

Advanced Master's Degree Update in Urology



Advanced Master's Degree Update in Urology

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: www.techtute.com/us/medicine/advanced-master-degree/advanced-master-degree-update-urology

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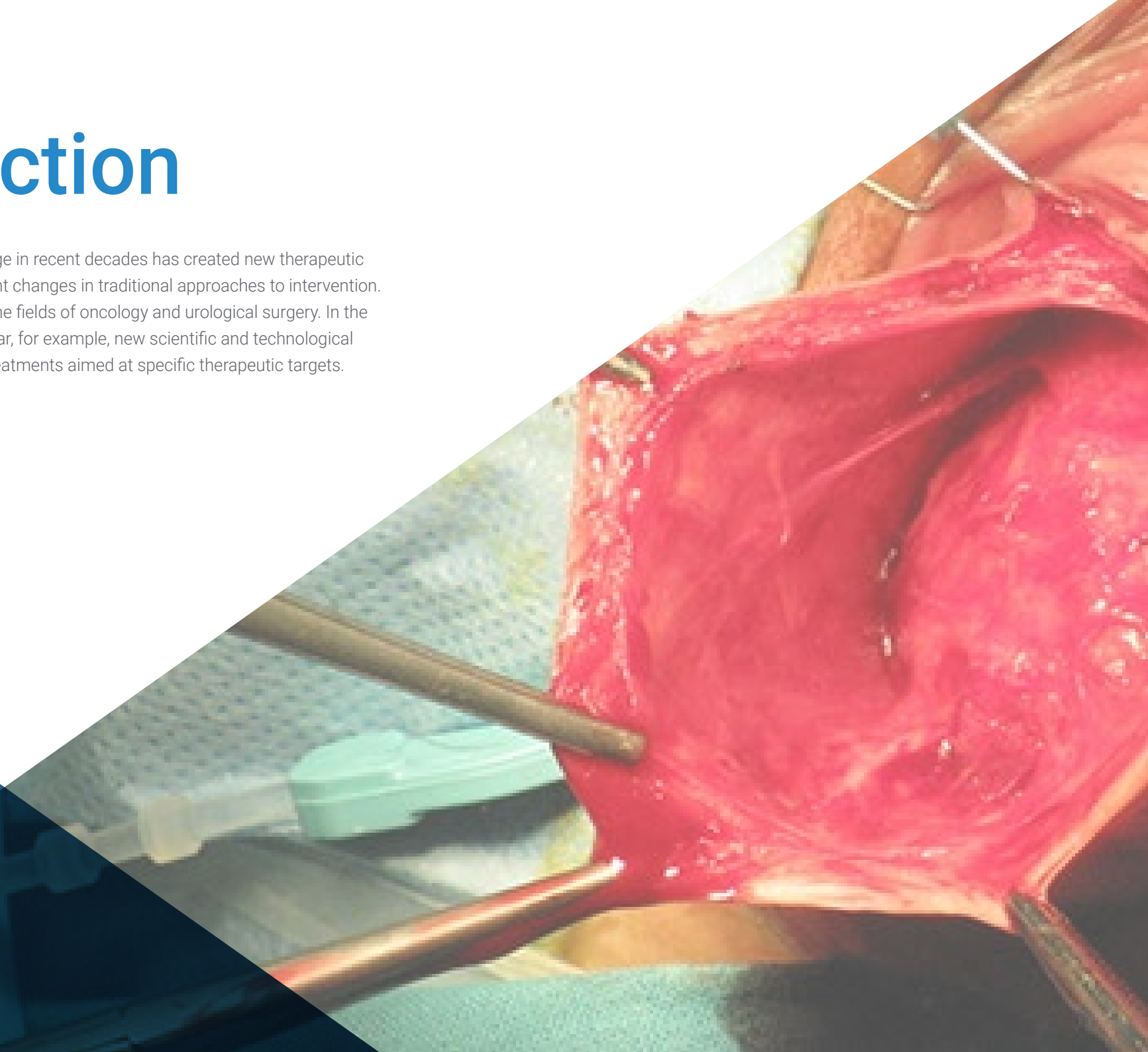
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01

Introduction

The evolution of scientific knowledge in recent decades has created new therapeutic scenarios that have led to significant changes in traditional approaches to intervention. This has had a notable impact on the fields of oncology and urological surgery. In the field of urological cancer in particular, for example, new scientific and technological developments allow us to create treatments aimed at specific therapeutic targets.



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The Update in Urology degree offers you the most intensive and complete training process. An exhaustive tour of the highest quality scientific teaching and the most relevant aspects of Uro-Oncology and Urological Surgery on the international scene"

The challenges of the present and the immediate future in the field of urology and urological surgery force the professional to have a specific specialization that is only partially covered by the two specialties separately, and that make a specialization of these characteristics cover a real and growing need in modern medicine.

In the area of urological surgery, for example, the advances are unceasing. There are many new developments: minimally invasive urological techniques, lasers, robotic surgery, digital endoscopes, etc. The acquisition of these new technologies allows a faster recovery and a better patient prognosis.

In the field of oncology, on the other hand, advancements have changed the way of intervening. As a result, the specialty of Urology and the specialty of Oncology have been approaching the point that there are many fields in which the boundaries between the two are not defined, one could even say that they no longer exist. Modern medicine leads its professionals to an increasingly demanding super-specialization.

This situation means that professionals are obliged to constantly update and increase their field of knowledge. However, it is not easy to find a training course that thoroughly covers the needs of professionals in this field in an exhaustive manner. This Advanced Master's Degree is the answer from TECH, the largest online Spanish-language university in the world. Due to its special characteristics, it offers the students the opportunity to update as specialists in a practical and effective way, combining the most complete theoretical contents supported by the latest scientific evidence, with the teachings of the most renowned experts in this field and the study methodology from the best universities in the world which has been internationally recognized for its extraordinary effectiveness.

This **Advanced Master's Degree in Update in Urology** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ Diagnostic and Therapeutic Novelties in Uro-Oncology and Urological Surgery
- ♦ Presentation of practical workshops on procedures, diagnosis, and treatment techniques
- ♦ Real images in high resolution and practical exercises where the self-evaluation process can be carried out to improve learning
- ♦ Algorithm-based interactive learning system for decision-making in the presented clinical situations
- ♦ Special emphasis on test-based medicine and research methodologies
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



With an approach created to be compatible with other occupations this Advanced Master's Degree in Urology Update will familiarise you with the latest developments in your your chosen field "

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This Advanced Master's Degree is the best investment you can make. You will be trained as one of the best experts in Urology and you will get a degree issued by TECH Technological University"

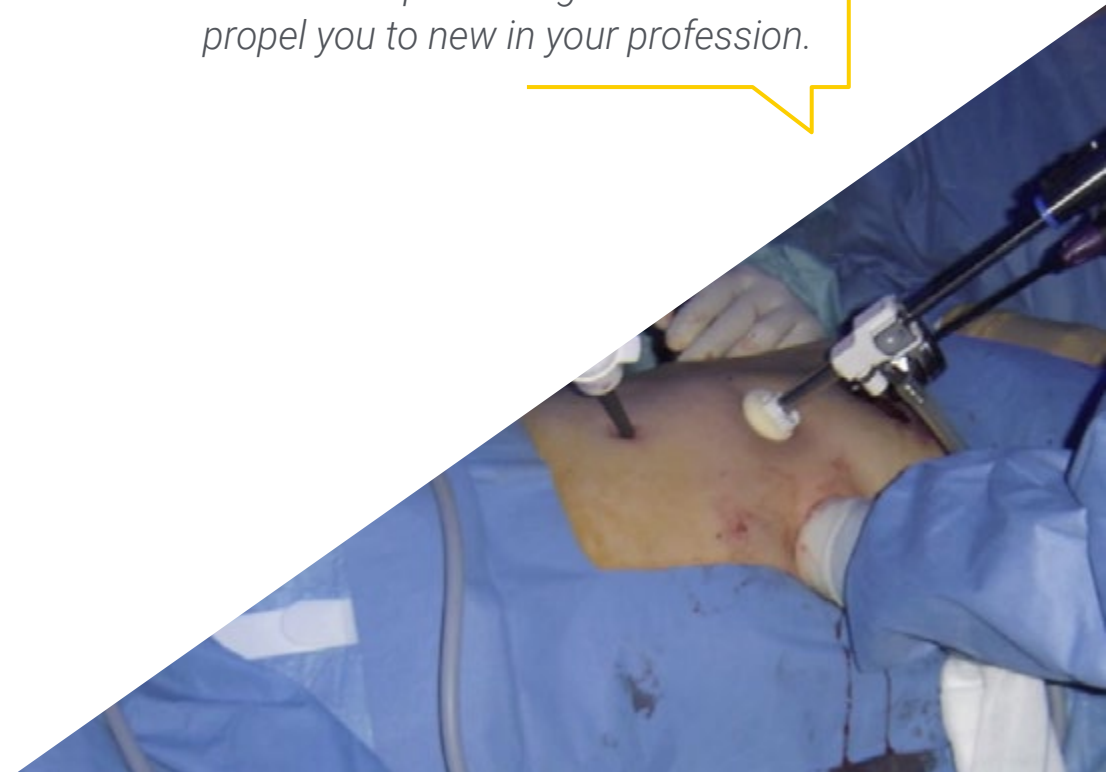
Its teaching staff is made up of leading professionals in the sector. Practising professionals who bring their experience to this training program, as well as renowned specialists from leading scientific societies.

The multimedia content developed with the latest educational technology will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide immersive training program to train in real situations.

This program is designed around Problem-Based Learning, whereby the physician must try to solve the different professional practice situations that arise during the course. For this purpose, the physician will be assisted by an innovative interactive video system created by renowned and experienced experts in the field with extensive teaching experience.

A high-quality tour through the most innovative updates and developments in the field of oncological surgery and uro-oncology, with clinical cases and real situations that will allow you to acquire the skills you need to be at the forefront of the profession.

Designed to be fully affordable, this Advanced Master's Degree will become a tool for personal growth that will propel you to new in your profession.



02 Objectives

The main objective of this Advanced Master's Degree in Urology Update is to offer you a specialization of 100% quality: The most complete syllabus, a highly efficient methodology and a teaching staff of experts in the field. A combination that will lead you to achieve your goals in the easiest possible way, with total compatibility with your professional and personal life.





