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EDUCATION

Male Infertility

Testicular Pain/Varicoceles

REGULAR FEATURES

Urology in the News

Foundation Focus

Ask a Urologist

ADVOCACY

AUA Foundation
Advocates for Prostate
Cancer Awareness on
Capitol Hill

Once a Patient, Always an
Advocate: Spotlight on
Steve Farber

RESEARCH

Research Program
Expands: Funding the
Spectrum of Discovery

UROLOGIC CHALLENGES Facing Our Children



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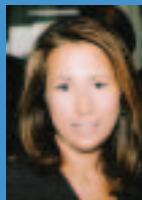
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FROM THE EXECUTIVE DIRECTOR



AUA FOUNDATION

*The Official Foundation of the
American Urological Association*



Dear Reader,

It's that time of year when thoughts are shifting from winter to the feelings of rejuvenation and youth that come with spring. In this issue we celebrate our recent activities and share with you our upcoming plans.

In the United States a highlight of winter is the Super Bowl—the dramatic end of the National Football League (NFL) season—and the AUA Foundation was on hand this year in South Florida with our Know Your Stats about Prostate Cancer campaign, working with on-site media to urge men to talk with their doctors about prostate cancer testing. In the days leading up to the big game, our campaign spokesmen, including NFL Hall of Famers Mike Haynes, Tony Dorsett, Marcus Allen and Deacon Jones, made media rounds, were featured in a full-page USA Today ad and were interviewed on a number of media programs across the country, including ESPN's "Mike and Mike" and the "The Early Show" on CBS. Our Super Bowl experience this year brought significant exposure to the campaign, and we have already started to plan our efforts for the 2010–2011 NFL season. See our recap on page 3 for the highlights!

Change is a key theme in the spring. For the AUA Foundation, change comes from advocacy in action, a major goal of our advocacy efforts throughout the spring, including our response to the American Cancer Society's revised prostate cancer screening guidelines and our third annual Patient Advocacy Summit, which was held in March on Capitol Hill. Information about these efforts and more can be found on page 8.

Spring is also about youth. This issue's cover story focuses on what is, no doubt, one of the most vulnerable groups of urology patients: children. Youngsters—and their parents and caregivers—can be profoundly affected by these conditions. They can be left feeling confused, embarrassed and scared. But many of these conditions are common and there are steps you can take to help your child during this difficult time (see page 4 for more information on pediatric urology).

As you read this letter, the Foundation is preparing for the Annual Scientific Meeting of the American Urological Association, another exciting springtime event where thousands of urologists will meet in San Francisco, CA to learn the latest in urologic research and patient care. The AUA Foundation will be at the meeting to hand out a variety of patient brochures and informational materials that doctors can bring back to you, our patients and readers.

Wishing you all the best,

Sandra Vassos
Sandra Vassos, MPA
Executive Director

UROLOGY IN THE NEWS

Bedwetting Treatments for Children over Five



According to researchers in Sweden, children older than five years who continue to wet the bed—a condition called enuresis—could benefit from treatment. Treatment for enuresis includes bladder counseling, an enuresis alarm and desmopressin, a synthetic hormone that triggers decreased urine production during sleep. A specialist should be consulted if the condition does not improve with therapy.

Select cases may require the use of anticholinergics which are drugs that reduce the likelihood of involuntary muscle movements or the antidepressant imipramine. Some children may still respond to an enuresis alarm even though they did not in the past.

Cranberry Juice Reduces UTIs in Children Too

Doctors have long known that cranberry juice prevents urinary tract infections (UTIs) in adults, but new research confirms that the same is true for children. New research has shown that girls between three and 14 years old with recurring UTIs benefited from daily cranberry juice intake during a period of six months. UTIs are most common in women, infants and the elderly. Antibiotics are used to treat established UTIs. Parents should still consult their pediatrician or urologist before using cranberry juice as a prevention strategy for their children.



