

IN THIS ISSUE

| | |
|----------------------------|---|
| Minimally Invasive Surgery | 1 |
| New Faculty | 2 |
| Residency Program | 3 |
| Crivellaro Q&A | 4 |
| EPIC EHR | 6 |
| Publications | 7 |

UI UROLOGY MINIMALLY INVASIVE SURGERY

The University of Illinois Hospital and Clinics (UI Health) is the first medical center in Chicago and among the first in the world to implement a state-of-the-art robotics surgical system that will be used to treat patients in minimally invasive surgery, with UI Urology the first department to demonstrate the system.

The da Vinci SP operating system is the fourth generation of the globally recognized da Vinci technologies used for minimally invasive robot-assisted surgical treatment.

The single-port robotic-assisted device was approved for urological procedures only by the Food and Drug Administration in June 2018, and UI Health's first-to-market status with the system affirms UI Urology's Minimally Invasive Program and the Department's standing as one of the most highly respected programs in the U.S., said UI Urology chair Craig Niederberger, MD.

"The new device is recognized as best-in-class, with the potential to contribute to patient outcomes, including pain reduction and faster recovery times," Dr. Niederberger said.

"We are proud to bring this advanced technology to UI Health and UI Urology to give our surgeons the very best tools to provide optimal care."

The first patient treatment involving the single port robot assisted device system was used for prostatectomy surgery, said Simone Crivellaro, MD, Assistant Professor and Director of Minimally Invasive Surgery at UI Health. The procedure was performed on December 12, 2018.

Read the Q&A with Dr. Crivellaro on p. 5.



Dr. Craig Niederberger, Dr. Daniel Moreira, Dr. Ervin Kocjancic, and Dr. Simone Crivellaro.

FROM DR. NIEDERBERGER



UI Urology has always been about innovation and bringing new treatment, service, and care to our patients. Now, more than ever, we continue to push

innovation and insight.

In this issue of our newsletter, you'll read about our unique involvement in the rollout of the latest tool in robotic-assisted minimally invasive surgery. UI Urology—along with our institutional partners in the Department of Surgery and Division of the Minimally Invasive Surgery Section at UI Health—is among the very few elite institutions to implement the fourth-generation da Vinci SP operating system.

The best-in-class platform has incredible potential to produce tangible results to our patients, and our selection to be among the ten academic medical centers to participate in the rollout speaks volumes about our reputation as a Department. In this issue, you'll meet the principals involved in the intra- and inter-departmental effort, led by Simone Crivellaro, MD.

Also in this issue, you'll learn more about our outstanding residency program, led by Daniel Garvey, M.D., and the exciting expansion of our clinic facilities, which will enable us to serve our patients more efficiently. And you'll meet our new internal team of residents/fellows.

Enjoy the issue, and celebrate our continued growth and recognition.

Craig Niederberger, MD
 Urology Department Head

UROLOGY FACULTY

DEPARTMENT HEAD

Craig Niederberger, MD, FACS

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Michael Abern, MD
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NEW FACULTY MEMBERS

Dr. Mima Joins Faculty



Mahmoud Mima, MD is the most recent addition to the Department faculty.

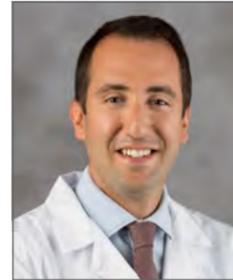
Dr. Mima joined the Department as a visiting clinical instructor this fall, after completing a year-long fellowship in clinical andrology/male fertility in the Department. The Syrian native was a clinical instructor in the Department from April to August 2017, where he did trauma education and conducted research with Michael Abern, MD and Daniel Moreira, MD.

He is a graduate of the University of Aleppo (Syria) Medical School and the Syrian Board of Urology, where he ranked at the top of his class. He also worked in various Urology clinical functions at Al-Razi Hospital and the Syrian Specialty Hospital in Aleppo. Dr. Mima's volunteer activities include work with the Red Crescent in Syria.

Dr. Mima will conduct clinics at Mile Square Health Center and the University Center for Urology.

