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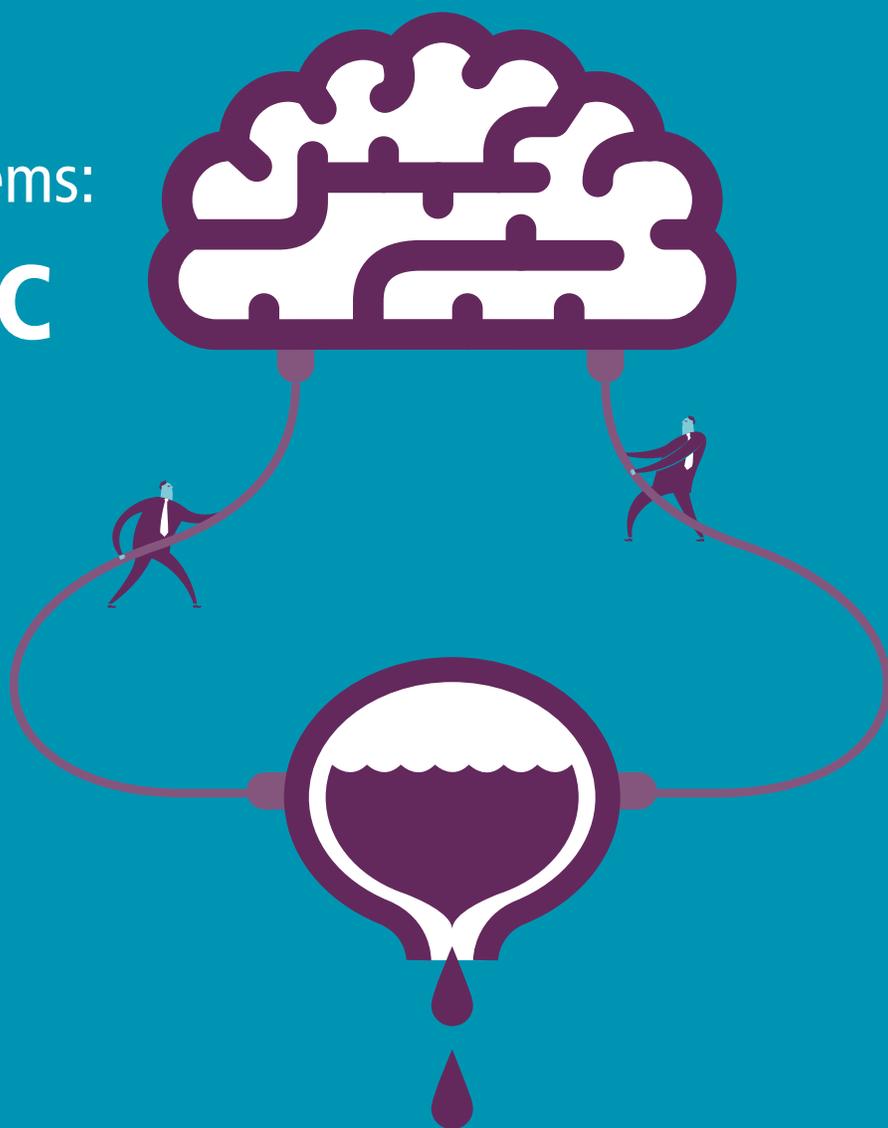
Spring 2014

When Nerve Damage  
Causes Bladder Problems:

## NEUROGENIC BLADDER

## TESTICULAR CANCER:

The Most Common  
but Most Treatable  
Cancer in Young Men



*Urology Care*  
FOUNDATION™  
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When your  
**BLADDER  
ACTS UP,**  
it's time to  
start talking.



Take charge by talking to your doctor to help  
manage the OAB symptoms of urgency, frequency, and leakage.

If you are experiencing these symptoms, ask your doctor about Myrbetriq® (mirabegron). Myrbetriq (meer-BEH-trick) is the first and only medicine in its class for overactive bladder (OAB). In clinical trials, it was shown to be effective in treating OAB symptoms within the first several weeks. Those taking Myrbetriq made fewer trips to the bathroom and had fewer leaks than those not taking Myrbetriq. Your results may vary. So why give in to a demanding bladder? **Speak up—and ask your doctor if Myrbetriq is right for you.**

### USE of MYRBETRIQ

Myrbetriq® (mirabegron) is a prescription medicine for adults used to treat overactive bladder with symptoms of urgency, frequency, and leakage.

### IMPORTANT SAFETY INFORMATION

Myrbetriq may cause your blood pressure to increase or make your blood pressure worse if you have a history of high blood pressure. It is recommended that your doctor check your blood pressure while you are taking Myrbetriq. Myrbetriq may increase your chances of not being able to empty your bladder. Tell your doctor right away if you have trouble emptying your bladder or you have a weak urine stream.