Obesity Linked to Increased Risk of Kidney Stones

Research published in *The Journal of Urology*® shows that obese individuals are twice as likely compared to normal weight individuals to suffer from kidney stones. Kidney stones are mineral deposits that solidify and can be painful to pass through the urinary tract. In the study researchers analyzed the medical records of 95,000 people in a national insurance database. There was no difference in the risk of stone formation between obese and severely obese patients. Treatment options, however, differed by weight as obese patients were more likely than normal weight or overweight patients to undergo stone removal treatments as opposed to naturally passing the stone.



Buying Drugs Online Could Prove Dangerous

New research confirms that buying prescription drugs online, particularly for erectile dysfunction, could be dangerous. Researchers explored a number of deaths related to drugs that were bought from online pharmacies, and found that some counterfeit drugs were made using antifreeze, blood sugar lowering agents or talcum powder. Not only were the drugs laced with dangerous substances, they sometimes also contained a much higher dose of the active ingredient than the brand name medication. Patients buying drugs online often do so because they do not have a legal prescription for the medication. Taking drugs without talking to a physician is dangerous because some drugs are unsafe for people with certain medical conditions and some medications can react with other drugs.

The U.S. Food and Drug Administration is aware of and is investigating the problem of counterfeit drugs. However, unfortunately, the drugs are readily available and demand is increasing, with online sales doubling during the last five years. Total sales of counterfeit drugs are expected to hit \$75 billion in 2010.

FOUNDATION FOCUS

Webinars – Bringing the Experts to You



The AUA Foundation continues its highly acclaimed Urology Health Webinar series in 2010. Join us for our free interactive online programs to learn more about the prevention, diagnosis and treatment of common urologic health issues. Attending a Webinar is like attending any seminar, but from the comfort of your home or office. We bring the experts right to your computer. Listen to, learn from and ask questions of nationally recognized urology experts in our live interactive programs. A phone and computer with access to the internet are all you need. No special software is required to participate. Take charge of your urologic health and sign up now. For more information and to register go to www.UrologyHealth.org.

Tuesday, June 8	Premature Ejaculation	Culley Carson, MD Allen Seftel, MD Stan Althof, PhD
Tuesday, June 22	Women Controlling Continence	International Continence Society National Association For Continence Ariana Smith, MD
Tuesday, June 29	Low Testosterone	Allen Seftel, MD Martin Miner, MD
Tuesday, July 13	Prostate Health for Gay, Bisexual and Transgendered Individuals	Franklin Lowe, MD
Tuesday, July 27	Testicular Cancer	Stephen Beck, MD
Tuesday, September 14	Enlarged Prostate	Claus Roehrborn, MD
Tuesday, September 21	Chemoprevention of Prostate Cancer	Martin Miner, MD David Albala, MD
Tuesday, September 28	Prostatitis	Anthony Schaeffer, MD

Recordings of previous AUA Foundation Webinar programs are available for viewing at www.UrologyHealth.org.

Know Your Stats Campaign on National Stage at SuperBowl XLIV



Pro Football Hall of Famer Michael Irvin speaking about the importance of knowing your stats about prostate cancer in the AUA Foundation's Public Service Announcement.

In February the AUA Foundation made a splash at Super Bowl XLIV in South Florida with more than 50 radio and TV interviews promoting the American Urological Association's new guidelines on prostate cancer testing, reaching more than 62 million viewers in the U.S. with this important health message. Interviews on ESPN, CBS and FOX featured Pro Football Hall of Famers Mike Haynes, Marcus Allen, Tony Dorsett and Deacon Jones who encouraged all men 40 years or older to talk with their doctor about prostate cancer testing as part of the Know Your Stats about Prostate Cancer campaign.

Public service announcements featuring Roger Goodell, Commissioner of the NFL, Pro Football Hall of Famers Tony Dorsett, Joe Greene, Michael Irvin, James Lofton, Andre Tippett and Rod Woodson, and sportscaster Chris Berman aired in December, January and February, spreading our prostate cancer awareness message to viewers across the country.

Marcus Allen (far left) and Mike Haynes (far right) talk about why they personally are involved with the Know Your Stats campaign on the "Mike and Mike" show on ESPN.



Visit
KnowYourStats.org
to learn more about
prostate cancer
and how you can
become part
of the campaign.