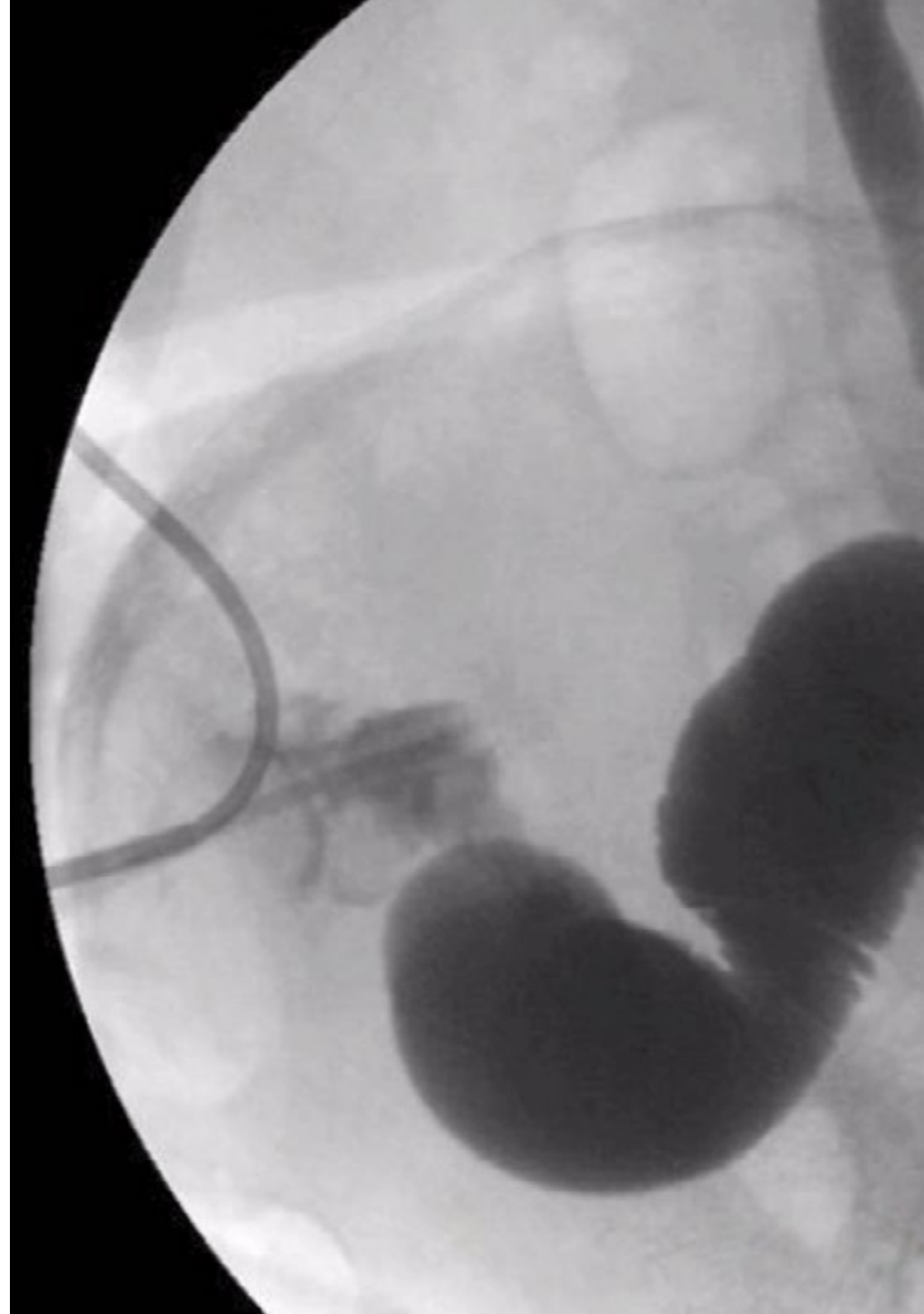
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This Advanced Master's Degree in Update in Urology will update your knowledge or train in these complex areas, with the most innovative knowledge in a single specialization and through a high-impact training course”



General Objectives

- ♦ Give students a comprehensive view of urologic oncology as a whole that goes beyond their own specialty
- ♦ Provide students with the necessary tools to lead multidisciplinary uro-oncology groups
- ♦ Provide sufficient knowledge of the molecular basis of oncogenesis to be able to incorporate new molecules directed to specific targets already available, as well as to be able to collaborate on research projects and in clinical trials of new molecules that are about to arrive in the short and medium term
- ♦ Update the existing knowledge in each urological tumor at the date of the degree program
- ♦ Inform about the current lines of research in each urological tumor
- ♦ Disseminate the most recent results (even if only partially published at the time) of the findings of clinical trials of new molecules to be presented in the near future
- ♦ Acquire up-to-date knowledge of new diagnostic and therapeutic techniques for each urological tumor
- ♦ Implement the main changes in urological anatomy surgical treatments
- ♦ Differentiate adrenal pathologies and correctly implement the different surgical techniques
- ♦ Recognise and distinguish the most common renal surgical pathologies to be able to implement the appropriate treatment
- ♦ Classify the upper urinary tract diseases to be able to implement the correct surgical treatment
- ♦ Recognise and distinguish the bladder diseases to apply the correct treatment



- ♦ Compare and contrast the surgical treatments in prostate diseases
- ♦ Interpret and justify the best treatment choice for a urethra surgical pathology
- ♦ Interpret and justify the best treatment choice for a scrotal and testicular surgical pathology
- ♦ Compare and contrast the different surgical treatments for urinary and pelvic floor incontinence
- ♦ Implement the latest innovations and developments in kidney transplant surgery
- ♦ Differentiate the different surgical techniques involved in renal vascular disease

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Get the most comprehensive update in Urology through the best didactic material, studying real clinical cases”



Specific Objectives

- Describe the molecular biology of cancer in urologic oncology and specifically in the different urological tumors
- Explain the prognostic factors related to the occurrence of urologic cancer
- Explain the use of different tumor markers and their diagnostic implication in urologic oncology to acquire in-depth knowledge of the future of tumor markers in urology
- Describe the different paraneoplastic syndromes related to urologic oncologic pathology
- Describe the basic principles of tumor genetics in urologic oncology
- Describe the main oncologic emergencies in Urology and their possible forms of management
- List oncological principles in urology such as etiology, susceptibility, epidemiology, etc.
- Describe the principles of oncologic surgery in urology
- Explain the relationship and importance of the clinical trial in the urological oncology patient
- Describe the supportive care of the oncologic patient in urology
- Identify the functional genitourinary sequelae of oncological treatments in Urology: andrological and reconstructive surgery
- Describe the application of Nuclear Medicine and Molecular Imaging in oncologic tumor pathology
- Acquire a thorough understanding of the histology of urothelial carcinoma
- Adequately stratify patients by risk groups
- Acquire a broad knowledge of the most appropriate adjuvant treatment according to the risk group
- Understanding the indications and radical therapeutic options in non-muscle invasive bladder tumor
- Know the proper methods for a correct staging of urothelial tumors
- Know the role of the different therapeutic options depending on the stage of the tumor
- Know the most appropriate tumor staging methods
- Acquire a thorough understanding of the different tumor markers and their applications
- Acquire a thorough knowledge of histology as well as of at-risk groups
- Know the available treatment options depending on the stage and acquire the appropriate criteria to propose the best treatment
- Perform adequate follow-up of patients and learn about systemic and surgical salvage treatment options for retroperitoneal recurrence and residual retroperitoneal mass
- Gain in-depth knowledge of tumor histology as well as premalignant lesions
- Gain in-depth knowledge of the anatomy of the penis and its lymphatic drainage
- Acquire up-to-date knowledge of treatment options for superficial tumors
- Know the surgical and adjuvant treatment options according to tumor stage
- Acquire in-depth knowledge of the treatment of ganglionic disease
- Know the indications and applications of the sentinel lymph node
- Acquire up-to-date knowledge of renal tumor histology
- Know the current appropriate staging methods
- Know in depth the therapeutic options for localized renal tumors
- Acquire knowledge of the indications for surgery in advanced renal tumor
- Acquire a thorough knowledge of the mechanisms of action of currently available molecules and their indications
- Know the role of immunotherapy
- Learn more about the pathophysiology of the adrenal gland

- ♦ Acquire the knowledge to proceed to a perfect diagnostic and treatment algorithm of the adrenal mass
- ♦ Acquire knowledge of the histology of primary retroperitoneal tumors and their therapeutic options
- ♦ In-depth knowledge of existing tumor markers and their current applicability
- ♦ Acquire knowledge of the new diagnostic tools available and their clinical applicability
- ♦ Deepen in the histology and staging methods of prostate carcinoma
- ♦ Acquire an adequate and guaranteed approach to active surveillance
- ♦ Deepening the therapeutic options with curative intent
- ♦ Acquire the knowledge and criteria for Focal Therapy and its different energy sources
- ♦ In-depth understanding of the pathophysiology of prostate cancer
- ♦ Delve into the mechanism of action of new molecules for the treatment of prostate cancer
- ♦ Deepen the diagnosis and treatment of castration-resistant prostate carcinoma (CRPC)
- ♦ Appropriate management of the metastatic patient in all its implications
- ♦ Update the basic perioperative management and instrumentation and drainage of the urinary tract, as well as the basics in endourology, laparoscopy with all its variants and robotics
- ♦ Correctly use endoscopic, radiologic and urodynamic examination techniques as well as the practice of prostate biopsies
- ♦ Recognise the indications, contraindications, surgical limitations, different access routes and surgical techniques of adrenal pathology as well as the necessary tricks to avoid or minimize complications during or after surgery
- ♦ Identify the indications, contraindications and access routes of renal diseases
- ♦ Explain the different nephrectomy techniques and methods of partial excision of tumors, as well as the details of laparoscopic or percutaneous focal treatment of renal masses
- ♦ Recognize the indications, contraindications and access routes, as well as the material commonly used and technological innovations for the treatment of both tumor and benign pathology, including upper urinary tract lithiasis
- ♦ Examine the distinct treatment methods of tumorous and non-tumorous pathology of the bladder, both endoscopically, laparoscopically or robotically, as well as with open surgery in cases of urinary diversions or malformations
- ♦ Learn about the latest advances in laparoscopic living donor nephrectomy and hand assisted nephrectomy
- ♦ Recognize the current concepts on diagnostic and therapeutic techniques, as well as their indications and contraindications in cases of prostatic tumor pathology. Also recognize their different approaches, including new developments such as focal therapy with the aid of radiological methods and other techniques such as radio and brachytherapy
- ♦ Review the latest evidence on indications and the up-to-date information of techniques for treating benign prostatic hyperplasia
- ♦ Apply the techniques indicated for the different forms of urethral strictures, the contraindications, the use of the most convenient materials or patches and how to avoid subsequent complications
- ♦ Revise the most frequently used techniques for the surgical treatment of hypospadias and the different approaches for fistula management
- ♦ Distinguish the different techniques to treat penile tumor pathology, penile incurvation, and those used in cases of erectile dysfunction, including penile prostheses and the most frequently used types, as well as the expected complications and contraindications
- ♦ Review the scrotal surgical technique and its content
- ♦ Review the current evidence on partial orchiectomy