UI UROLOGY FELLOWS

Genital Reconstruction Fellow: Dr. Ömer Acar



Beginning in 2018-19, the Department has initiated a Genital Reconstructive Fellowship Program. This program is among the first in the United States and is coordinated by Dr. Ervin Kocjancic in conjunction with Dr. Loren Schechter at Weiss Memorial Hospital.

The program's first fellow is Ömer Acar, MD. Dr. Acar comes to Chicago from Koc University School of Medicine in Istanbul, where he was an instructor and associate professor in Urology. Before that, he worked in the Department of Urology at VKV American Hospital in Istanbul, and did clinical work for the Turkish Ministry of Health and Military. He also worked for the Turkish Kidney Foundation in transplantation medicine at Hizmet Hospital in Istanbul.

A widely published researcher and presenter, Dr. Acar is a graduate of Marmara University School of Medicine in Istanbul and completed residency training in the Department of Urology at Istanbul University.

Andrology Fellow: Dr. Muhammad Asim Khan



Dr. Khan comes to UI Urology from Shifa International Hospital in Islamabad, Pakistan, where he was senior medical officer in the Department of Urology and renal transportation and served as the Department's senior resident before that. He also completed residency training in general surgery at Lady Reading Hospital in Peshawar and earned his MD at Khyber Medical University in Peshawar and his undergraduate degree at Edwardes College in Peshawar.

Dr. Khan is multilingual, with fluency in English, Pashto, Urdu, Hindi, and Punjabi. After his fellowship, he plans to open the first fertility clinic in Pakistan.

DR. DANIEL GARVEY RESIDENCY PROGRAM DIRECTOR



Daniel F. Garvey, MD, is a mainstay in the Department and in UI Hospital. A graduate of UI Urology's residency program, he returned to UI in 2015 as a visiting assistant professor, after a quarter-century in private practice. He is the program director for the Department and coordinates its residency program. In this space, the graduate of Benedictine College and Loyola University's Stritch College of Medicine discussed the Department's residency program and activities.

Q. *What is unique about UI Urology's residency program?*

A. The most unique feature of the Urology Residency Program at the University of Illinois at Chicago is the outstanding men and women in our residency program. The urology residents bring diverse backgrounds and rich experiences to the program. Secondly, the urology faculty are in a class by themselves. The department is privileged to have the expertise and counsel of Lawrence Ross, MD, Past President of the AUA, and Craig Niederberger, MD, Clarence C. Saelhof Professor and Head of the Department of Urology.

We also have incredibly young dynamic faculty, including Dr. [Simone] Crivellaro, Dr. [Michael] Abern, Dr. [Samuel] Ohlander, Dr. [Rodrigo] Pagani, and Dr. [Daniel] Moreira, among others. In addition, what's very unique about our program is that every inch, every subspecialty of Urology is covered. Dr. [Ervin] Kocjancic specializes in reconstructive urology, a subspecialty that's not covered in many programs, as well as Dr. [Simone] Crivellaro's expertise in robotics, and perhaps the largest andrology program in the country headed by Dr. [Craig] Niederberger.

Q. *How does the program involve residents in research and related activities?*

A. The research and innovation in this program is outstanding, and they're supported by and part of a phenomenal university where there's so much going on. Faculty, fellows, residents and medical students are encouraged to participate in research in diverse disciplines. The urology residency program is structured to include one full year of research in which residents have the opportunity to



participate in NIH funded laboratory research, design medical devices, pursue clinical research projects or take courses in the School of Public Health. The department is very active at the Innovation Center.

Q. *How does the program balance and integrate clinical work, research, and other roles?*

A. The Urology Residency Program at the University of Illinois at Chicago is designed for residents to achieve the skills necessary to provide the highest quality of urologic care. This daunting task is accomplished through expert faculty supervision and mentorship. In addition, residents are provided with protected time to participate in robust, organized didactic programs, visiting professorships and attendance and participation in local, national and international meetings. The residency program is structured to include one full year of research and innovation. Work-life balance remains a challenge and primary concern of the department. Adherence to ACGME duty hours is paramount. Recently, dedicated time for wellness and mindfulness has been added to the curriculum.

