

KHRISTOPHER M. LUGO, P.A.

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E D U C A T I O N

- 2003 MMS Masters of Medical Science, Nova Southeastern University
2001 PGY-1 Montefiore Medical Center General Surgery Residency, Albert Einstein College of Medicine
2000 BS Physician Assistant, Nova Southeastern University
1997 BS Zoology, University of Florida
1997 BS Nutritional Science *with Honors*, University of Florida

M I L I T A R Y

Captain O-3 United States Army National Guard Reserve - 65D and *Safety Officer for the 53rd BSB C Co*

L I T E R A T U R E

Masters' Final Paper:

Pre-operative, Post-operative and Follow-up Care on Endovascular Abdominal Aortic Aneurysm Grafts

P R O F E S S I O N A L E X P E R I E N C E

2017 – Present	Men's Health	<i>Bay Area Men's Medical Center,</i>	Tampa, FL
2014 – 2018	Spinal Surgery	<i>Laser Spine Institute,</i>	Tampa, FL
2007 – 2014	Urology	<i>Florida Urology Partners,</i>	Tampa, FL
2005 – 2008	ICU Intensivist	<i>St. Joseph's Hospital,</i>	Tampa, FL
2002 – 2005	Interventional Radiology	<i>SDI Radiology Associates,</i>	Tampa, FL
2000 – 2001	General Surgery Residency	<i>Montefiore Medical Center,</i>	Bronx, NY

M E N ' S H E A L T H

Drawing from my past 17 years of medical experience as a Physician Assistant has prepared me for Men's Health. At Bay Area Men's Medical Center we take care of the entire male patient. Primary, Preventative and Urgent Care. This includes Andrology (Erectile Dysfunction, Testosterone replacement therapy and medical urological care).

S P I N A L S U R G E R Y

As a Physician Assistant in Spinal Surgery I see new, follow-up and post operative patients. I perform History and Physicals, clear patients for surgery and conduct appropriate post-operative care. At Laser Spine Institute I see a vast array of patients with a multitude of comorbidities.

U R O L O G Y

As a Physician Assistant in Urology I saw new and follow-up patients and provided intervention that was problem oriented for their urological condition. Presented patients, when appropriate, to the supervising surgeon and assisted in their care, treatment, and follow-up as needed. Performed and/or assisted with in-office procedures which included transrectal ultrasound (TRUS) volume studies, urodynamics, cystoscopies, post-void residual (PVRs), difficult catheterizations, post-op voiding trials, and other necessary procedures. Order and interpreted lab, x-ray, special studies, and clinical procedures and provide appropriate care and follow-up. Provided in hospital and phone consultations and prescription refills. Performed on-call duties for urology.

I C U I N T E N S I V I S T

As an Intensivist for the ICU, I managed the care for 40 to 50 critical care patients overnight. The patients were a mixture of both Surgical and Medical abnormalities. These critical care patients were spread throughout the hospital from ICU, CCU, CSU, PACU and in the ED. I was exposed to many different physicians, practitioners, RN's and ancillary staff over a variety of specialties. This interaction forced me to adapt to multiple personality traits in order for safe and comprehensive care for the patients.

INTERVENTIONAL RADIOLOGY

As a Physician Assistant in Interventional Radiology I held multiple responsibilities as a clinician which include but are not limited to a multitude of technical procedures, patient follow-up, initial patient consults and pre-procedural patient explanation of all angiograms which includes possible intervention (stents, angioplasty and thrombolysis). Some of the procedures that I perform are as follows: Place Mediports, Tunneled Central Lines (Hemodialysis and Groshong), Myelograms, Lumbar Punctures, Thoracentesis', Paracentesis', PICC lines, and CT guided Liver Biopsies.

SURGERY RESIDENCY

Montefiore Medical Center's Post-Graduate Physician Assistant Surgery Residency is an opportunity for Physician Assistants to uphold a position as a PGY-1 intern in a surgical setting that includes preoperative, intraoperative and postoperative care of patients. Experience consisted of a first assistant on first year cases which included hernias, appendectomies, amputations, etc, second assistant on larger cases hemicolectomies, laparoscopic cholecystectomies and fem-pop bypasses. All Physician Assistant interns are required to take first call for various services every three days. The goal of the program is for Physician Assistants to work directly with attending surgeons and other surgical residents of all categories and take full responsibilities of a PGY-1 intern.

Vascular Surgery

One month completed at Montefiore Medical Center. Worked closely with the four attending surgeons. Responsibilities included that of a PGY-1 surgical intern and every third day call including ICU care. Time also included clinic once a week, conference with intern presentations and hospital consults at night and on the weekend. Operative time included first assistant responsibilities on cases such as, AKA's, BKA's and wound debridements. Second assistant roles included AAA repairs, both open and endovascular stents, fem-pop bypasses and diagnostic angiograms.

