2. Omidele OO, Davoudzadeh N, Palese M. Trifecta outcomes to assess learning curve of robotic partial nephrectomy. *JSLS*. 2018;22. https://doi.org/10.4293/JSLS.2017.00064.
3. Okhunov Z, Safiullah S, Patel R, et al. Evaluation of urology residency training and perceived resident abilities in the United States. *J Surg Educ*. 2019. https://doi.org/10.1016/j.jsurg.2019.02.002.
4. Kolla SB, Gamboa AJ, Li R, et al. Impact of a laparoscopic renal surgery mini-fellowship program on postgraduate urologist practice patterns at 3-year follow-up. *J Urol*. 2010;184:2089–2093. https://doi.org/10.1016/j.juro.2010.06.097.
5. Altunrende F, Autorino R, Haber GP, et al. Immediate impact of a robotic kidney surgery course on attendees practice patterns. *Int J Med Robot*. 2011;7:165–169. https://doi.org/10.1002/rcs.384.
6. Huang WC, Atoria CL, Bjurlin M, et al. Management of small kidney cancers in the new millennium: contemporary trends and outcomes in a population-based cohort. *JAMA Surg*. 2015;150:664–672. https://doi.org/10.1001/jamasurg.2015.0294.

https://doi.org/10.1016/j.urology.2019.03.031
UROLOGY 130: 41–42, 2019.

AUTHOR REPLY

We would like to thank both the editors and journal for giving us an opportunity to publish our work on the impact of fellowship training on physician case-volume and immediate perioperative outcomes in robotic-assisted partial nephrectomy (RAPN). Perhaps even more important than providing an assessment on the current landscape of urological fellowship training and its impact on both volume and outcomes, our report serves as a conversation starter to encourage urologists to think further about the utility of fellowship training as they plan out their careers. As more of our procedures move toward minimally invasive approaches, further exposure during a fellowship can be beneficial in helping a surgeon improve skills and garner confidence. However, this must be weighed against the potential financial loss by postponing training completion as well as one's personal preference on what type of practice they want to conduct.

There are 2 aspects of the study that we find noteworthy and wish to reemphasize. First, we report no observable differences in outcomes between urologists with fellowship and those without. Though encouraging, this may not tell the full story as the database lacked information on oncological outcomes and case complexity. Second, the average case-volume for fellowship-trained urologists performing RAPN is increasing over time while rates for those without fellowship are decreasing. We believe this trend is likely to continue due to factors such as patient preference and physician referral patterns to surgeons with additional training in these more complex procedures.

We encourage additional reports on the topic of subspecialization and fellowship training in the urological literature in order to help trainees make the most informed decision possible on whether or not to pursue a fellowship. It is important that, regardless of electing to pursue a fellowship or not, urology residents make a decision that fits their individual career goals.

Olamide O. Omidele, Natan Davoudzadeh, Michael Palese, Department of Urology, Icahn School of Medicine at Mount Sinai, New York, NY

https://doi.org/10.1016/j.urology.2019.03.032
UROLOGY 130: 42, 2019.