- ♦ Recognize the techniques, indications, contraindications, access routes, types of mesh, prosthesis and other methods most frequently used in cases of stress incontinence, both in women and men
- ♦ Review the indications, surgical technique and limits of lymphadenectomy for tumors of any urological location, as well as the novel role of immunofluorescence techniques in these procedures
- ♦ Identify the different surgical techniques related to kidney transplants, including laparoscopic and robotic access
- ♦ Revise the current evidence on vascular surgical techniques used to solve both stenosis and aneurysms of the renal vascular pedicle
- ♦ Distinguish the different endoscopic techniques in urological surgery
- ♦ Explain in which cases the use of intravesical instillation of drugs is correct and in which ones Interpret ultrasound images as a diagnostic method in urology
- ♦ Recognise the current concepts in adrenal surgical pathology
- ♦ Confirm that the information we have about the company is up to date
- ♦ Adrenal carcinoma treatment
- ♦ Explain the steps to follow in a radical nephrectomy
- ♦ List the steps to follow to perform a living donor nephrectomy
- ♦ Compare the different types of treatment in partial nephrectomy
- ♦ Recognize the different types of focal treatment in renal tumors
- ♦ Confirm that the information on the treatment of renal lithiasis is up to date
- ♦ Classify the different access points for percutaneous surgery in renal lithiasis
- ♦ Review the steps to follow in ureteral catheterization
- ♦ Recognize and classify the different ureteral prostheses
- ♦ Examine the Lovaco Technique as a treatment for ureterointestinal junction stricture after urinary diversion
- ♦ Distinguish the different techniques of transurethral resection in bladder tumor pathology
- ♦ Recognize and classify non-tumorous bladder pathology
- ♦ Review and update the management of non-tumorous prostate pathology
- ♦ Apply surgical treatment for prostate tumor pathology according to the latest recommendations
- ♦ Distinguish the different urethral fistulas and how to treat them
- ♦ Decide the appropriate surgical treatment for penile pathology
- ♦ Typifying hypospadias and deciding on the correct course of action
- ♦ Review hydrocele and its diagnostic and therapeutic algorithm
- ♦ Apply surgical techniques for the treatment of varicocele
- ♦ Describe the different types of urinary incontinence
- ♦ Compare and evaluate the treatment options in urinary incontinence in women
- ♦ Gain up-to-date knowledge of the techniques in surgical treatment of prolapses
- ♦ Analyze the limitations and indications of intravesical injection of botulinum toxin for the treatment of emergency urinary incontinence
- ♦ Review therapeutic options in urinary incontinence in males
- ♦ Review and gain up-to-date knowledge of lymphadenectomy in kidney cancer
- ♦ Gain up-to-date knowledge of the interventions in penis cancer
- ♦ Review technique of lymphadenectomy in testicular cancer
- ♦ Gain up-to-date knowledge of kidney transplant surgery
- ♦ Revise the latest information on the kidney extraction technique
- ♦ Describe the technique of laparoscopic renal transplantation
- ♦ Review techniques of renal autotransplantation
- ♦ Correctly perform the sequence of steps in an ureteroneocystostomy
- ♦ Review percutaneous techniques in renal artery aneurysm
- ♦ Review the surgical approach to renal arterial stenosis
- ♦ Address the characteristics of financing, protection and innovation transfer in surgery



03 Skills

After passing the evaluations of the Advanced Master's Degree in Urology Update, the professional will have acquired the necessary skills to intervene in this area of action, with the security and solvency of the best scientific and technical update. This qualification will translate into a high-quality practice that will have a direct impact on patient care and on the professional positioning of the student, who will become a highly valuable professional figure for any organization.





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At the end of this Advanced Master's Degree in Urology Update you will be able to integrate each and every one of the aspects that you will learn in the specialization, in your work in the area of Urology, bringing a huge improvement to your quality of care"



Basic Skills

- Possess and understand knowledge that provides a basis or opportunity to be original in the development and/or application of ideas, often in a research context
- Integrate knowledge and face the complexity of making judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities linked to the application of their knowledge and judgments
- Know how to apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to the area of study
- Know how to communicate conclusions, knowledge, and supporting arguments to specialized and non-specialized audiences in a clear and unambiguous way
- Acquire the learning skills that will enable further studying in a largely self-directed or autonomous manner



Specific Skills

- Acquire knowledge of the lines of research in urologic oncology in order to obtain the necessary criteria for an adequate periodic updating of knowledge
- Acquire the ability to treat the oncology patient from a global viewpoint, addressing all the implications related to the treatment of the oncology patient
- Acquire the knowledge and tools necessary to participate in research projects related to urologic oncology
- Acquire the necessary skills to be able to identify the sequelae of any surgical or medical treatment and to be able to apply an effective treatment
- Acquire the ability to correctly stage urothelial tumors
- Apply the specific supportive treatment and adequately manage its possible side effects
- Apply alternative treatment modalities
- Apply radical indications in non-muscle invasive urothelial tumor with criterion
- Know the alternatives to standard radical treatment and apply them correctly
- Correct application of new diagnostic and monitoring tools
- Apply with strict criteria the therapeutic options according to the stage of the tumor
- Addressing the treatment of tumor recurrence with guarantees
- Correctly indicate new diagnostic tools
- Correctly apply the different treatment options with curative intent depending on the stage of the tumor
- Know and correctly apply dynamic sentinel lymph node biopsy
- Correctly indicate the different curative treatment options and their alternatives in their different energy source options according to a correct tumor staging
- Apply the indications for nephron-conserving treatments

- ♦ Correctly apply the indications of the different molecules in metastatic disease
- ♦ Know the diagnostic method of adrenal masses
- ♦ Correctly apply of new tumor markers
- ♦ Correctly apply the indications of the new diagnostic tools and Focal Therapy
- ♦ Apply the correct systemic treatment according to the patient's characteristics and correctly manage the possible side effects of these treatments
- ♦ Learn about the development of new diagnostic and treatment advances in castration-resistant prostate carcinoma
- ♦ Describe the pathogenic basis of urologic diseases, incorporating the latest anatomical-morphological advances in the field of study
- ♦ Describe the basic aspects of an endoscopy and laparoscopy and its routine use in surgical procedures of the urinary system
- ♦ Determine the indications, limitations and cost-effectiveness of the diagnostic tests used in the light of the latest advances in urology
- ♦ Gain a deeper understanding of the latest surgical trends in the adrenal pathologies susceptible to intervention
- ♦ Gain a deeper understanding of the latest surgical trends in the renal pathologies susceptible to intervention
- ♦ Gain a deeper understanding of the latest surgical trends in the upper renal tract pathologies susceptible to intervention
- ♦ Identify the latest advances in renal transplant surgery and relate them to the surgical techniques used in routine practice
- ♦ Identify the principles for selecting candidates for kidney transplantation, the surgical basis of transplantation, and immunosuppressive drugs
- ♦ Describe the latest trends in vascular surgery of the kidneys
- ♦ Incorporate the latest advances in the field of bladder and prostate pathology into the surgical procedures of the urinary system
- ♦ Explain the correct way to manage urethral surgery according to the latest scientific evidence
- ♦ Integrate new surgical techniques in the surgical approach of the penis, testicles and scrotum
- ♦ Identify the latest therapeutic advances in urinary incontinence and incorporate them into routine surgical practice
- ♦ Gain a deeper understanding of the latest surgical trends in retroperitoneal lymph node dissection surgery



A training process that will turn your effort into success thanks to an online learning system created to be integrated into your daily life in a real and feasible way”

04

Course Management

The teaching staff of this Advanced Master's Degree is one of its fundamental values. Chosen from among the best in the industry, they make up a group of renowned experts who know not only the theoretical aspects of this type of work, but each and every aspect of this area of work and the various situations in which the professional may find himself. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner. A team of top-level professionals who will be your allies to help you make the leap to reach the highest level of competence in your profession



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An impressive group of teachers, from different fields, chosen for their exceptional medical, scientific, and teaching expertise, will serve as your professors throughout the training program: A unique opportunity not to be missed"

International Guest Director

Dr. Kai Tsao is the **Medical Director** of the Ruttenberg Treatment Center at the Tisch Cancer Institute at Mount Sinai Hospital. His mission in this position is to lead the multidisciplinary treatment center to provide the highest quality of patient-centered care for those affected by Cancer and blood disorders.

He is an **Associate Professor of Medicine, Hematology and Medical Oncology** at the Icahn School of Medicine at Mount Sinai and is on staff at the Tisch Cancer Institute at Mount Sinai Hospital and the Mount Sinai Queens Infusion Center.

Dr. Tsao is board certified in Internal Medicine, Hematology and Medical Oncology. He is actively involved in research on the development of new therapies in the treatment of genitourinary cancers. He has received several merit awards from the American Society of Clinical Oncology. **His main objective is to define the clinical and molecular phenotype of prostate, kidney and bladder cancers, as well as new therapies in these disease states.** He is principal investigator in several ongoing clinical trials and has authored more than 40 peer-reviewed publications.



Dr. Tsao, Kai

- Medical Director of the Rutenberg Treatment Center of the Tisch Cancer Institute at Mount Sinai Hospital
- Principal investigator on several clinical trials
- Participant in research on the development of new therapies for the treatment of genitourinary cancers
- Lecturer at the Icahn School of Medicine at The Mount Sinai School of Medicine
- Author of more than 40 scientific publications
- Recipient of several merit awards given by the American Society of Clinical Oncology
- Member of American Society of Clinical Oncology, American Association for Cancer Research, American Society of Hematology

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Thanks to TECH you will be able to learn with the best professionals in the world"

International Guest Director

Dr. Andrew Jason Cohen is a world-renowned physician in the field of Urology. He is a clinical expert with more than a decade of practical experience in complex genitourinary reconstruction, demonstrating comprehensive management of erectile dysfunction, urinary incontinence, stricture diseases of the urinary system, Peyronie's disease, genital skin conditions, urinary detour and other benign urological pathologies. In addition, **he has been a reference in the field of Robotic Surgery** through the detailed study and application of the multiple techniques that are currently known.

He has managed to shape himself as such thanks to an extensive academic career of the highest level, which includes **two degrees with summa cum laude honors** (in Chemical Engineering and Medicine), as well as a PhD in the latter scientific branch. In addition, his excellence earned him a **Clinical Fellowship in Trauma and Reconstructive Surgery at the University of California, San Francisco School of Medicine**. On the other hand, his prestige has also been recognized by the Alpha Omega Alpha Honor Society, which has included him as a member.

In addition to all this, he has an extensive and multidisciplinary career in **international reference centers in the context of Urology**: specialist at Mitchell-Hyde Park Hospital, director of Urological Trauma and Reconstructive Surgery at the Brady Urological Institute at Bayview Medical Center and as director of Traumatology and Urological Reconstructive Surgery at the very important **Johns Hopkins Medicine**. In addition, he has authored dozens of research articles indexed in major scientific journals, activity that has combined, in turn, with teaching in several subjects of the Degree in Medicine and Surgery.