Tell your doctor about all the medicines you take including medications for overactive bladder or other medicines such as thioridazine (Mellaril® and Mellaril S®), flecainide (Tambocor™), propafenone (Rythmol®), digoxin (Lanoxin®).<sup>\*</sup> Myrbetriq may affect the way other medicines work, and other medicines may affect how Myrbetriq works.

Before taking Myrbetriq, tell your doctor if you have liver or kidney problems. In clinical studies, the most common side effects seen with Myrbetriq included increased blood pressure, common cold symptoms (nasopharyngitis), urinary tract infection and headache.

**Please see Brief Summary of Prescribing Information for Myrbetriq (mirabegron) on following page.**



To learn if you're eligible for  
**A YEAR'S WORTH OF  
PRESCRIPTION SAVINGS**  
go to [Myrbetriq.com/RxSavings](http://Myrbetriq.com/RxSavings).

Subject to eligibility. Restrictions may apply.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.**

 **Myrbetriq®**  
(mirabegron)  
extended-release tablets  
25 mg, 50 mg

 **astellas**

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# Ask a Urologist

## Athletic Cups and Supporters

### Q: My 7-year-old son is starting to get involved in youth sports. Why does he need an athletic cup or supporter?

A: It is very important for boys to wear an athletic cup to protect their groin area from blunt trauma injuries when playing sports. Any fast-moving kick, ball or helmet that hits a boy in the groin area can cause serious damage, including severe bruising, internal bleeding, testicular fracture or rupture. Two more serious injuries that can result from blunt trauma to the testicles include torsion and rupture. Testicular torsion, while rare, is a medical emergency requiring immediate attention. It occurs when the testicle twists around itself and the blood supply is cut off. Testicular rupture happens when the testicle is knocked against the pubic bone and bleeds into the scrotum. If left untreated too long, these issues can lead to the boy losing a testicle.

### Q: Are athletic cups and supporters appropriate for boys of all ages? At what age should my son start wearing a cup or "jock strap," and how do I know what kind he needs?

A: Hockey players of all ages wear helmets, and kids playing soccer wear shin guards no matter what grade they're in. In the same way, all boy athletes need to wear something to protect the groin area when they start playing sports. If your son plays a contact sport – like football, soccer, baseball, basketball or hockey – he should wear a cup made from a hard plastic or metal as soon as he is big enough to

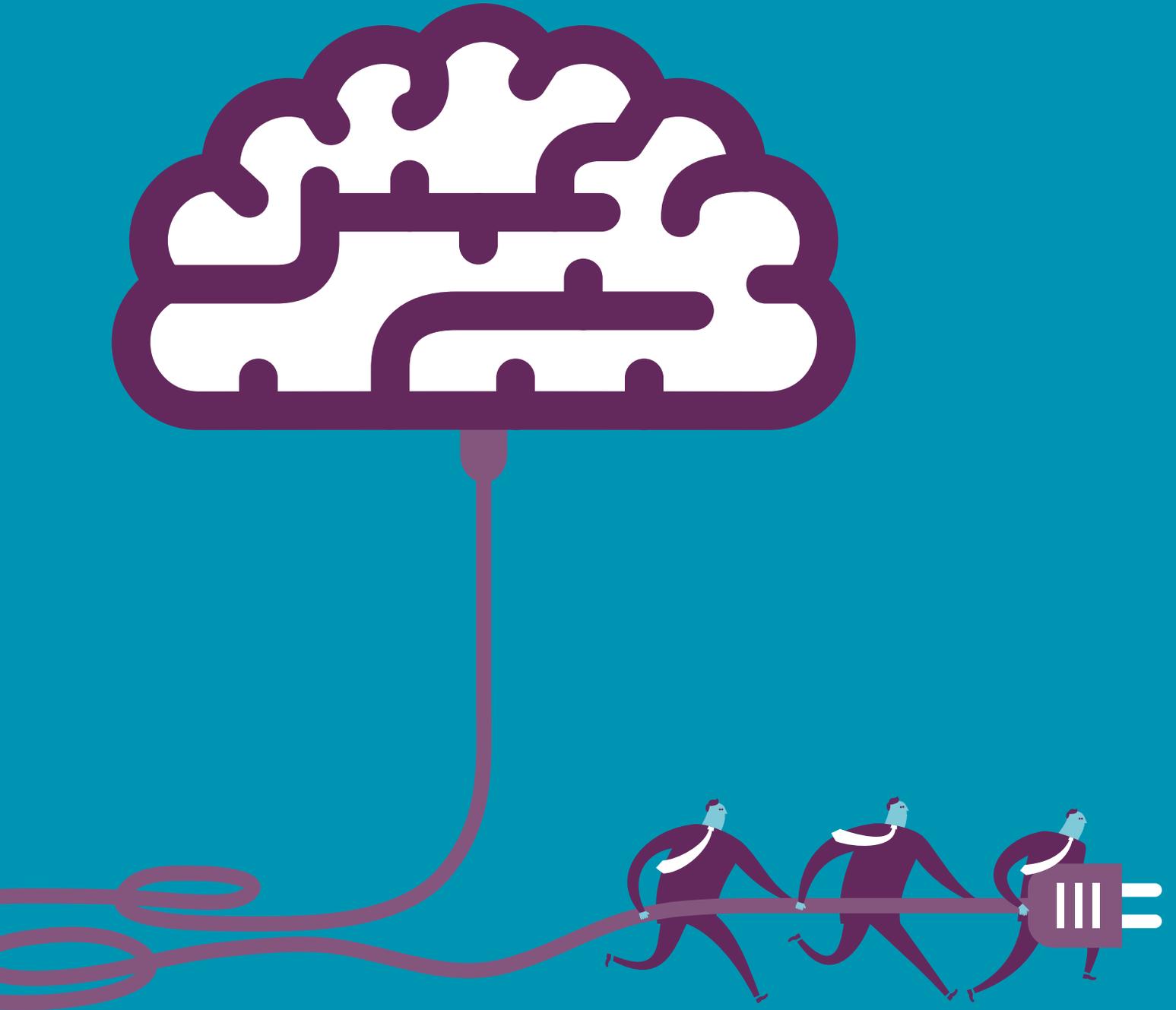
fit in one. Usually cups have small holes allowing for airflow, and may have a gel material inside for comfort. The cup is held in place by an athletic supporter or "jock strap." These are made from cloth, with an elastic waistband and straps around the legs. The supporter should have a pouch to hold the cup. As an alternative to an athletic supporter, compression shorts are often available with a pouch to fit the cup. Many boys find compression shorts more comfortable than traditional athletic supporters because there are no bands that may dig into the skin.