Pro Football Hall of Famers Mike Haynes, Deacon Jones, and Marcus Allen pose together for a full page ad which ran in USA Today as part of the AUA Foundation's efforts to promote prostate cancer awareness with the Know Your Stats about Prostate Cancer campaign.

UROLOGIC CHALLENGES

Facing Our Children



Bedwetting. Urinary tract infections. Hypospadias— *all awkward and sometimes frustrating health topics. Embarrassing or not, these issues are related to urologic conditions experienced by millions of American children today. And while these terms would arouse fear in any parent, worry not—these conditions are more common than you think; and in most cases, you and your child can easily overcome these challenges.*

About 30% of children experience urologic conditions at any point in their childhood, according to Anthony Atala, MD, a spokesman for the AUA Foundation and pediatric urologist at Wake Forest University Baptist Medical Center. “Often, parents and children are confused about all of these completely new terms,” explained Dr. Atala. “A big part of what we do as pediatric urologists is to make sure the family first, understands the condition and second, recognizes that it is easy to manage.”

Enuresis

Nighttime accidents may be a regular occurrence for your child. “Enuresis” is nothing more than bedwetting. Although wetting the bed may be frustrating for you and your child, in most cases it can simply be outgrown. In some cases it can be a symptom of another condition, such as a urinary infection.

Experts at the Mayo Clinic estimate that by age five years about 15% of children still wet the bed. Robert Wiskind, MD, a pediatrician in Atlanta, agrees that while a few children still wet the bed, most can stay dry at night by age five.

Although the exact cause of bedwetting is unknown, children who wet the bed generally share common traits. Most are deep sleepers, have smaller bladders or hold more fluids during the day and then wet at night, explained Dr. Atala.

You may have heard about treatments like “wetting alarms” and medications. However for children younger than five years, these complicated treatments may be unnecessary because bedwetting usually resolves on its own. Worried parents can work with their child’s pediatrician to make several easy lifestyle changes. Dr. Wiskind encourages simple,

at-home steps, such as limiting fluids at night and ensuring that your child uses the bathroom right before bed.

“Bedwetting is not your child’s fault. So be patient and understanding, and encourage him or her to get involved in the process,” says Dr. Atala. Contact your physician if bedwetting interferes with your child’s social life or if you suspect an underlying cause such as stress/trauma or an infection. When bedwetting becomes worrisome, your doctor may refer your child to a urologist for further evaluation and treatment.

Urinary Tract Infections

Contrary to popular belief, urinary tract infections (UTIs) can affect children too—as many as 6% of girls and 2% of boys will have a UTI during childhood. A UTI occurs when bacteria enters the urinary tract and travels up the urethra and into the bladder.

Symptoms of a UTI include fever, pain in the abdomen or lower back, nausea or vomiting, painful or frequent urination and blood in the urine. In newborns a UTI may be harder to detect because the symptoms can point to a variety of conditions. Look for fussiness, vomiting, diarrhea, poor weight gain or pink-tinged urine in the diaper. If your child

is showing these signs, seek prompt treatment because young children have a greater risk of kidney damage linked to UTIs than older children or adults.

Children with chronic UTIs might also suffer from vesicoureteral reflux (VUR), a "silent" condition that does not cause pain, discomfort or problems with urination. VUR occurs when a malfunctioning valve causes urine to travel backward from the bladder toward the kidney. Bacteria travel with the urine, causing infection. Although this description may sound complex and alarming, primary VUR can occur in up to 10% of newborns. In most cases VUR will either resolve on its own or can be treated with a low dose of antibiotics and careful monitoring by the doctor. Advanced cases may require surgery.

VUR is often found after a child is diagnosed with a UTI and, in fact, VUR is present in one-third of children with a UTI. Because of this connection, it is important to be aware of UTI symptoms.

Antibiotics are the first step in treating your child's UTI. After a few doses, your child may appear much improved, but it is important that your child take all of the prescribed medication even when symptoms are gone. Missed doses could result in another, potentially more serious, infection.

Hypospadias

"Hypospadias" is a visible abnormality, making it one of the most alarming pediatric conditions. In reality this common condition affects one out of every 150 to 300 boys in the United States. Most often observed at birth,

hypospadias is caused by a lack of development of a boy's urethra and foreskin, causing the opening of the urethra to be located along the underside of the penis instead of at its tip. With this condition, the foreskin of the penis is also incompletely developed.