Dr. Cohen, Andrew Jason

- Director of Urological Trauma and Reconstructive Surgery at the Brady Urological Institute at Bayview Medical Center
- Assistant Professor of Urology
- Ph.D. in Medicine from the University of Chicago Pritzker School of Medicine
- B.S. in Chemistry and Chemical Engineering from the University of Florida (summa cum laude honors)
- M.D., University of Florida (summa cum laude honors)
- Urology Residency at Mitchell-Hyde Park Hospital, University of Chicago Medicine
- Clinical Fellowship in Trauma and Reconstructive Surgery at the University of California, San Francisco School of Medicine
- Member of Alpha Omega Alpha Honor Society
- Author of more than a dozen scientific articles indexed in PubMed

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Thanks to TECH you will be able to learn with the best professionals in the world”

Coordination

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- ♦ Full Professor at the Autonomous University of Madrid

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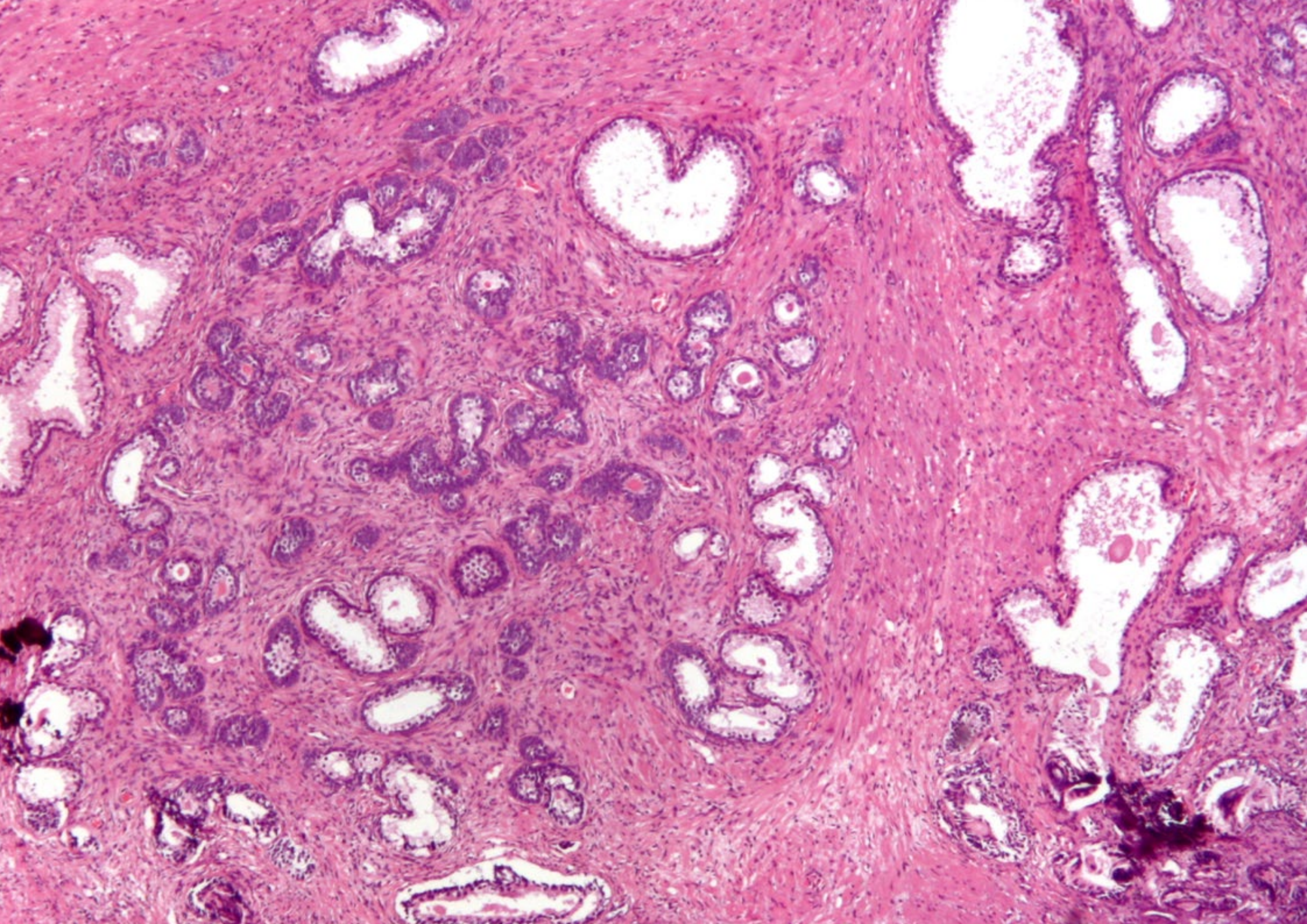
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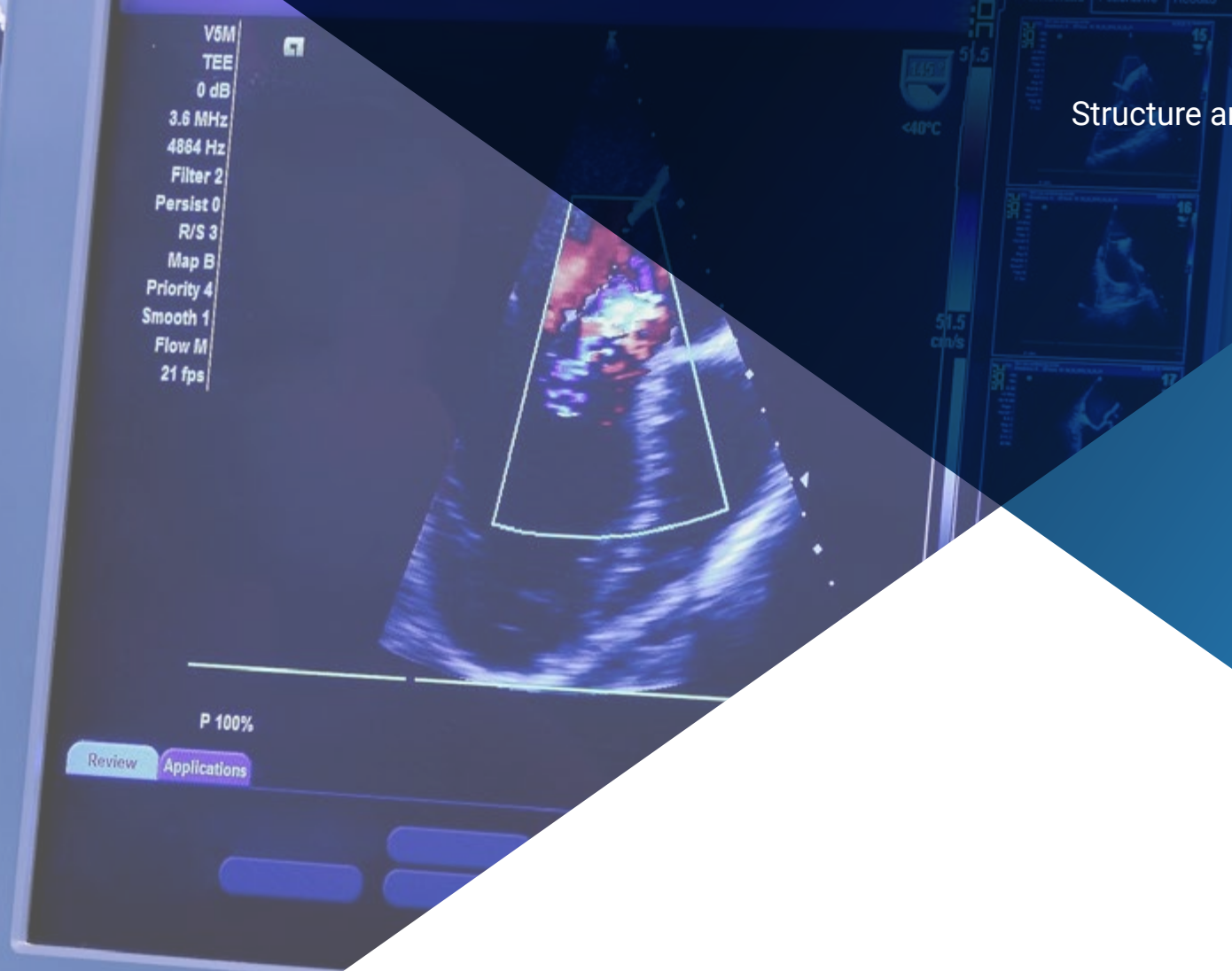


05

Structure and Content

The structure of this Advanced Master's Degree has been created in order to compile each and every one of the subjects that professionals in this area ought to master, in a comprehensive but very specific syllabus. With an extensive course, structured in areas of intervention, the student will learn the different theoretical and practical approaches and techniques necessary for medical activity in Urology, both in uro-oncology and oncological surgery. Learning that will gradually translate into practical mastery of the techniques. With the tutoring and accompaniment of the exceptional teachers who have developed the contents at all times.





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This Advanced Master's Degree is an incomparable opportunity to obtain, within a single specialization, the greatest compendium of knowledge necessary to develop your professional work in Urology with the solvency of first level experts"

Module 1. Update on oncological principles, functional sequelae and supportive treatment of patients with urological tumors

- 1.1. Molecular Biology of Cancer
- 1.2. Prognostic Factors, Tumor Markers, and Paraneoplastic Syndromes in Urologic Oncologic Pathology
- 1.3. Tumor Genetics
- 1.4. Oncologic Emergencies in Urology
- 1.5. Oncological Principles: Etiology, Susceptibility, and Epidemiology.
- 1.6. Principles of Urologic Surgical Oncology
- 1.7. Clinical Trials in Urologic Oncology Patients
- 1.8. Supportive Care of the Oncologic Patient in Urology
- 1.9. Genitourinary Functional Sequelae of Oncologic Treatments in Urology
 - 1.9.1. Surgical Andrology
 - 1.9.2. Reconstructive Surgery
- 1.10. Nuclear Medicine and Molecular Imaging in Oncologic Tumor Pathology
 - 1.10.1. Scientific Evidence in Uro-Oncology
 - 1.10.2. New Tracers

Module 2. Advances in the Diagnosis, Treatment and Follow-Up of Non-Muscle Invasive Bladder Carcinoma

- 2.1. Epidemiology and Etiopathogenesis
- 2.2. Female Anatomy
 - 2.2.1. TNM
 - 2.2.2. WHO
 - 2.2.3. Biopsies/Samples
 - 2.2.4. Risk factors
 - 2.2.5. Other Factors: T1a-a, Lymphovascular Invasion, Variants, Markers, etc.
 - 2.2.6. CIS
- 2.3. Diagnosis Part I
 - 2.3.1. Clinical symptoms
 - 2.3.2. Imaging Tests
 - 2.3.3. Urine Cytology
 - 2.3.4. Molecular Markers (Clinical Applications to Date)

- 2.4. Diagnosis Part II
 - 2.4.1. Cystoscopy
 - 2.4.2. Photodynamic Diagnosis
 - 2.4.3. NBI
 - 2.4.4. Second TURP
- 2.5. Risk Groups
 - 2.5.1. EORTC
 - 2.5.2. Risk and Progression Charts; CUETO
 - 2.5.3. CIS
- 2.6. Adjuvant Treatment with Chemotherapy
 - 2.6.1. Single Dose Post-TURP
 - 2.6.2. Adjuvant
 - 2.6.3. Options to Increase Efficiency
- 2.7. Adjuvant Treatment with BCG
 - 2.7.1. Advantages
 - 2.7.2. Strains
 - 2.7.3. Toxicity and Treatment
 - 2.7.4. Dose
 - 2.7.5. Treatment Plans
- 2.8. Endovesical Alternatives
 - 2.8.1. Doxorubicin
 - 2.8.2. Epirubicin
 - 2.8.3. Gemcitabine
 - 2.8.4. Onco Thioptepa
- 2.9. Adjuvant Treatment of CIS
- 2.10. Treatment Plans in the Event of Standard Treatment Failure
 - 2.10.1. Definition of Failure
 - 2.10.2. After Chemotherapy
 - 2.10.3. After BCG
- 2.11. Radical Cystectomy in Ca. Non-Muscle Invasive Bladder
 - 2.11.1. Fundamentals
 - 2.11.2. Immediate vs. Early
 - 2.11.3. After BCG Failure
- 2.12. Monitoring

Module 3. Advances in the Diagnosis, Treatment and Monitoring of Muscle Invasive Bladder Carcinoma