Plastic Surgery

One month completed at Montefiore Medical Center and Albert Einstein Hospital. Operative time included cosmetic and reconstructive surgeries (rhinoplasty, breast augmentation, breast reduction, craniofacial reconstruction, abdominoplasty, face-lift, blephoroplasty and hand surgery) as both a first and second assistant. Duties also included clinic twice a week to follow-up with post-surgical patients and evaluate possible pre-operative patients.

Head and Neck Surgery

One month completed at Montefiore Medical Center. Operative time included Thyroidectomies, Parathyroidectomies, Neck Dissections, Parotid and Submandibular Gland excisions along with Tracheostomies/Tracheotomies. Two days of the week were spent in the office evaluating patients pre-operatively and post-operatively.

General Surgery

Three months of general surgery completed in different hospital settings, which include Montefiore Medical Center, North Central Bronx Hospital and other inner city hospitals. Responsibilities consisted of a PGY-1 surgical intern and every third day call including ICU care, for a service with an average of thirty-four patients. Operative time included first assistant responsibilities on cases such as transmetatarsal amputations, appendectomies, wound debridement, and lumpectomies. Second assistant roles were assigned to us during larger cases that included subtotal/hemicolectomies, gastric bypasses and laparoscopic cholecystectomies.

Trauma Surgery

One month of trauma surgery in an urban inner city level one trauma center in the Bronx, NY at Jacobi Medical Center. A very busy service with an average of forty-eight patients daily, both on the floor and step-down unit care. Every third night call included first call for all patients on the service and responding to level one and two trauma patients presenting into the emergency room. Responsibilities also included being second assistant on critical patients requiring operations for trauma and in elective general surgery cases during the daytime hours.

Surgical Intensive Care Unit

Three months in a twelve bed surgical intensive care unit at Montefiore Medical Center which is an open surgical intensive care unit where we managed a broad range of patients including vascular surgery, general surgery, neurosurgical, ENT, Head and Neck patients, Orthopaedic and GU patients both preoperatively and postoperatively. Responsibilities included day to day care of these patients including every third night call with presentations of each patient at morning and evening rounds, emergent care of the unit over night care working with each patient's primary service as well as in-house critical care fellows. Procedures included central line access, Swan-Ganz catheter placement and interpretations, arterial line placements, nasogastric tube placement, ventilator setting adjustments, intubations, etc.

Emergency Room

One month completed of emergency room medicine in an inner city level one trauma center in the Bronx, NY at Jacobi Medical Center. The department was split into medicine and surgical sides with my duties confined to the surgical side caring for patients from presentation to discharge or admission. Care included but was not limited to IV access, phlebotomy, detailed histories and physical exams, nasogastric tube placement, foley catheter placement, suturing, splinting, I/D of abscess', chest tubes, and ATLS skills and assessments on presenting trauma patients. This also included supervised obstetrical and gynecologic exams, ultrasounds both gynecologic and abdominal ultrasounds in both acute emergent trauma patients and elective scenarios.

CERTIFICATIONS

- NCCPA Nationally Board Certified Physician Assistant, 2000, 2006 & 2012
- NCCPA National Surgical Board Exam, 2000
- Advanced Trauma Life Support, 1999, 2000
- Pediatric Advanced Life Support, 1999
- Advanced Cardiac Life Support, 1999 - Present
- Basic Life Support, 1993 - Present
- New York State License, # 007683
- Florida State License, # PA 9101888 *current*
- *Fellow of American Academy of Physician Assistants*
- *Founding Member of AMERICAN SOCIETY FOR MEN'S HEALTH*
- *Fellow of Florida Academy of Physician Assistants*

CLINICAL RESEARCH TRAINING

Annual Review of ICG/GCPs 2007 to Present

Sponsor GCP Training at Investigator Meeting:

- Eli Lilly, January 30-31, 2009
- Ferring, February 20-21, 2009

Completion of NIH Training Modules, July 27, 2009

CLINICAL RESEARCH

“A Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Dose Range Finding Study To Determine The Efficacy And Safety Of Fedovapagon In Men With Nocturia.” June 2012 to Present.

“Phase II, open label, loading and maintenance dose finding study of GTx-758 in men with prostate cancer.” October 2011 to June 2012

“A self-selection study for the consideration of Tamsulosin hydrochloride 0.4 mg in an all comer’s population of adults with bothersome urinary symptoms followed by urological assessment of selected predefined subpopulations.” August 2011 to August 2012

“A 14 Week Randomized Parallel Group Placebo-Controlled Double-Blind Multi-center Study Of Fesoterodine 8 MG In Overactive Bladder Patients With Sub-Optimal Response To Tolterodine 4 MG ER.” June 2011 to July 2012

“A Randomized, Double Blind, Placebo Controlled, Parallel Group, Multi-center Study to Investigate the Efficacy and Safety of SER120 Nasal Spray Formulations in Patients with Nocturia.” March 2011 to Present

“An Open-Label Phase 3 Study to Evaluate the Long-Term Safety and Efficacy of WC3043 Tablets in Male Subjects With Erectile Dysfunction.” January 2010 To January 2011.