Surgery can easily restore the normal appearance of the penis. Hypospadias can vary in severity, and many parents wonder if surgery is necessary for mild degrees of the condition. According to experts at the Mayo Clinic, if not treated, a child with hypospadias could have problems during toilet training. Additionally, as many as 15% of boys will have a noticeable downward curvature of the penis, which could potentially cause difficulty with sexual intercourse later in life. Therefore, treatment of hypospadias is necessary in certain cases, and is seldom a purely "cosmetic" fix.

Surgery is recommended between the ages of three and 18 months (hypospadias will not cause problems in caring for your infant, according to experts at the Mayo Clinic). During the procedure, a urologist will create a straight penis with a urinary channel that ends at the tip of the penis head. Ideally, surgery is performed prior to circumcision if elected, because part of the foreskin is sometimes used to repair the condition, explains Dr. Wiskind.

Occasionally, hypospadias can be overlooked at the hospital. Contact your physician if you notice that your son's urethral opening is located somewhere other than the tip of the penis, if he has a downward curve of the penis or if he is experiencing abnormal spraying during urination.

Tips for Parents

Pediatric urological conditions are not only common, they are natural. Enuresis is a part of a child's developmental stage, and primary vesicoureteral reflux and hypospadias are "congenital" conditions, or present at birth. Children are able to overcome some of these conditions with age. These problems may make you feel distressed, but with proper management and monitoring, you and your doctor can overcome the challenges of urologic conditions.

For more information or to find a pediatric urologist near you, visit www.UrologyHealth.org or call the National Urology Health Line at 1-800-828-7866.



Anthony Atala, MD, is director of the Institute for Regenerative Medicine and the W. H. Boyce Professor and chair for the Department of Urology at Wake Forest University Baptist Medical Center. He is a practicing urologist and expert in pediatric urology. He is also a leader in the field of cell tissue and organ regeneration research. His work was listed in Time magazine as one of the top 10 medical breakthroughs of 2007. Dr. Atala received his medical degree from the University of Louisville School of Medicine, which is where he also conducted his urology and surgery residencies.

Dr. Atala currently sits on the AUA Foundation's 35th Anniversary of the Research Scholars Program Steering Committee and is a chair of one of the National Urology Research Agenda panels. As a member of the National Cancer Advisory Board, Dr. Atala is also a consultant to the Research Council.





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Partners Alliance New for 2010!



In 2009, the AUA Foundation introduced the Partners in Urologic Health donor club to provide recognition and benefits for AUA members who joined our ranks as supporters of the Foundation. We are proud to say that our numbers have since grown to more than 200 members.

We are launching the Partners Alliance donor club, just in time for this year's American Urological Association Annual Meeting! Like the Partners in Urologic Health club, the Partners Alliance will offer recognition and tangible benefits—with some new and enhanced features designed just for Alliance members.

Partners Alliance members will not only receive patient information for their offices, but they will also be provided with enhanced marketing opportunities through the Foundation's new web site, which will be unveiled later this year. "We're developing a new level of support for our Alliance members, providing them with a link from our web site directly to their practice's web site, and enhancing their listing on our Find a Urologist feature," said the AUA Foundation's Director of Development & Communications Sarah Elder.

Partners in Urologic Health will continue to welcome new members with an annual contribution of \$250, and the brand new Partners Alliance will provide enhanced opportunities with an annual contribution of \$500. For more information on these and other donor club programs, please contact Ms. Elder at 410-689-3990.





Victor Holt Photography

Mike Haynes and Willie Lanier discuss prostate cancer awareness with Rep. Glenn Nye (D-VA).

AUA Foundation Advocates for Prostate Cancer Awareness on Capitol Hill

In March the AUA and the AUA Foundation had a strong presence on Capitol Hill advocating for vital urologic health issues and elevating awareness with key members of Congress.