- 3.1. Female Anatomy
 - 3.1.1. Regional Lymph Node
 - 3.1.2. Lymph Node Involvement
 - 3.1.3. Histological Variants
 - 3.1.4. Muscle Invasion Pattern
 - 3.1.5. Markers: p53, etc.
 - 3.1.6. TNM
- 3.2. Urethral Involvement and Concomitant Prostate Cancer
- 3.3. Staging.
 - 3.3.1. Local: MRI and CT
 - 3.3.2. Lymph Node: MRI; CT; PET
 - 3.3.3. TUS: UROTAC
 - 3.3.4. Future: FDG-PET-CT; DCE-MRI; DWI-MRI
- 3.4. Radiotherapy
 - 3.4.1. Neoadjuvant
 - 3.4.2. Palliative
 - 3.4.3. Adjuvant
- 3.5. Neoadjuvant Chemotherapy
- 3.6. Radical Cystectomy
 - 3.6.1. Risk Assessment
 - 3.6.2. Delay Time
 - 3.6.3. Lymphadenectomy: Extent and Number
 - 3.6.4. Urinary Diversion
 - 3.6.5. Postoperative Complications
 - 3.6.6. Palliative Cystectomy
 - 3.6.7. Laparoscopic vs. Robotic Surgery

- 3.7. Bladder Preservation Programs
 - 3.7.1. RTU-V
 - 3.7.2. Radiotherapy
 - 3.7.3. Chemotherapy
 - 3.7.4. Multimodal Treatments
- 3.8. Neoadjuvant Chemotherapy
- 3.9. Metastatic Cancer
 - 3.9.1. Poor Prognosis Factors
 - 3.9.2. Prognostic Groups/Adverse Factors
 - 3.9.3. Definition of Cisplatin "Unfit"
 - 3.9.4. Single-Agent Chemotherapy
 - 3.9.5. Standard Patient Treatment Cisplatin "fit"
 - 3.9.6. Alternative/2nd Line Treatment of Cisplatin "fit" Patients.
 - 3.9.7. Treating "Unfit" Patients
 - 3.9.8. Treating Symptomatic Patients
- 3.10. Monitoring
 - 3.10.1. Treatment of Bone Metastases
 - 3.10.2. Rescue Surgery
 - 3.10.3. Urothelial Recurrence: Urethra and TUS
- 3.11. Role of Immunotherapy
- 3.12. Major Ongoing Clinical Trials
- 3.13. Particularities of Other Histologies

Module 4. Advances in the Diagnosis, Treatment, and Monitoring of Testicular Cancer

- 4.1. Epidemiology and Staging
- 4.2. Diagnosis and Clinical Staging
 - 4.2.1. Physical Examination
 - 4.2.2. Doppler Ultrasound
 - 4.2.3. Tumor Markers
 - 4.2.4. CAT and MRI
 - 4.2.5. FDG-PET-CAT
 - 4.2.6. TNM
- 4.3. Staging
 - 4.3.1. Risk Groups
 - 4.3.2. Risk Factors/Prognosis
- 4.4. Orchiectomy
 - 4.4.1. Indications
 - 4.4.2. Role of Deferred Surgery
 - 4.4.3. Conservative Surgery
 - 4.4.4. Contralateral Biopsy
- 4.5. Female Anatomy
 - 4.5.1. Role of the Pathologist in the Diagnosis of Testicular Neoplasms
 - 4.5.2. WHO 2016 Classification of Germinal Neoplasms
 - 4.5.3. Diagnostic Algorithm for Non-Germinal Neoplasms
 - 4.5.4. Staging
- 4.6. Stage I Treatment: Seminoma
 - 4.6.1. Monitoring
 - 4.6.2. Radiotherapy
 - 4.6.3. Adjuvant Chemotherapy
 - 4.6.4. Retroperitoneal Lymph Node Dissection
 - 4.6.5. Risk-Adapted Treatment

- 4.7. Stage I Treatment: NO Seminoma
 - 4.7.1. Monitoring
 - 4.7.2. Adjuvant Chemotherapy
 - 4.7.3. Retroperitoneal Lymph Node Dissection
 - 4.7.4. Risk-Adapted Treatment
- 4.8. Treatment of Metastatic Germ Cell Tumors
- 4.9. Residual Tumor Mass
- 4.10. Systemic Treatment of Tumor Relapse
- 4.11. Monitoring
- 4.12. Testicular Stromal Tumors: Diagnosis, Treatment and Monitoring

Module 5. Advances in the Diagnosis, Treatment, and Monitoring of Penile Cancer

- 5.1. Epidemiology, Etiology, and Risk Factors
- 5.2. Female Anatomy
 - 5.2.1. Premalignant Lesions
 - 5.2.2. Histological Subtypes of Carcinoma of the Penis
 - 5.2.3. TNM
 - 5.2.4. Prognostic Factors
 - 5.2.5. Molecular Biology
- 5.3. Diagnosis and Staging
 - 5.3.1. Clinical Symptoms
 - 5.3.2. Physical Exploration
 - 5.3.3. Imaging Tests: Ultrasound; MRI; CT; PET-CT-FDG
- 5.4. Images of Penile and Urethral Cancer
- 5.5. Anatomical Considerations of the Penis and Lymphatic Drainage
- 5.6. Treatment of Penile Cancer I: Surgical Treatment of the Primary Tumor
 - 5.6.1. Non-Invasive Superficial Disease: CIS
 - 5.6.2. Invasive Disease Confined to the Glans Penis: Ta/T1a
 - 5.6.3. Invasive Disease: T1b/T2
 - 5.6.3.1. Confined to Corpus Spongiosum
 - 5.6.3.2. Invasion of Corpus Cavernosum
 - 5.6.4. Invasive Urethral Disease: T3
 - 5.6.5. Invasive Disease of Adjacent Structures: T4
- 5.7. Treatment of Carcinoma of the Penis II: Lymph Nodes
 - 5.7.1. Daseler's Inguinal Anatomical Zones
 - 5.7.2. General Considerations
 - 5.7.3. Risk Stratification for Nodal Involvement in cN0
 - 5.7.3.1. Monitoring
 - 5.7.3.2. Lymph Node Staging
 - 5.7.4. Modified Lymphadenectomy
 - 5.7.5. Dynamic Sentinel Lymph Node Biopsy
 - 5.7.5.1. cN1/cN2
 - 5.7.5.2. Radical Inguinal Lymphadenectomy
 - 5.7.5.3. Pelvic Lymphadenectomy
 - 5.7.6. cN3
 - 5.7.7. Controversies in Ilioinguinal Lymphadenectomy
- 5.8. Penile Cancer Treatment III: Radiotherapy
 - 5.8.1. Indications
 - 5.8.1.1. Ta/T1a
 - 5.8.1.2. T2
 - 5.8.2. Regional Lymph Node
- 5.9. Penile Cancer Treatment IV: SYSTEMIC
 - 5.9.1. Adjuvant Chemotherapy
 - 5.9.2. Neoadjuvant Chemotherapy
 - 5.9.3. Palliative Chemotherapy.
 - 5.9.4. Targeted Therapy
- 5.10. Monitoring
 - 5.10.1. General Aspects
 - 5.10.2. Clinical Guides
 - 5.10.3. Local Recurrence
 - 5.10.4. Regional Recurrence
- 5.11. Quality of life
- 5.12. Primary Urethral Carcinoma

Module 6. Advances in the Diagnosis, Treatment, and Monitoring of Renal, Suprarenal, and Retroperitoneal Carcinoma

- 6.1. Epidemiology and Etiopathogenesis
- 6.2. Diagnostic Imaging and Clinical Staging
 - 6.2.1. Doppler and Contrast Ultrasound: Evaluation of Complicated Renal Cyst, Renal Mass and Dissemination
 - 6.2.2. MRI and CT: Diagnosis, Staging and Monitoring
- 6.3. Female Anatomy
 - 6.3.1. WHO
 - 6.3.2. ISUP
 - 6.3.3. Führmnan
 - 6.3.4. Clear Cells
 - 6.3.5. Papillary
 - 6.3.6. Chromophobic
 - 6.3.7. Other Histologies
- 6.4. Renal Tumor Biopsy
 - 6.4.1. Technical Aspects
 - 6.4.2. Indications
 - 6.4.3. Side effects
 - 6.4.4. Efficacy
 - 6.4.5. Cystic Lesions
- 6.5. Prognostic Factors
 - 6.5.1. TNM
 - 6.5.2. Histological Factors
 - 6.5.3. Clinical Factors
 - 6.5.4. Molecular Factors
- 6.6. Localized Renal Carcinoma
 - 6.6.1. Monitoring
 - 6.6.2. Radical Surgery vs. Nephron-Sparing Surgery
 - 6.6.3. Nephron-Sparing Surgery
 - 6.6.4. Adrenalectomy
 - 6.6.5. Lymphadenectomy
 - 6.6.6. Pre-Nephrectomy Embolization
 - 6.6.7. Ablative Treatments
- 6.7. Advanced Localized Renal Carcinoma
 - 6.7.1. cN+
 - 6.7.2. Unresectable Tumors
 - 6.7.3. IVC Thrombosis
 - 6.7.4. Adjuvant and Neoadjuvant Treatment
 - 6.7.5. Clinical Trials
- 6.8. Advanced or Metastatic Renal Carcinoma
 - 6.8.1. The Role of Radical Nephrectomy
 - 6.8.2. Cytoreductive Surgery + Immunotherapy
 - 6.8.3. Role of Metastasectomy
 - 6.8.4. Radiotherapy
 - 6.8.5. Embolization
 - 6.8.6. Symptomatic Treatment of Patients With Renal Carcinoma
- 6.9. Systemic Treatment
 - 6.9.1. Chemotherapy
 - 6.9.2. Immunotherapy
 - 6.9.2.1. Advances in Immunotherapy
 - 6.9.2.2. α -IFN
 - 6.9.2.3. IL-2
 - 6.9.2.4. Vaccines and Targeted Immunotherapies
 - 6.9.2.4.1. Tumor Antigen 5T4 + 1st Line Therapies
 - 6.9.2.4.2. Anti PD-1 or PD-L1 Antibodies

- 6.9.3. Targeted Therapy
 - 6.9.3.1. Advances in Targeted Therapy
 - 6.9.3.2. IMDC Risk/Prognostic Groups: Therapeutic Implication
 - 6.9.3.3. Tyrosine Kinase Inhibitors
 - 6.9.3.4. Monoclonal Antibodies Against Circulating VEGF
 - 6.9.3.5. mTOR Inhibitors
- 6.9.4. 1st Line Treatment: Sunitinib
- 6.9.5. 1st Line Treatment: Pazopanib
- 6.9.6. 1st Line Treatment: Other Options
- 6.9.7. 1st Line Treatment in Patients with Poor Prognosis: Temezirolimus
- 6.9.8. 1st Line Treatment Positioning
- 6.9.9. 2nd Line Treatment: Axitinib
- 6.9.10. 2nd Line Treatment: Everolimus
- 6.9.11. 2nd Line Treatment: Cabozantinib
- 6.9.12. 2nd Line Treatment: Nivolumab
- 6.9.13. 2nd Line Treatment: Subsequent Options
- 6.9.14. Therapeutic Sequencing in Renal Carcinoma: Treatment Positioning
- 6.9.15. Symptomatic Treatment of Patients With Renal Carcinoma
- 6.9.16. Non-Clear Cell Carcinomas
- 6.10. Monitoring
 - 6.10.1. Imaging Tests
 - 6.10.2. Recurrence: Local and Distant
 - 6.10.3. Ablative Treatments
- 6.11. Drug Resistance Mechanism
- 6.12. Major Developments in Metastatic Kidney Cancer: Clinical Trials Underway
- 6.13. Suprarenal Mass
 - 6.13.1. Differential Diagnosis
 - 6.13.2. Functioning Mass Diagnosis
 - 6.13.3. Surgical Management
 - 6.13.4. Metastatic Cancer