THE DA VINCI SP

A CONVERSATION WITH DR. SIMONE CRIVELLARO



Simone Crivellaro, MD is Assistant Professor in Minimally Invasive Urology and the Director of Urology Robotic Training practices at UI Urology. He specializes in robotic, minimally invasive procedures to treat urologic conditions, including prostate cancer, kidney cancer, and kidney congenital obstruction, having performed more than a thousand such procedures. An expert

in uro-oncology and reconstructive urology via laparoscopic and robotic procedures, Dr. Crivellaro is widely published in the areas of robotics, minimally invasive surgery, reconstructive urology, and related areas.

Dr. Crivellaro earned his MD at the University of Torino in Italy and did residency training at the Lahey Clinic in Boston, University Hospital in Novara, Italy, Harper Hospital in Detroit, and University Hospital in Udine, Italy. He also completed fellowship training in urologic reconstructive surgery at Wake Forest Baptist Medical Center in Winston-Salem, North Carolina. He spoke to the UI Urology newsletter about the da Vinci SP and its potential use in the Department.

UI Urology: How does this platform enhance our definition and application of the term “minimally invasive surgery?”

SC: The term “minimally invasive” is part of just about every surgical specialty. We’ve seen it evolve rapidly in the past 10-15 years, to the point that thinking about how to do more surgically in a less invasive way now is automatic: we’re accomplishing the same surgical outcomes but with generally fewer risks, less pain to the patient (often with little or no hospitalization), and faster recovery time because we’re making fewer and smaller incisions.

Robotics as an element of this type of practice continues to evolve toward meeting these goals and outcomes. Now it’s at the point that it’s commonplace for robotic-assisted laparoscopic surgery across a wide array of urologic procedures (such as

prostatectomy) to transform what used to require open surgery, multiple incisions, significant blood loss and pain, and 3-4 days in the hospital into, in many cases, essentially outpatient surgery

UI Urology: How will this next generation of robotics technology expedite the process you just described?

SC: This technology continues to evolve rapidly, but the most dramatic feature of the fourth-generation platform we’ve rolled out is that it has only one robotic arm that holds all the instruments we need and is far more flexible than we’ve ever seen before. Previously, there were multiple robotic arms, each holding different instruments. That meant multiple incisions, and we know that each incision typically involves somewhat more pain and recovery time for the patient.

To the surgeon, obviously having to work with only one robotic arm is less cumbersome than working with multiple arms; there’s more room and flexibility, in that very small space in which we work, to make the single precise incision needed (about 3cm, smaller than we’ve typically made) to produce the desired results. And that makes it easier on the entire surgical team, which has a better view of what’s going on surgically.

Our Department, UI Health in general, and the entire university are very focused on innovation. From an engineering perspective, this is highly innovative: a single arm half the size of previous versions, more flexible than we’ve ever seen, with a lens – on a camera that captures the area being treated and immediately produces 3D images—that gives us a 360-degree view of what we’re doing.

All of these factors produce an environment that enables precision in our work that translates to the patient. It’s consistent with the Department’s commitment to innovation, and with urology’s track record as a repository of innovation.

UI Urology: This is highly sophisticated, delicate technology. What kind of training is required to become proficient and certified to use it in surgery?

SC: While this technology is widely used around the U.S.—a couple of hundred surgeons at top medical centers and some private practices are properly

trained and certified—this new generation and its rollout are quite different. The fourth-generation platform is being introduced only in ten selected centers worldwide, with maybe another ten being added this year. It is being distributed only to the very top high-volume centers, so we’re in very select company.

For one, being certified to use this platform requires a great deal of training and a large volume of cases; that can take many years, not to mention being up to date on the new versions of the platform. That means, for this fourth-generation version, only top academic medical centers—with expert faculty highly accomplished in robotics-assisted minimally invasive procedures who can fully understand the improvements and prospective applications of this new platform—are rolling it out.

We have these capabilities—in Urology certainly with Dr. (Michael) Abern, Dr. (Daniel) Moreira, and Dr. (Ervin) Kocjancic, as well as in the Department of Surgery, with Dr. (Enrico) Benedetti, (Professor and Head of the Department of Surgery) and Dr. (Pier Cristoforo) Giulianotti (chief of the Minimally Invasive Surgery Section). This reaffirms UI Health, our Department, and our collaborating partners across the hospital and university as leaders in innovation and patient care. If we didn’t have all these assets, we wouldn’t be in the first tier of centers worldwide introducing this technology.