Pro Football Hall of Famers Mike Haynes and Willie Lanier, who are members of Team Haynes and part of our Know Your Stats about Prostate Cancer campaign, traveled to Capitol Hill to meet with members of Congress, advocating their support of legislation aimed at promoting prostate cancer awareness and research. The legislation they were advocating for seeks to effectively and cost efficiently increase access and reduce disparities in the diagnosis and treatment of prostate cancer, particularly for underserved racial, ethnic and rural populations, through improvements in testing, outreach, education, imaging, comparative effectiveness and telemedicine.

In addition, the AUA Foundation, the National Football League and members of Team Haynes attended a Congressional Reception in March. The team members mingled with members of Congress at this high-profile event.

Prostate Cancer Screening Topic for Congressional Hearing

A call for increased research and vigilance in the way physicians diagnose and treat prostate cancer was the key message at hearings in March in Washington, DC, where the House Committee on Oversight and Government Reform held a special hearing on the topic, with special testimony from prostate cancer advocacy groups and key opinion leaders in the field, including urologist and AUA member James Mohler, MD, of Roswell Park Cancer Institute, and American Cancer Society (ACS)

Chief Medical Officer Otis Brawley, MD. The hearing, which was well attended by prostate cancer advocates and survivors, brought light to the challenges facing patients and the physicians who treat them.

The hearing followed the March 3 release of a new American Cancer Society guideline on early prostate cancer detection, which places an increased focus on informed patient decision-making and discourages community-based screening events at which patients may not be able to engage in a comprehensive discussion with a physician about their prostate cancer risk.



Victor Holt Photography

Mike Haynes, Rep. Bill Cassidy (R-LA), Willie Lanier, and Dr. Robert Bass of Louisiana.

AUA and AUA Foundation Respond to Questions about Prostate Cancer Screening

The AUA and the AUA Foundation released a statement to the press in March to respond to the new ACS guidelines on prostate cancer testing. Full text of the AUA Foundation's statement can be found on UrologyHealth.org while the AUA's statement can be found at www.AUAnet.org

While the AUA and the AUA Foundation agree that informed consent is a key part of a patient's decision to be tested for prostate cancer, we believe that the ACS statement does not fully characterize the benefits of an individualized approach to assessing prostate cancer risk.

We encourage all men 40 years of age or older to talk to their doctors about the risks and benefits of prostate cancer testing, including establishing a baseline PSA score and regular physical exams. Prostate cancer testing is an individual decision that patients should make together with their doctor and because every case is different, there is no single standard for treatment that applies to all men.



Rep. Phil Roe (R-TN) discusses healthcare advocacy with Mike Haynes and Willie Lanier.

Victor Holt Photography



Steve Farber, Patient Advocate

A regular check-up at age 60 showed that Farber's kidneys were functioning poorly and soon he would suffer from kidney failure. "It was a rude awakening," he recalls.

Like many Americans suffering from kidney failure, Farber found himself on the organ transplant list. Patients with his condition have limited options: 1) receiving a kidney from a live donor and 2) waiting on the transplant list for three or more years for a kidney from a deceased organ donor (called a

Once a Patient, FOREVER AN ADVOCATE: SPOTLIGHT ON STEVE FARBER

cadaver organ). Without a transplant, these patients must undergo kidney dialysis, or blood filtration, several times a week.

Being on the list is a very difficult process. Patients can wait years for a kidney transplant, becoming even sicker during the wait. "Every day, 18 patients die while waiting for a cadaver organ," Farber explains. In 2009, 5,800 people died while waiting for an organ, and another 2,900 people were refused a kidney because they became too sick. Thousands of others remain on the list and await the call to rush to the hospital to receive a transplant while a cadaver organ is still viable.

Luckily for Farber, his eldest son Gregg was a perfect match, and, after much soul searching, Farber accepted his son's kidney donation.

He promised himself that if he lived, he would start an organization to advocate on behalf

of transplant patients. Farber's American Transplant Foundation works diligently with Colorado officials to increase the number of registered donors through a variety of programs, such as including a donor registration option on tax returns. Now, nearly 65% of Colorado residents are registered donors. Farber's goal is to create similar programs in every state.

Many of Farber's reform ideas, as well as personal stories of kidney transplantation, are described in *On the List*, a book he co-wrote with Harlan Abrahams.