- 6.14. Primary Retroperitoneal Tumors
 - 6.14.1. Differential Diagnosis
 - 6.14.2. Diagnostic Techniques
 - 6.14.3. Surgical Treatment
 - 6.14.4. Metastatic Cancer

Module 7. Advances in the Diagnosis, Treatment, and Monitoring of Prostate Cancer

- 7.1. Epidemiology and Risk Factors
- 7.2. Diagnosis
 - 7.2.1. TR
 - 7.2.2. PSA: Density, Kinetics, Ratio, PHI, etc.
 - 7.2.3. Other Markers: Genetic, PCA3, 4K, etc.
 - 7.2.4. Prostate Biopsy
- 7.3. Screening vs. Early Diagnosis
- 7.4. Diagnostic Imaging
 - 7.4.1. Ultrasonography: Sonoelastography, Contrast, Histoscanning, etc.
 - 7.4.2. Bone Scan
 - 7.4.3. CAT
 - 7.4.4. MRI
 - 7.4.5. PET-CAT
 - 7.4.6. mpMRI: Technical Aspects
- 7.5. Pathologic Anatomy/Pathogenesis
 - 7.5.1. Biopsies
 - 7.5.2. RP Piece
- 7.6. Clinical and Pathologic Staging
- 7.7. Deferred Treatment
 - 7.7.1. Localized Prostate Cancer: VA vs. WW
 - 7.7.2. Locally Advanced
 - 7.7.3. Metastatic

- 7.8. Localized Prostate Cancer
 - 7.8.1. RT: General Information
 - 7.8.1.1. IMRT/IGRT
 - 7.8.1.2. Dose Escalation
 - 7.8.1.3. Hormone Therapy
 - 7.8.1.4. RxT + CT
 - 7.8.1.5. Dose Escalation + Hormone Therapy
 - 7.8.2. PR: General Information
 - 7.8.2.1. Surgical Technique: Open-Laparoscopic-Robotic
 - 7.8.2.2. Conservation of Neurovascular Bundles
 - 7.8.3. Focal Therapy
- 7.9. Radical Prostatectomy
 - 7.9.1. Low Risk
 - 7.9.2. Medium Risk
 - 7.9.3. High Risk and Locally Advanced
 - 7.9.4. Lymphadenectomy and Lymph Node Involvement
 - 7.9.5. Adjuvant and Neoadjuvant Hormone Therapy
 - 7.9.6. Conservation of Neurovascular Bundles: Indications and Results
- 7.10. Radiotherapy
 - 7.10.1. Low Risk
 - 7.10.2. Medium Risk
 - 7.10.3. High Risk
 - 7.10.4. Locally Advanced: MRC P23/PR07; TAP 32; SPCG-7/SFUO-3
 - 7.10.5. Ganglion Chains: RTOG 85-31; UK-STAMPEDE
 - 7.10.6. Proton Therapy
 - 7.10.7. Low Dose Rate Brachytherapy
 - 7.10.8. High Dose Rate Brachytherapy
 - 7.10.9. RxT after RP: EORTC 22911; ARO; SWOG 8794
 - 7.10.10. Nodes
- 7.11. Cryosurgery
- 7.12. HIFU





- 7.13. Focal Therapy
 - 7.13.1. Negative Biopsy + Elevated PSA
 - 7.13.2. mpMRI
 - 7.13.3. Bio markers
 - 7.13.4. Future
 - 7.13.5. PI-RADS Scientific Evidence
 - 7.13.6. Ultrasound-Guided Prostate Biopsy +MRNR
 - 7.13.6.1. Advances in Ultrasound-Guided Prostate Biopsy
 - 7.13.6.2. Material
 - 7.13.6.3. Technique: Transrectal/Transperineal
 - 7.13.7. Fusion Biopsy
 - 7.13.8. Cognitive Biopsy
 - 7.13.9. Scientific Evidence
 - 7.13.10. Cost-Effectiveness of MRI in the Detection of Prostate Cancer
 - 7.13.11. Focal Therapy: Index Lesion; Clonal Theory
 - 7.13.12. Selection Criteria. Risk Stratification
 - 7.13.13. Energy Sources: HIFU, Cryotherapy, Brachytherapy, Electroporation, Photodynamic Therapy, Cyberknife
 - 7.13.14. Monitoring and Recurrence
- 7.14. Metastatic Prostate Cancer
 - 7.14.1. Standard Treatment: Hormone Therapy
 - 7.14.2. SWOG: Risk Groups
 - 7.14.3. Intermittent Blocking
- 7.15. Castration Resistance: Etiology
- 7.16. CRPC Definition New Criteria
- 7.17. Clinicopathological Prognostic Factors in CRPC. Androgen Deprivation in CRPC Markers of response.
- 7.18. Non-Metastatic CRPC (CRPC-M0). Clinical Management. Monitoring Criteria
- 7.19. Hormonal Maneuvers in CRPC. Scientific Evidence

- 7.20. 1st Line Chemotherapy Treatment: Docetaxel
 - 7.20.1. CRPC
- 7.21. Non-1st Line Chemotherapy Treatment: Cabazitaxel. Other Drugs
- 7.22. Hormone Treatment in CRPC Abiraterone
 - 7.22.1. CRPC
- 7.23. Hormone Treatment in CRPC Enzalutamide
 - 7.23.1. CRPC
- 7.24. Treatment with Bone-Targeted Agents
 - 7.24.1. Bisphosphonates
 - 7.24.2. Denosumab
 - 7.24.3. Radio 223
- 7.25. CRPC Immunotherapy
- 7.26. Symptomatic Treatment of Patients with CRPC
- 7.27. Treatment Algorithm in CRPC: Positioning and Sequencing
- 7.28. Mechanisms of Resistance to Hormonal Treatment in CRPC: AR-V7 and Other Related Factors
- 7.29. Molecular Biology of CRPC: BRCA and Related Genes
- 7.30. Molecular Biology of CRPC: Epigenetic Angiogenesis
- 7.31. Molecular Biology of CRPC: Other Molecular Pathways Involved
- 7.32. Main Ongoing Clinical Trials in CRPC
- 7.33. Future Outlook of CRPC

Module 8. Latest Advances in Surgical Anatomy Laparoscopic Anatomy

- 8.1. Upper Surgical Anatomy
 - 8.1.1. Pathology
 - 8.1.2. Kidney
 - 8.1.3. Adrenal Gland
 - 8.1.4. Ureter
- 8.2. Lower Surgical Anatomy
 - 8.2.1. Bladder
 - 8.2.2. Prostate and Seminal Vesicles
 - 8.2.3. Urethra
 - 8.2.4. Penis
 - 8.2.5. Testicles and Scrotum
- 8.3. Surgical Anatomy of the Pelvic Floor
 - 8.3.1. Pelvic Floor in a Woman
 - 8.3.1.1. Abdominal View
 - 8.3.1.2. Perineal View
 - 8.3.2. Pelvic Floor in a Man
 - 8.3.2.1. Abdominal View
 - 8.3.2.2. Perineal View

Module 9. Basic Aspects of Urologic Surgery

- 9.1. Basic Perioperative Aspects
- 9.2. Instrumentation and Drainage of the Urinary Tract
- 9.3. Basic Principles in a Endoscopy.
 - 9.3.1. Basic Principles of Endourology.
 - 9.3.2. Basic Principles in a Laparoscopy, Mini Laparoscopy and 3D
 - 9.3.3. Basic Principles in Robot Assisted Laparoscopic Surgery
 - 9.3.4. Basic Principles in Single Port Laparoscopic Surgery
 - 9.3.5. Basic Principles in Surgery Notes/e-Notes

Module 10. Latest Advances in Diagnosis and Treatment Techniques in Urology

- 10.1. Flexible Cystoscopy
- 10.2. Calibration/Urethral Dilation
- 10.3. Renal Ultrasound/Renal Doppler
- 10.4. Vesicoprostatic Ultrasound
 - 10.4.1. Transrectal Prostate Ultrasound
 - 10.4.2. Abdominal Prostate Ultrasound
- 10.5. Testicular Ultrasound / Testicular Doppler
- 10.6. Penile Ultrasound / Penile Doppler
- 10.7. Intravesical Instillation of Drugs
- 10.8. Pyelography
 - 10.8.1. Ascending or Retrograde Pyelography
 - 10.8.2. Anterograde Pyelography (Nephrostography)
- 10.9. Ureteroscopy.
- 10.10. Urodynamic Study
 - 10.10.1. Urodynamics in cabinet
 - 10.10.2. Outpatient Urodynamics
- 10.11. Prostate Biopsy
 - 10.11.1. Transperineal Prostate Biopsy
 - 10.11.2. Transrectal Prostate Biopsy
- 10.12. Multiparametric MRI
- 10.13. Bone Scanning
- 10.14. PET-CAT
- 10.15. Isotopic Renogram

Module 11. Latest Trends in Adrenal and Retroperitoneal Surgical pathology

- 11.1. Right Adrenalectomy
 - 11.1.1. Intraperitoneal Laparoscopy
 - 11.1.2. Retroperitoneoscopy
- 11.2. Left Adrenalectomy
 - 11.2.1. Intraperitoneal Laparoscopy
 - 11.2.2. Retroperitoneoscopy
- 11.3. Partial Adrenalectomy
- 11.4. Surgery for Adrenal Carcinoma
- 11.5. Excision of Retroperitoneal Tumors

Module 12. Latest Trends in Renal Surgical Pathology Surgical Indication and Access Routes

- 12.1. Radical Nephrectomy
 - 12.1.1. Open Surgery
 - 12.1.1.1. Large Renal Tumor
 - 12.1.1.2. Renal Tumors With Vena Cava Thrombosis
 - 12.1.2. Intraperitoneal Laparoscopy
 - 12.1.3. Lufti Tunk Technique
 - 12.1.4. Retroperitoneal
 - 12.1.5. Robotics
 - 12.1.6. Transvaginal
- 12.2. Partial Nephrectomy with Vascular Clamping
 - 12.2.1. Intraperitoneal Laparoscopy
 - 12.2.2. Retroperitoneal
 - 12.2.3. Robotics
 - 12.2.4. Open Partial Nephrectomy
- 12.3. Partial Nephrectomy / Off Clamp Lumpectomy
 - 12.3.1. Intraperitoneal Laparoscopy
 - 12.3.2. Retroperitoneal
 - 12.3.3. Robotics

- 12.4. Partial Nephrectomy / Selective Lumpectomy or Supraselective Clamping.
 - 12.4.1. Intraoperative Laparoscopy
 - 12.4.2. Retroperitoneal
 - 12.4.3. Robotics
- 12.5. Living Donor Nephrectomy
 - 12.5.1. Laparoscopy
 - 12.5.2. Robotics
 - 12.5.3. Single Port
 - 12.5.4. Transvaginal
- 12.6. Focal Treatment of Renal Tumors
 - 12.6.1. Radiofrequency
 - 12.6.2. HIFU (High Intensity Focused Ultrasound)
 - 12.6.3. Cryotherapy
- 12.7. Lymphadenectomy in Kidney Cancer
 - 12.7.1. Technique
 - 12.7.2. Limits

