surgical site events, transfusion requirements, and length of hospital stay. Secondary endpoints included graft survival measured by eGFR and hemodialysis re-initiation, as well as overall survival(OS). RESULTS: 32 patients were included: 11 in the O-OKT group and 21 in the R-OKT group. No statistically significant differences were observed between the groups regarding intraoperative complications, surgical site events or major postoperative complication, as well as median operative time, anastomosis duration, and length of hospitalization. Transfusion requirements were more frequent in the open group (70% vs 47%), without reaching significance. Three perioperative deaths occurred (9.4% overall), without intergroup difference. Delayed graft function(DGF) occurred in 32% of cases. Three graft nephrectomies (9% overall) were required, all within the robotic cohort. Renal function and graft survival up to 3-years showed no significant differences. OS was 52% at 5 years, no difference between groups. O-OKT R-OKTp-valueIntraoperative complications2(18.2 %)2(9.5%)0.59Surgicaltime(min)282(255–312)283(255–312)0.68Anastomosis time(min)42(35–48)42(34–48)0.08Hospitalization lenght15(11–27)15(11–27)0.63Complications 5(45.5%)7(33.3%)0.70. CONCLUSION: No significant differences were found between O-OKT and R-OKT. Despite a high rate of major complications and low patient survival at 5 years, graft survival and renal function remained stable over time, reflecting the comorbidity burden of this complex patient population. Larger, prospective studies are warranted to confirm the potential clinical advantages of R-OKT. Source of funding: none.

Novick 05: Hypogonadism and Skeletal Muscle Deficits in Male Kidney Transplant Candidates: Implications for ERAS and Risk Stratification

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Introduction And Objectives: Hypogonadism is common among men with end-stage renal disease (ESRD) and contributes to fatigue, muscle wasting, sexual dysfunction, diminished quality of life, and impaired postoperative recovery. Testosterone replacement therapy (TRT) is well-tolerated in this population and emerging evidence suggests a potential association with improved cardiovascular and all-cause mortality outcomes in hypogonadal men. This study aims to characterize hypogonadism in kidney transplant candidates and evaluate baseline differences relevant to postoperative outcomes.Methods: This is an interim analysis of a prospective, single-center study assessing the impact of TRT in hypogonadal men with ESRD undergoing kidney transplantation. Baseline demographic, biochemical, and endocrine data were collected, along with bioimpedance-derived skeletal muscle analysis and patient-reported outcomes using the quantitative Androgen Deficiency in the Aging Male (qADAM) questionnaire. Following transplantation, outcomes will be compared between patients receiving TRT and retrospectively matched controls to evaluate safety, graft function, and patient-reported outcomes.Results: Forty-seven men were enrolled, of whom 20 (42.6%) met criteria for hypogonadism. Eleven hypogonadal patients have initiated TRT. Compared with eugonadal men, hypogonadal patients demonstrated higher baseline follicle-stimulating hormone (FSH) levels (11.5 vs 6.7 IU/L, p = 0.042), lower skeletal muscle mass percentage (27.9% vs 32.3%, p = 0.029), and lower age-adjusted skeletal muscle mass percentile (1st vs 22.5th percentile, p = 0.041). No significant differences were observed in qADAM scores between cohorts (Figure 1). Conclusion: In this prospective cohort of highly-listed male kidney transplant candidates, nearly half were hypogonadal, consistent with prior reports. The observed elevated FSH among hypogonadal patients is consistent with a primary testicular dysfunction, distinguishing it from the secondary (hypogonadotropic) hypogonadism typical of other chronically ill or deconditioned populations. Future analyses will evaluate the safety and efficacy of testosterone replacement therapy (TRT) as an adjunct to enhanced recovery after surgery (ERAS) protocols in hypogonadal men with ESRD undergoing kidney transplantation.Source Of Funding: 2025 Urology Care Foundation Residency Research Award, Robert J. Krane MD Research Fund.

Novick 06: Robotic-Assisted Bilateral Native Nephrectomy After Kidney Transplantation in Autosomal Dominant Polycystic Kidney Disease Patients: A Safe and Feasible Alternative to Traditional Approaches.

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Introduction: Timing for native nephrectomy in patients with autosomal dominant polycystic kidney disease (ADPKD) is often debated. Historically, the decision to operate is staged prior to or performed at the time of transplant. Few studies have investigated native nephrectomy performed after kidney transplant, particularly bilateral native nephrectomy (BNN). In this single-center study, we compare postsurgical outcomes from open nephrectomy (ONx), laparoscopic nephrectomy (LNx), and robotic-assisted nephrectomy (RNx) in ADPKD patients undergoing bilateral native nephrectomy (BNN) after kidney transplant. Methods: We performed a retrospective review of renal transplant patients with ADPKD who underwent open, robotic, or laparoscopic BNN after transplant from January 2015 to December 2023 at a single institution. Patient demographics, perioperative factors, kidney size, and outcomes were compared.Results: Overall, seven patients underwent LNx, seven patients underwent ONx, and nine patients underwent RNx. No significant differences were observed between group demographics, kidney volume, blood loss, length of stay, time from transplant to BNN, or allograft function at time of surgery, 30 days, 90 days, 6 months, 9 months, or 12 months post-BNN. Of note, a significant difference was observed in operative time, with minimally invasive surgeries taking longer (RNx: 458 min, LNx: 327 min) than ONx (192 min, p<0.05), however no significant differences were observed in complication rate across the three groups. Conclusions: Robotic-assisted nephrectomy is a safe and feasible option for APKD patients post kidney transplant with outcomes comparable to traditional open and laparoscopic approaches. Despite longer operative times, the robotic platform offers excellent visualization and precision without compromising patient safety or allograft function.Source of Funding: None