UI Urology: What will this mean for our patients?

SC: For one, they should enjoy the same good outcomes, eventually across a wide number of procedures we do every day in large numbers. This applies to common procedures like prostatectomy at first, then nephrectomy, pyeloplasty, and treatment for benign enlargement of the prostate, then urologic cancer procedures and others. We expect those outcomes to be achieved with less pain to the patient, because fewer incisions mean less risk, faster recovery time, less or no hospitalization, and speedier return to work and normal activities.

For the physicians who refer patients our way, it means they eventually will be confident that the SP platform will apply to minimally-invasive cases that are referred to us by primary-care and general practice physicians.



Dr. Crivellaro in the OR with the da Vinci SP

That includes more serious cases like urologic cancers, but more benign conditions as well, such as enlargement of the prostate, which is quite common and is often treated with drugs but often requires surgery. And robotics enables us to take care of those cases in minimally invasive ways.

What referring physicians across Chicagoland and regionally need to know and take comfort in is that eventually just about every patient they send to us can be potentially treated in a minimally invasive way. That has tremendous benefit for physicians and their patients.

CHICAGO UROLOGICAL TECHNIQUE IMMERSION

WITH FACULTY FROM:

Northwestern University • University of Chicago
Loyola University • University of Illinois at Chicago
Rush University • Northshore University HealthSystem
Stroger Hospital of Cook County

Tuesday, May 7

8:00 am – 5:00 pm

University of Illinois at Chicago Forum

725 West Roosevelt Rd. • Chicago, IL 60608

www.regonline.com/CHImmersion

NEW CLINIC SPACE IN HOSPITAL TO DRAMATICALLY INCREASE CAPACITY

New clinic space—3900 square feet of it—will mean significant improvements in capacity, flow, and patient satisfaction when UI Urology adds a fourth clinic in summer 2019.

The prime space in the concourse level of the hospital will allow UI Urology to move patients faster through their care, said Daniel Garvey, MD, associate professor and residency program director. “This will apply to multiple types of cases, but particularly to diagnostic cases, most of which will be able to be performed in the new clinic’s treatment rooms.”

The new clinic—itself expected to be temporary pending construction of a new modern UI Health building tentatively set for 2021 completion—will be the Department’s fourth, in addition to Mile Square on the south end of the medical campus, cancer treatment in the Outpatient Care Center, and 900 N. Michigan Avenue.

UI Urology simply “outgrew” Mile Square, where most of the urology practice has been based, said Jack VanOverloop, clinic director.

“The way urology teams see patients, you need multiple rooms in operation at the same time for exams and procedures. With two urologists, sometimes three, in the clinic at a given time, we need at least two procedure rooms to meet patient needs. This will essentially double our capacity in the main clinic, much of that in general urology, but with room to accommodate our growing men’s health and cancer services.”

Dr. Garvey and VanOverloop agreed that this expansion, which will include more staff for registration and checkout, will make UI Urology far more patient-centric. VanOverloop added that the clinic will be much more of a “one-stop shop” for facilitating care across the Department and with other services (like Radiology).

The new operation will also better accommodate the growing referral network UI Urology has built, leading to win-win results for everyone, beginning with patients and extending to referring physicians, Dr. Garvey said.

“We’ll get patients in faster and more efficiently, with shorter wait times. Patients will be much more satisfied with the services they’ll receive—because they’ll move through our system and clinic faster.”



3i PROGRAM—EPIC EHR

In order to mitigate the enterprise risk posed by an aging and fragmented information system, UI Health has embarked on the 3i Initiative with an evaluation of the existing infrastructure. The evaluation underscored the urgent need to address these deficiencies and risks by replacing the existing systems with a state-of-the-art information platform that integrates optimized business processes with standardized clinical workflows and modern analytical capabilities.

Active planning and preparation for an integrated system was launched in September 2016 under the sponsorship of the Vice Chancellor for Health Affairs, College of Medicine Dean, and Hospital and Clinics CEO. Hundreds of hospital and COM staff also participated and it was decided that Epic was the system of choice for UI Health.