Module 13. New Advances in the Field of Kidney Transplant

- 13.1. Renal Extraction
 - 13.1.1. Renal Extraction
 - 13.1.2. Multi Organ Extraction
- 13.2. Renal Transplant
 - 13.2.1. Heterotopic
 - 13.2.2. Orthotopic
- 13.3. Laparoscopic Renal Transplant
- 13.4. Robotic Renal Transplant
 - 13.4.1. In Men
 - 13.4.2. In Women with Vaginal Insertion of the Graft
- 13.5. Renal Autotransplantation
- 13.6. Ureteroneocystostomy
 - 13.6.1. Intravesical Techniques
 - 13.6.2. Extravesical Techniques

Module 14. New Advances in the Field of Vascular Kidney Transplant

- 14.1. Renal Artery Stenosis
 - 14.1.1. Percutaneous Techniques
 - 14.1.2. Surgical Management
- 14.2. Renal Artery Aneurysm
 - 14.2.1. Percutaneous Techniques
 - 14.2.2. Surgical Management

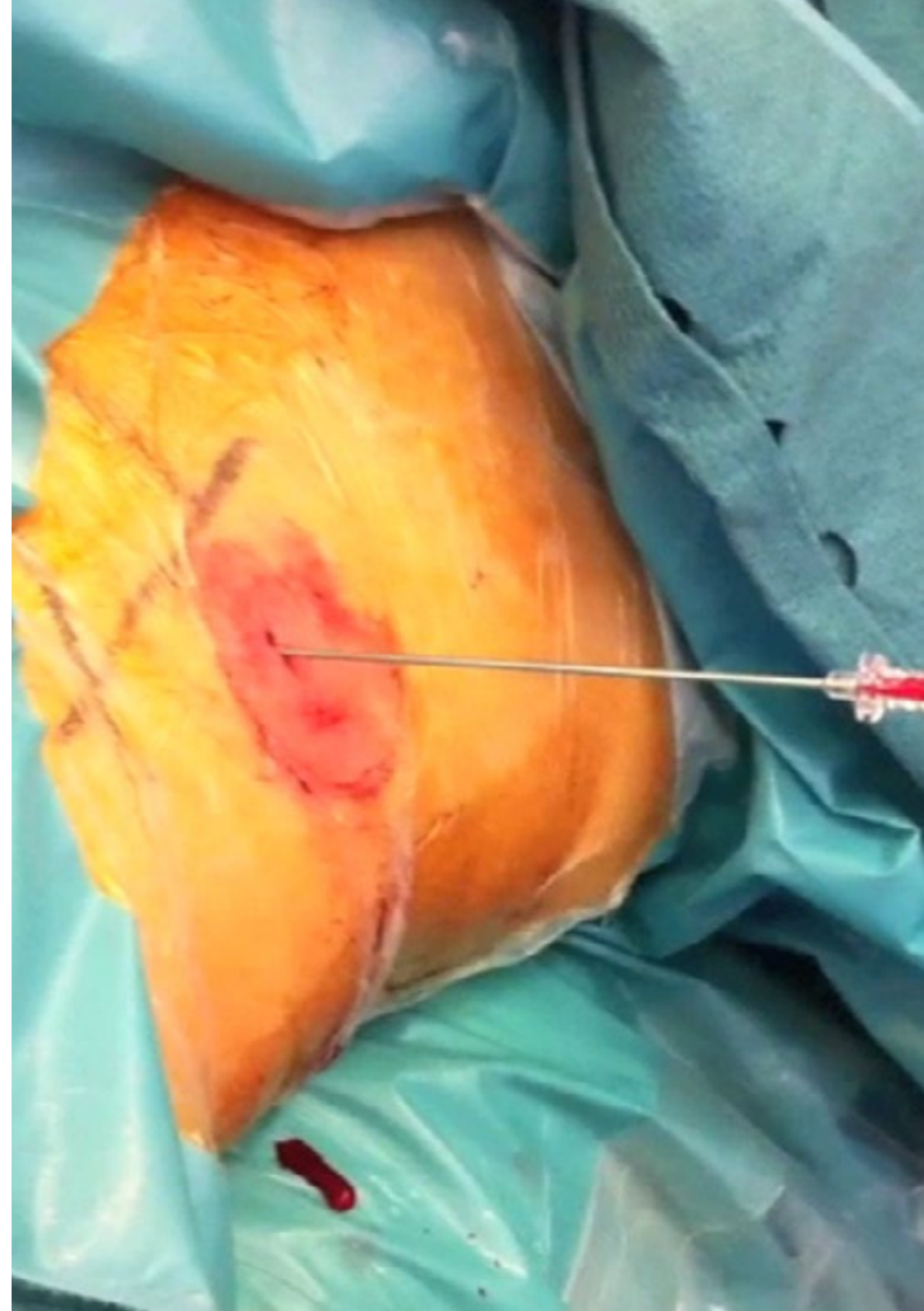
Module 15. Latest Trends in Surgical Pathology of the Upper Urinary Tract

- 15.1. Tumorous Pathology
 - 15.1.1. Laparoscopic Nephroureterectomy
 - 15.1.2. Nephroureterectomy by Retroperitoneoscopy
 - 15.1.3. Surgical Treatment of the Distal Ureter
 - 15.1.3.1. Open Surgery
 - 15.1.3.2. Transurethral Resection of the Bladder (TURB) / Meatus Removal.
 - 15.1.3.3. Amon Technique
 - 15.1.3.4. Agarwal Technique
 - 15.1.4. Robotic Nephroureterectomy
 - 15.1.5. Retrograde Intrarenal Surgery (RIRS) Hexvix®/Spies®
 - 15.1.6. Percutaneous Surgery for the Treatment of Intrarenal Upper Urothelial Tumors
 - 15.1.7. Endoscopic Treatment of Ureteral Tumors
 - 15.1.8. Partial Urethrectomy
- 15.2. Lymphadenectomy in Upper Urinary Tract Cancer
 - 15.2.1. Indications and Techniques
 - 15.2.2. Limits

- 15.3. Treatment of Renal Lithiasis
 - 15.3.1. Percutaneous Nephrostomy
 - 15.3.1.1. Urinary Diversion
 - 15.3.1.2. Access for Percutaneous Surgery
 - 15.3.1.2.1. Ultrasound-guided
 - 15.3.1.2.2. Bullseye
 - 15.3.1.2.3. 90 Degree Technique
 - 15.3.1.2.4. Triangulation
 - 15.3.1.2.5. Others
 - 15.3.2. Fragmentation Methods Energy Types
 - 15.3.3. Percutaneous Nephrolithotomy in Prone Position
 - 15.3.4. Percutaneous Nephrolithotomy in Supine Position
 - 15.3.5. Mini Percutaneous (MPERC)
 - 15.3.6. Ultra-mini-percutaneous (UMP)
 - 15.3.7. Super-mini-percutaneous (SMP)
 - 15.3.8. Micro Percutaneous
 - 15.3.9. Mini Invasive Percutaneous Surgery (MIP)
 - 15.3.10. Retrograde Intrarenal Surgery (CRIR or RIRS)
 - 15.3.11. Combined Antegrade and Retrograde Surgery (ECIRS / microECIRS)
 - 15.3.12. Ureteral Access Sheaths. Types and Compatibilities
 - 15.3.13. Extracorporeal Shock Wave Lithotripsy (ESWL)
 - 15.3.13.1. Fluoroscopic Localization
 - 15.3.13.2. Ecographic Localization
- 15.4. Treatment of Ureteral Lithiasis
 - 15.4.1. Ureteral Catheterization
 - 15.4.1.1. Straight or Simple J Catheter
 - 15.4.1.2. Double J Catheter
 - 15.4.2. Semirigid Ureteroscopy
 - 15.4.3. Micro-ureteroscopy (Micro-URS)
 - 15.4.4. Flexible Ureteroscopy
 - 15.4.5. Antiretroviral Mechanisms and Techniques
 - 15.4.6. Fragmentation Methods in Ureteral Lithiasis
 - 15.4.7. Extracorporeal Shock Wave Lithotripsy (ESWL)
- 15.5. Upper Urinary Tract Stenosis
 - 15.5.1. Infundibular Stenosis. Endourological Treatment
 - 15.5.2. Pyeloureteral Junction Stenosis (PUJ)
 - 15.5.2.1. Laparoscopic Pyeloplasty
 - 15.5.2.2. Mini Laparoscopic Pyeloplasty
 - 15.5.2.3. Percutaneous and Retrograde Endopyelotomy
 - 15.5.3. Ureteral Stenosis
 - 15.5.3.1. Balloon Dilatation of the Ureter
 - 15.5.3.2. Ureteral Prostheses
 - 15.5.3.2.1. Long-term or Tumor Catheter
 - 15.5.3.2.2. Resonance Catheter
 - 15.5.3.2.3. Allium® Prosthesis
 - 15.5.3.2.4. Uventa Prosthesis
 - 15.5.3.2.5. Memokath Prosthesis
 - 15.5.3.3. Urethral Stenosis Section
 - 15.5.3.3.1. Cold Section (scissors)
 - 15.5.3.3.2. Section with Laser
 - 15.5.3.4. Ureteral Reimplantation
 - 15.5.3.4.1. Laparoscopic Anastomosis / Reimplantation
 - 15.5.3.4.2. Robotic Anastomosis / Reimplantation
 - 15.5.3.5. Urethral Substitution
 - 15.5.3.6. Ureterolysis
 - 15.5.3.7. Retrocaval Ureter
 - 15.5.3.8. Subcutaneous Pyelovesical Catheterization
 - 15.5.4. Post-urinary Diversion Ureterointestinal Junction Stricture
 - 15.5.4.1. Lovaco Technique

Module 16. Latest Trends in Bladder Surgical Pathology

- 16.1. Tumorous Pathology
 - 16.1.1. Randomized Vesical Biopsy
 - 16.1.2. Transurethral Resection of Bladder Tumor
 - 16.1.2.1. En-bloc Transurethral Resection of Bladder Tumor
 - 16.1.3. Transurethral Resection Assisted with Hexvix®/Spies®
 - 16.1.4. Excision / Laser coagulation
 - 16.1.5. Laparoscopic/Robotic/Open Partial Cystectomy (L/R/O)
 - 16.1.6. Radical Cystoprostatectomy L/R/O
 - 16.1.6.1. Radical Cystoprostatectomy L/R/Open en-bloc
 - 16.1.7. Transileal Cutaneous Ureterostomy (Bricker) L/R/O
 - 16.1.8. Intestinal Neovessels More Common Techniques
 - 16.1.9. Uretero-Intestinal Anastomosis
 - 16.1.10. 3D Laparoscopic / Robotic Intestinal Neobladder
 - 16.1.11. Cutaneous Ureterostomy
 - 16.1.12. Radical Cystectomy in the woman. L/R Peculiarities
- 16.2. Lymphadenectomy in Bladder Cancer
 - 16.2.1. Indications and Techniques
 - 16.2.2. Limits
 - 16.2.3. Sentinel lymph node
- 16.3. Non-Tumorous Pathology
 - 16.3.1. Percutaneous Cystostomy
 - 16.3.2. Open Cystotomy / Bladder Carving / Cystolithotomy
 - 16.3.3. Vesicoureteral Antireflux Surgery
 - 16.3.3.1. Open Surgery More Common Techniques
 - 16.3.3.2. Endoscopic Injection (Deflux and others)
 - 16.3.4. Bladder Diverticulum
 - 16.3.4.1. Endoscopic treatment
 - 16.3.4.2. Open Surgery / Laparoscopy
 - 16.3.5. Endoscopic Treatments of Bladder Lithiasis
 - 16.3.6. Exstrophy / Epispadias