“A Phase III Open-Label Extension Study to Investigate the Safety of SER120 Nasal Spray Formulations in Patients with Nocturia Completing the Study SPC-SER120-DB1-200901 or Study SPC-SER120-DB2-200902.” December 2009 to February 2011.

“A Randomized, Placebo-controlled, Double-Blind, Parallel Design, Phase 3 Study to Assess the Safety and Efficacy of WC3043 Tablets in Male Subjects with Erectile Dysfunction.” September 2009 to March 2010.

“A dose-finding, multi-centre, double-blind, randomized, parallel, placebo-controlled trial to investigate efficacy and safety of Degarelix in men with lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH).“ August 2009 to February 2011.

“A Phase III Randomized, Double Blind, Placebo Control, Multi-center Study to Investigate the Efficacy and Safety of SER120 Nasal Spray Formulation in Patients with Nocturia (Non-PK Study).” June 2009 to July 2010.

“A Randomized, Controlled, Open-Label Trial of Degarelix Intermittent Therapy vs. Continuous Androgen Deprivation Therapy with Leuprolide or Degarelix in Patients with Carcinoma of the Prostate with Biochemical Failure after Localized Therapy.” April 2009 to Present.

“A Double-Blind, Randomized, Parallel, Placebo-Controlled, Multi-center Study Evaluating the Effect of Treatment with Topically Administered Oxybutynin Gel in Patients with Urinary Frequency, and Urge and Mixed Urinary Incontinence with a Predominance of Urge Incontinence Episodes with an Open-Label Extension.” February 2009 to September 2010.

“Tadalafil 2.5 mg and 5 mg Once a Day Compared to Placebo in Day of Onset of Efficacy.” February 2009 to June 2009

“A Multi-center, Parallel Group Extension Study to Evaluate the Safety of Two doses of DR-3001 in Women with Overactive Bladder.” October 2008 to May 2010.

“A Randomized, Double-Blind, Placebo-Controlled, Parallel Group Evaluation of the Efficacy and Tolerability of Two Different Doses of ELMIRON for the Treatment of Interstitial Cystitis.” August 2008 to September 2010.

“Testim Registry in the United States (TRiUS).” June 2008 to March 2010.

“A Multi-center, Randomized, Double-Blind, Parallel Group Study to Evaluate the Efficacy and Safety of Two Doses of DR-3001 Versus Placebo in Women with Overactive Bladder.” June 2008 to November 2009.

“A Multi-Center Extension Study Investigating the Long Term Efficacy and Safety of a Fast-Dissolving (“Melt”) Formulation of Desmopressin for the Treatment of Nocturia in Adults.” January 2008 to May 2010.

“A Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Phase 4, Multi-center Study of VESicare® (Solifenacin Succinate) in OAB Subjects to Evaluate Symptom Bother and Health Related Quality of Life.” October 2007 to September 2008.

“A Randomized, Double-Blind, Placebo Controlled, Parallel Group, Multi-Center Study Investigating the Efficacy and Safety of a Fast-Dissolving (“Melt”) Formulation of Desmopressin for the Treatment of Nocturia in Adults.” October 2007 to January 2008.

“A Multi-center, Randomized Placebo-Controlled, Double-Blind, Phase 3 Trial of Single-Dose Intravesical EOquin as a Surgical Adjuvant Instilled in the Early Postoperative Period in Patients Undergoing Transurethral Resection for Noninvasive Bladder Cancer.” October 2007 to February 2008.

“A Multi-Center, Randomized, Double-Blind, Placebo-Controlled Efficacy and Safety Study of Testosterone Gel 1.62% for the Treatment of Hypogonadal Men.” October 2007 to July 2008.

“A multi-center, double-blind phase 3B study to compare the safety and clinical efficacy of Levofloxacin 750 MG for 2 weeks and Levofloxacin 750 MG for 3 weeks to that of Levofloxacin 500 MG for 4 weeks in the treatment of chronic prostatitis.” October 2007 to February 2008.

“A Two-Arm, Open-Label, Randomized, Multi-Center Pharmacokinetic and Long-term Safety Study of Intramuscular Injections of 750 mg and 1000 mg Testosterone Undecanoate In Hypogonadal Men.” October 2007 to May 2009.