Farber has fully recovered and now plays tennis two to three times a week, avoids alcohol and maintains a healthy diet. His advice to other patients is: "Keep a smile on your face and stay focused. You are going to get through it."

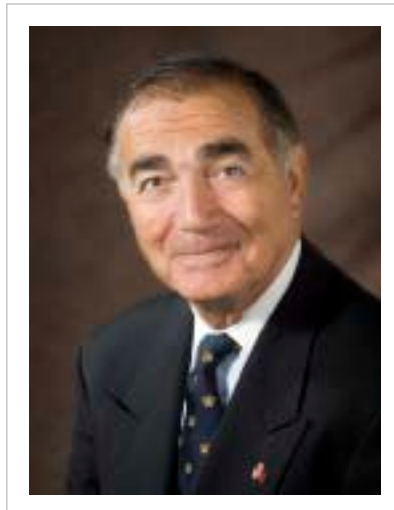
AUA Foundation Welcomes New Development Council Leadership



Fred Thompson

As the Foundation boldly enters this new decade, the Development Council has taken on new leadership – Fred Thompson and Robert Waldbaum, MD have assumed the roles of Chair and Vice Chair, respectively, for this revenue arm of the AUA Foundation.

While new to the Foundation, Thompson is not new to the world of fundraising. Currently the President of Creative Partners, he has also served as CEO of the Jane Goodall Institute, and President and CEO of the American Liver Foundation and on numerous non-



Robert Waldbaum, MD

profit boards. Thompson has more than 30 years of experience in meeting the strategic marketing and fundraising needs of many of the nation's leading corporations and non-profit organizations.

"I'm so pleased to be involved with the AUA Foundation. It's easy to see just how far this group has come in the last few years, particularly when you look closely at the latest public relations campaign – the Know Your Stats about Prostate Cancer initiative. With the kind of national exposure this campaign

has brought to the table, we are poised to leverage that publicity for even greater financial return in the year ahead," said Thompson.

Dr. Waldbaum has a very celebrated career in urology, and has worked with the Foundation for many years. Currently Vice President of the North Shore/LIJ Health System for Physician Relations, Waldbaum is also Chairman Emeritus of the Department of Urology at North Shore University Hospital, a past member of the AUA Board of Directors, and a past President of the New York Section of the AUA. Along with serving as our new Vice Chairman for the Development Council, Waldbaum is also the Chairman of the Urology Division of the Kidney & Urology Foundation of America.

Mr. Thompson and Dr. Waldbaum are leading the charge in 2010 to celebrate the 35th Anniversary of Research, ably assisted by Anthony Atala, MD, Richard Babayan, MD, and Wade Bushman, MD, along with a host of other former scholars and members of the research community. "Through this milestone anniversary, we will once again shine a spotlight on the research program, encouraging not only celebration, but support for the work that is yet to come," said Waldbaum.

Research Program Expands: Funding the Spectrum of Science

The AUA Foundation is committed to advancing urology research. Our hallmark program that exemplifies that commitment is the AUA Foundation's Research Scholar Program which has been providing fellowships to outstanding urologists and scientists since 1975.

The year 2010 is a convergence of two milestones: the 35th year anniversary of the program and the beginning of a new decade. As such, it provides an opportune time to reflect on the direction of our research funding efforts. There are four guiding principles that lend structure to that reflection:

- We must continue to recruit promising young physicians and scientists into the field.
- We must provide opportunities for young investigators to transition from mentored to independent investigators.

- We must provide support for mid-career physicians and scientists who have a track record of success.
- We must stimulate progress in treating urologic diseases across all levels.

Based on those principles, the AUA Foundation will continue to fund research training in the form of fellowship programs, however, we will expand our program to include the funding of transitional and independent researchers of all career stages, to foster their growth, and to advance the knowledge base in urology research by supporting novel and impactful research programs.

We are working on the following programs:

- Bridge to Independence awards would support individuals in the end stages of career development or postdoctoral awards to

cover laboratory costs while awaiting decisions on R01 type funding.