Module 17. Latest Trends in Prostate Surgical Pathology

- 17.1. Non-Tumorous Pathology
 - 17.1.1. Transurethral Resection of the Prostate (TURP) Monopolar / Bipolar
 - 17.1.2. Trigonocervicoprostatotomy (TCP) or myocapsulotomy
 - 17.1.3. Bipolar Prostatic Vaporization
 - 17.1.4. Prostate Laser Vaporization (HoLap)
 - 17.1.4.1. Green Laser
 - 17.1.4.2. Thulium Laser
 - 17.1.4.3. Holmium Laser
 - 17.1.4.4. Other Types of Laser CO2.
 - 17.1.5. Prostatic Enucleation (Holep)
 - 17.1.5.1. Holmium Laser
 - 17.1.5.2. Thulium Laser
 - 17.1.5.3. Green Laser
 - 17.1.5.4. Bipolar Enucleation
 - 17.1.6. Prostatic Adenomectomy
 - 17.1.6.1. Open
 - 17.1.6.2. Laparoscopy
 - 17.1.7. Urolift
 - 17.1.8. I-Tind
 - 17.1.9. Endourethral / Prostatic Prostheses
 - 17.1.9.1. Memotherm®
 - 17.1.9.2. Allium®
 - 17.1.9.3. Uventa®
- 17.2. Tumorous Pathology
 - 17.2.1. Laparoscopic / Robotic Radical Intraoperative Prostatectomy (L/R)
 - 17.2.2. Extraperitoneal Radical Prostatectomy (L/R)
 - 17.2.3. Intra, Inter and Extrafascial Techniques
 - 17.2.4. Radical Prostatectomy with Hydrodissection
 - 17.2.5. Radiotherapy / Intensity Modulated Radiation Therapy (IMRT)
 - 17.2.6. Prostate Brachytherapy

- 17.2.7. Focal Treatment of Prostate Cancer
 - 17.2.7.1. Cryotherapy
 - 17.2.7.2. Radiofrequency
 - 17.2.7.3. HIFU
 - 17.2.7.4. Electroporation
- 17.3. Lymphadenectomy in Prostate Cancer
 - 17.3.1. Techniques
 - 17.3.2. Limits
 - 17.3.3. Sentinel lymph node

Module 18. Latest Trends in Urethra Surgical Pathology

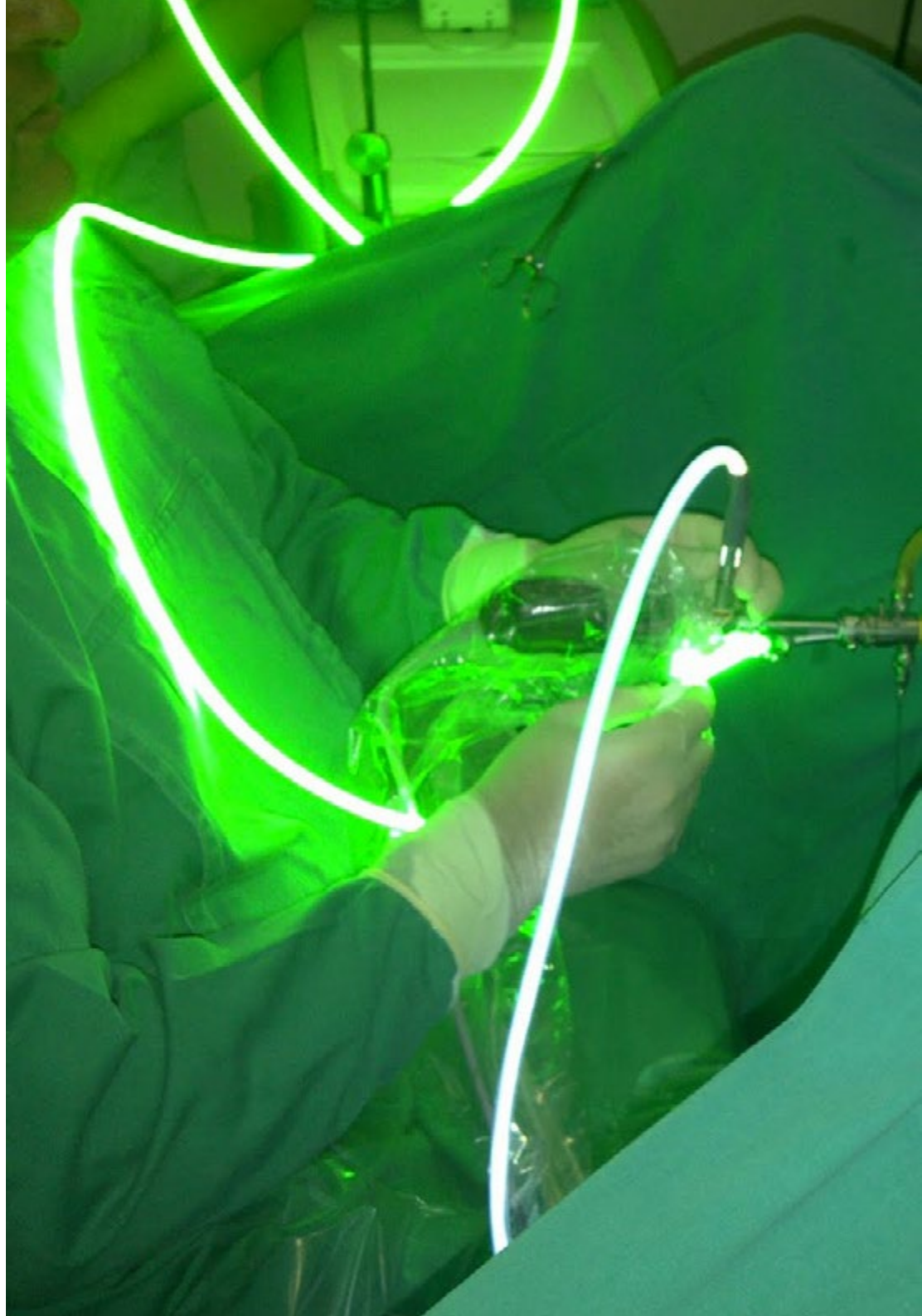
- 18.1. Internal Urethrotomy
 - 18.1.1. Blade (Saxon)
 - 18.1.2. Internal Laser Urethrotomy
- 18.2. Intraurethral Condyloma Treatment
- 18.3. Urethroplasty
 - 18.3.1. Meatoplasty/Balanitis Obliterans Xerotica Obliterans
 - 18.3.2. Penile Urethral Stricture
 - 18.3.3. Bulbar Urethral Stricture
 - 18.3.4. Membranous Urethral Stricture
 - 18.3.5. Urethral Stricture in Women
 - 18.3.6. Urethral Prosthesis
- 18.4. Hypospadias Surgery
 - 18.4.1. Hypospadias Dista
 - 18.4.2. Proximal Hypospadias
- 18.5. Urethral Fistulas
 - 18.5.1. Urethro-Cutaneous
 - 18.5.2. Urethro-Rectal
 - 18.5.3. Urethro-Vaginal

Module 19. Latest Trends in Penis Surgical Pathology

- 19.1. Glandular Decortication (Bracka technique)
- 19.2. Partial Penectomy
- 19.3. Total Penectomy
- 19.4. Penile Incurvation Surgery
 - 19.4.1. Injection of C. Hystolitycum
 - 19.4.2. Nesbit Technique
 - 19.4.3. Techniques Without Penis Shortening
- 19.5. Penis Prosthesis
 - 19.5.1. Malleable
 - 19.5.2. Two Components
 - 19.5.3. Three Components
- 19.6. Lymphadenectomy in Penis Cancer
 - 19.6.1. Techniques
 - 19.6.2. Limits
 - 19.6.3. Sentinel lymph node

Module 20. Latest Trends in Scrotal and Testicular Surgical Pathology

- 20.1. Vasectomy
 - 20.1.1. Vasectomy / Vasovasostomy Reversal
- 20.2. Varicocele Treatment
 - 20.2.1. Sclerosis/Interventional Radiology
 - 20.2.2. Surgical Management
- 20.3. Treatment of Hydrocele
- 20.4. Orchiectomy
 - 20.4.1. Subalbuginea Orchiectomy
 - 20.4.2. Radical Orchiectomy
 - 20.4.3. Partial Orchiectomy
- 20.5. Lymphadenectomy in Testicular Cancer
 - 20.5.1. Indications and Techniques
 - 20.5.2. Limits



Module 21. New Advances in the Surgical Treatment of Urinary/ Pelvic Floor Incontinence

- 21.1. Urinary Incontinence in Women
 - 21.1.1. Stress Urinary Incontinence
 - 21.1.1.1. Mini Sling
 - 21.1.1.2. Incontinence Netting (TVT/TVA/TOT/TOA)
 - 21.1.1.3. Laparoscopic Colposacropexy
 - 21.1.1.4. Transvaginal Fistulectomy
 - 21.1.1.5. Urinary Sphincter
 - 21.1.2. Emergency Urinary Incontinence
 - 21.1.2.1. Intravesical Botulinum Toxin Injection
 - 21.1.2.2. Bladder Neuromodulator
 - 21.1.3. Treatment of Vesico-Vaginal Fistula
 - 21.1.3.1. Transvaginal Fistulectomy
 - 21.1.3.2. Transvesical Fistulectomy
 - 21.1.3.3. Laparoscopic Fistulectomy
- 21.2. Prolapse Surgery (Uterine, Cystocele, Rectocele, Enterocele)
- 21.3. Urinary Incontinence in Men
 - 21.3.1. Light Incontinence
 - 21.3.1.1. Inovance®
 - 21.3.1.2. Advance®
 - 21.3.2. Severe Incontinence
 - 21.3.2.1. Artificial Urinary Sphincter



A unique, key, and decisive master's degree experience to boost your professional development"

06

Methodology

This training program provides you with a different way of learning. Our methodology uses a cyclical learning approach: **Relearning.**

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.



“

Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH we use the Case Method

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH you will experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the physician's professional practice.

“

Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”

The effectiveness of the method is justified by four fundamental achievements:

1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



Relearning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, a real revolution with respect to the mere study and analysis of cases.



Professionals will learn through real cases and by resolving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology, more than 250.000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.



This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is highly specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Surgical Techniques and Procedures on Video

TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



Interactive Summaries

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive multimedia content presentation training Exclusive system was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises: so that they can see how they are achieving your goals.



Classes

There is scientific evidence on the usefulness of learning by observing experts: The system termed Learning from an Expert strengthens knowledge and recall capacity, and generates confidence in the face of difficult decisions in the future.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.



07 Certificate

The Advanced Master's Degree in Urology Update guarantees students, in addition to the most rigorous and updated training, access to an Advanced Master's Degree issued by TECH Technological University.





“

*Successfully complete this training
and receive your university degree
without travel or laborious paperwork”*

This **Advanced Master's Degree in Update in Urology** contains the most complete and updated scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Advanced Master's Degree** issued by **TECH Technological University** by tracked delivery*.

The diploma issued by **TECH Technological University** will reflect the qualification obtained in the Advanced Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: **Advanced Master's Degree in Update in Urology**

Official N° of hours: **3,000 h.**



*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

future
health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning
community commitment
personalized service innovation
knowledge present quality
development languages
virtual classroom



Advanced Master's Degree Update in Urology

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Advanced Master's Degree Update in Urology