The new EHR is an opportunity for UI Health to build and implement a new IT infrastructure with provider workflow in mind. With a planned rollout in 2020, we will provide greater patient and provider satisfaction by implementing a state-of-the-art patient portal including mobile platforms for accessing the portal and billing information that consolidate both hospital and provider charges. UI Health will join with some of the nation’s largest and most prestigious hospital and health systems that use Epic ERH.

PUBLICATIONS

DR. MICHAEL ABERN

- The Association of Previous Prostate Biopsy Related Complications and the Type of Complication with Patient Compliance with Rebiopsy Scheme. *J Urol.* 2018 Nov.
- Constructing and Pilot Testing a Novel Prostate MRI/US Fusion Biopsy Phantom. *Urology.* 2018 Oct.
- Predictors of fluoroquinolone-resistant bacteria in the rectal vault of men undergoing prostate

DR. PETER GANN

- Computer vision detects subtle histological effects of dutasteride on benign prostate. *BJU Int.* 2018 Jul.
- Candidate gene DNA methylation associations with breast cancer characteristics and tumor progression. *Epigenomics.* 2018 Apr.
- Correlations of SELENOF and SELENOF genotypes with serum selenium levels and prostate cancer. *Prostate.* 2018 Mar.

DR. DANIEL GARVEY

- The Association of Previous Prostate Biopsy Related Complications and the Type of Complication with Patient Compliance with Rebiopsy Scheme. *J Urol.* 2018 Nov.

DR. EMILIE JOHNSON

- Robot-assisted laparoscopic reoperative repair for failed pyeloplasty in children: an updated series. *J Urol.* 2018 Nov.
- Using accelerometers to characterize recovery after surgery in children. *J Pediatr Surg.* 2018 Aug.
- The Correlation between Serial Ultrasound and Diuretic Renography in Children with Severe Unilateral Hydronephrosis. *J Urol.* 2018 Aug.
- Attitudes Toward Fertility and Reproductive Health Among Transgender and Gender-Nonconforming Adolescents. *J Adolesc Health.* 2018 Jul.
- Challenges in fertility preservation among male adolescent and young adult cancer survivors. *Pediatr Blood Cancer.* 2018 Jul.
- Testicular adrenal rest tumor screening and fertility counseling among males with congenital adrenal hyperplasia. *J Pediatr Urol.* 2018 Apr.
- Proximal Hypospadias and a Novel WT1 Variant: When Should Genetic Testing Be Considered? *Pediatrics.* 2018 Apr.

DR. ERVIN KOCJANCIC

- Complications of Urethral Bulking Agents for Stress Urinary Incontinence: An Extensive Review Including Case Reports. *Female Pelvic Med Reconstr Surg.* 2018 Nov.
- Coital Incontinence in Women With Urinary Incontinence: An International Study. *J Sex Med.* 2018 Oct.
- Penile Prostheses. *Clin Plast Surg.* 2018 Jul.

DR. DANIEL MOREIRA

- The Association of Previous Prostate Biopsy Related Complications and the Type of Complication with Patient Compliance with Rebiopsy Scheme. *J Urol.* 2018 Nov.
- Constructing and Pilot Testing a Novel Prostate MRI/US Fusion Biopsy Phantom. *Urology.* 2018 Oct.
- Prostate cancer disparities in Hispanics by country of origin: a nationwide population-based analysis. *Prostate Cancer Prostatic Dis.* 2018 Oct.
- Radical prostatectomy and the effect of close surgical margins: results from the Shared Equal Access Regional Cancer Hospital (SEARCH) database. *BJU Int.* 2018 Oct.
- Nocturia and associated mortality: observational data from the REDUCE trial. *Prostate Cancer Prostatic Dis.* 2018 Sep.
- Implementation of multiparametric magnetic resonance imaging technology for evaluation of patients with suspicion for prostate cancer in the clinical practice setting. *BJU Int.* 2018 Aug.
- Geographic Differences in Baseline Prostate Inflammation and Relationship with Subsequent Prostate Cancer Risk: Results from the Multinational REDUCE Trial. *Cancer Epidemiol Biomarkers Prev.* 2018 Jul.