- Synergy Research awards would support mid to senior level researchers by providing funds to an MD and a PhD to bring together synergistic yet complementary perspectives to address an important problem or question in urologic disease research.
- Pilot Exploration Awards are an example of a means to advance progress in urology research across all career levels. The intent is to provide incentives for individuals from a variety of fields to carry out innovative, potentially high impact research that will leapfrog treatment in any of the priority areas identified in the National Urology Research Agenda.

AUA Foundation: A 35 Year Tradition in Research

Since 1975, nearly 500 researchers have received scholarships and awards through our research programs. These talented researchers and surgeon-scientists work to unlock the mysteries of the human body, striving for cures and treatments to improve the lives of millions of men, women and children suffering from urologic diseases. We are so pleased to announce our 35th Anniversary class of nine AUA Foundation Research Scholars and two AUA Foundation/Astellas Pharma, US, Inc. Rising Stars in Urology.



2010 AUA Foundation Research Scholars

Lysanne Campeau, MDCM

Wake Forest Institute for
Regenerative Medicine

Linking Genotype with Molecular Mechanism for Stress Urinary
Incontinence

**Award Sponsored by the AUA Southeastern Section Research
Scholar Endowment Fund**

Brian Chapin, MD

M.D. Anderson Cancer Center

The Endothelial Cell as the Mediator of Angiogenic Escape in
Renal Cell Carcinoma

Award Sponsored by the Kidney Cancer Association

Sandra Koo, MD

Fred Hutchinson Cancer Research Center

The Role of Testosterone in Prostate Inflammation and Age-
Related Prostate Disease

**Award Sponsored by the AUA Western Section Research
Scholar Endowment Fund**

Congxing Lin, PhD

Washington University—St.Louis

Investigating Genetic Etiology of Hypospadias and Epispadias

Award Sponsored by the AUA and the AUA Foundation

Steven Mooney, PhD

Johns Hopkins Medical Institutions

Multiplexing Biomarkers to Diagnose Symptomatic Benign
Prostatic Hyperplasia

Award Sponsored by Sanofi-Aventis

Sandeep Ranpura, PhD

Children's Hospital of Boston

JunB is a Novel Regulator of Bladder Smooth Muscle Growth and
Contractility

Award Sponsored by the Astellas USA Foundation

Peter Stahl, MD

Weill Cornell Medical College

Genetic Basis of Idiopathic Male Infertility

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Jennifer Taylor, MD

Memorial Sloan-Kettering Cancer Center

Exopeptidases in Blood and Urine as Biomarkers for Bladder Cancer

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Bryce Weber, MD, FRCSC

Hospital for Sick Children, University of Toronto

Epigenetic Responses to Uropathogenic E.coli Urinary Tract Infection

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2010 AUA Foundation/Astellas Pharma, US, Inc. Rising Stars in Urology

Andrew Stephenson, MD

The Cleveland Clinic

Randomized Trial of Decision Analysis Model to Facilitate Treat-
ment Decision-Making for Localized Prostate Cancer

Sunil Sudarshan, MD

University of Texas Health Sciences Center San Antonio

Role of Fumarate Hydratase in Renal Hypoxia and Tumorigenesis

ASK A UROLOGIST

Q: At what age should my son start wearing a protective sports cup?

A: A boy should wear an athletic supporter as soon as he is involved in any kind of activity that could lead to groin injury. Protective plastic inserts, or "cups," can be used to help prevent blunt trauma injury, and should be worn whenever possible. It may be possible to special order a smaller size if necessary from your local sporting goods retailer for younger boys. An athletic supporter keeps the testicles stationary and close to the body. To achieve this same result in younger children, for whom supporters might be too large, have them wear briefs instead of boxer shorts, and wear a tighter fit than usual.

Q: My son's testicles did not move into their proper place after birth. Will this put him at risk for future conditions?

A: In boys with undescended testicles, a condition known as cryptorchidism, the testicles fail to reach the normal position in the scrotum. The condition is present in about 3% of newborns and up to 21% of premature newborns. Fortunately, in about three-quarters of these patients, the testicles will descend spontaneously during the first three months of life.

When the testicles do not descend on their own, treatment is appropriate anytime after age six months. Undescended testicles are usually treated with surgery, called an orchiopexy, that will place and secure them in the scrotum. Proper treatment is important, as the testicles need the cooler temperature of the scrotum to make sperm. Evidence suggests that boys whose testicles remain undescended for a long time (a year or longer) may have fertility problems later in life.

Q: My son is complaining about a sudden, severe pain in his testicles. What should I do?

A: What you have described may be testicular torsion, a medical emergency that occurs when the spermatic cord (a cord by which a testis is suspended in the scrotum) gets twisted. Torsion can result from scrotal trauma or strenuous exercise, but sometimes there is no obvious cause. This condition can decrease the blood



supply to the testicle, killing the tissue. While very rare, testicular torsion can be serious if not treated promptly. Any sudden and severe testicular pain is cause for careful monitoring. If there is swelling on one side of the scrotum, or if swelling is significant or changes quickly, a call to your pediatrician and/or a visit to the emergency room is in order. Torsion is treated surgically by untwisting the cord and securing the testicle to the scrotum to prevent future twisting.

Have a urologic question you'd like answered in the next issue of UrologyHealth Extra?
Send us your question at AUAFoundation@AUAFoundation.org.

Focus on Male Infertility



Craig Niederberger, MD

University of Illinois at Chicago

Former Member, AUA Foundation Education & Programs Council

Parenthood eludes as many as 15% of couples actively trying to have a baby. "Infertility" means not being able to become pregnant after a year of trying. In up to 50% of couples having difficulty getting pregnant, the problem is at least in part related to male reproductive issues.

Male fertility depends on the production of normal sperm and its delivery into the vagina during intercourse. Those microscopic sperm must then travel up into the woman's reproductive system to fertilize her egg before a pregnancy can begin. When pregnancy does not occur after a year of trying, couples may wish to seek a medical evaluation. (When the woman is older than 35 years, a couple may wish to speak to a health care provider after six months of trying to become pregnant.) Fortunately, a diagnosis of infertility may simply mean that the road to parenthood may be challenging but not impossible for many couples today.

It is important that men be assessed to pinpoint the treatable or untreatable causes of infertility. Male infertility includes a number of conditions that make it difficult to conceive. A urologist is the medical specialist who will assess these factors, including possible structural and other defects in the reproductive system, hormone imbalance, illness or even trauma that might impair a man's fertility. Sperm may be underdeveloped, abnormally shaped or unable to move properly. Some medications can affect sperm production, function and ejaculation. Or, normal sperm may be produced in low numbers or seemingly not at all, a condition known as azoospermia. Varicoceles (see adjacent article) may also impair sperm development. Although some men may experience difficulty delivering sperm into the vagina, others may have hormonal or genetic issues that require further evaluation.

The treatments for male infertility depend on the specific problems identified. In some severe cases no treatment is available. However, in most cases medications, surgical approaches and assisted reproductive techniques are available to overcome many underlying fertility problems. For more information, please go to www.UrologyHealth.org.

Seek Help for Testicular Pain, Swollen Veins

Hrair-George O. Mesrobian, MD

Children's Hospital, Milwaukee, WI

Swollen veins can be a urologic health concern when they form in the scrotum of young men, a condition known as "varicocele." A varicocele forms when valves inside the veins of the scrotum prevent blood from flowing properly, causing blood to back up, leading to swelling and widening of the veins. It is more common in men 15 to 25 years old, and is most often seen on the left side of the scrotum. Varicocele may lead to testicular shrinkage in some cases and may also contribute to infertility.

A young man with varicocele will usually have no symptoms. If there are symptoms, they tend to occur during hot weather, after heavy exercise, or when the patient has been standing or sitting for a long time. Signs include:

- a dull ache or discomfort in the testicle(s) or heaviness in the scrotum
- dilated veins in the scrotum that can be felt (described as feeling like worms or spaghetti)
- the testicle is smaller on the side with the dilated veins (due to difference in blood flow)

While a testicular exam is normally part of a young man's regular check-up, it is important for boys and men to seek prompt medical attention if they feel a mass or any lump or bump in the scrotum while performing their monthly testicular self-examination. For more information about varicocele, go to www.UrologyHealth.org.

For more information
about urologic health
visit our Web site

www.UrologyHealth.org



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