- Both acute and chronic inflammation are associated with less perineural invasion in men with prostate cancer on repeat biopsy. *BJU Int.* 2018 Jun.

- The association of lymph node dissection with 30-day perioperative morbidity among men undergoing minimally invasive radical prostatectomy: analysis of the National Surgical Quality Improvement Program (NSQIP). *Prostate Cancer Prostatic Dis.* 2018 Jun.

- Serum cholesterol and risk of high-grade prostate cancer: results from the REDUCE study. *Prostate Cancer Prostatic Dis.* 2018 Jun.

- PSA predicts development of incident lower urinary tract symptoms: results from the REDUCE study. *Prostate Cancer Prostatic Dis.* 2018 Jun.

- Inflammation on Prostate Needle Biopsy is Associated with Lower Prostate Cancer Risk: A Meta-Analysis. *J Urol.* 2018 May.

- Baseline prostate atrophy is associated with lower tumor volume in men with prostate cancer on repeat biopsy. *Prostate Cancer Prostatic Dis.* 2018 Apr.

- Determinants of Clinic Absenteeism: A Novel Method of Examining Distance from Clinic and Transportation. *J Community Health.* 2018 Feb.

- Sleep Problems are Associated with Development and Progression of Lower Urinary Tract Symptoms: Results from REDUCE. *J Urol* 2018 Feb.

DR. CRAIG NIEDERBERGER

- Making evidence-based decisions in reproductive medicine. *Fertil Steril* 2018 Dec.
- Forty years of IVF. *Fertil Steril.* 2018 Jul.
- Use of Testicular Sperm in Nonazoospermic Males. *Fertil Steril* 2018 June
- Medicine and architecture: a blueprint. *Fertil Steril.* 2018 Apr.
- DR. SAMUEL OHLANDER
- Environmental Toxins and Male Fertility. *Curr Urol Rep.* 2018 May.
- The Effect of Subclinical Varicocele on Pregnancy Rates and Semen Parameters: a Systematic Review and Meta-Analysis. *Curr Urol Rep.* 2018 May.
- Erythrocytosis Following Testosterone Therapy. *Sex Med Rev.* 2018 Jan.

DR. CAROL PODLASEK

- Pelvic and hypogastric nerves are injured in a rat prostatectomy model, contributing to development of stress urinary incontinence. *Sci Rep.* 2018 Nov.
- Sonic hedgehog regulation of cavernous nerve regeneration and neurite formation in aged pelvic plexus. *Exp Neurol.* 2018 Nov.
- Sonic hedgehog regulation of human rhabdosphincter muscle: Potential implications for treatment of stress urinary incontinence. *Neurourol Urodyn.* 2018 Nov.
- Peptide amphiphile delivery of sonic hedgehog protein promotes neurite formation in penile projecting neurons. *Nanomedicine.* 2018 Oct.

DR. GAIL PRINS

- Time scales of developmental toxicity impacting on research and needs for intervention. *Basic Clin Pharmacol Toxicol.* 2018 Nov.
- Evaluation of Bisphenol A (BPA) Exposures on Prostate Stem Cell Homeostasis and Prostate Cancer Risk in the NCTR-Sprague-Dawley Rat: An NIEHS/FDA CLARITY-BPA Consortium Study. *Environ Health Perspect.* 2018 Nov.
- CLARITY-BPA academic laboratory studies identify consistent low-dose Bisphenol A effects on multiple organ systems. *Basic Clin Pharmacol Toxicol.* 2018 Sep.
- Estrogens and prostate cancer. *Prostate Cancer Prostatic Dis.* 2018 Aug.
- WNT2 is necessary for normal prostate gland cyto-differentiation and modulates prostate growth in an FGF10 dependent manner. *Am J Clin Exp Urol.* 2018 Aug.
- Correlations of SELENOF and SELENOF genotypes with serum selenium levels and prostate cancer. *Prostate.* 2018 Mar.

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AUA-2019

MAY 3-6 **chicago**

University of Illinois at Chicago Alumni Reception

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2121 South Prairie Ave, Chicago
Geography Room

WHEN

Saturday, May 4
3-5 p.m.