If your son is in a noncontact sport that involves running, he may just need to wear an athletic supporter or compression shorts without the cup. The supporter or compression shorts lift and hold the penis and testicles close to the body, out of the way during movement. If you are unsure what your son needs for a particular sport, ask the coach or athletic director.

### Q: How do I know what size cup and supporter to buy?

A: Generally cups are sized by age. "Pee wee" may fit boys up to age 6 or 7. "Youth" may fit boys up to puberty. Then there are "teen" and finally "adult" sizes. But while sizes vary, it is most important the cup fits well. For a cup to work, it must fit tightly against the body. Choose a supporter with a comfortable but secure-fitting waistband, and leg straps tight enough to prevent rolling or twisting. Compression shorts should also be chosen based on waist size. They should be snug but not uncomfortable. Have your son check that the cup and supporter (or compression shorts) are tight enough to prevent movement (but do not pinch) before wearing during a practice or game. ♦





When Nerve Damage Causes Bladder Problems:

# NEUROGENIC BLADDER

Until a few short years ago, Rob, who is in his 80s, had been relatively free of health problems. He was an active guy, skiing and hiking in his beloved Washington State mountains. Husband, father and grandfather, he was living a happy retirement from Boeing Aircraft. Then what he thought was a small nagging problem was diagnosed as a complex medical problem.



Continued from page 5

When ongoing heartburn was keeping him awake at night, he went to a GI doctor for help. A scan showed Rob's bladder was so enlarged it was pushing against his stomach, causing the heartburn. One doctor visit after another revealed more than one medical issue. Rob began a series of tests and surgeries to treat bladder cancer, prostate cancer and an aortic aneurysm.

His cancers were removed, but nerve damage from his surgery left Rob unable to fully empty his bladder. Today, he relies on using a straw-like tube, called a catheter, to help empty his bladder completely.

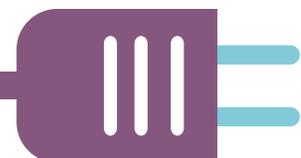
Rob has **neurogenic bladder**—and he isn't alone. Millions of Americans have this health issue. Neurogenic bladder is when a person lacks bladder control due to damage to the nerves carrying messages between the bladder and the brain. This damage may be the result of a spinal cord injury, an infection of the brain or spinal cord, heavy metal poisoning or diseases affecting the nerves, such as stroke, multiple sclerosis, Parkinson's disease or diabetes. People born with problems of the spinal cord, such as spina bifida, are also at risk for neurogenic bladder.

## What Goes Wrong?

Several muscles and nerves must work together for your bladder to hold urine until you are ready to empty it. Nerve messages go back and forth between the brain and the muscles that control bladder emptying. If these nerves are damaged by illness or injury, the muscles may not be able to tighten or relax at the right time.

In people with neurogenic bladder, the nerves and muscles don't work together very well. As a result, the bladder may not fill or empty the right way. Bladder muscles may be **overactive** and squeeze more often than normal and before the bladder is full of urine. Sometimes the muscles are too loose and let urine leak before you're ready to go to the bathroom (incontinence).

In other people, like Rob, the bladder muscle may be **underactive**, meaning it will not squeeze when it is filled with urine and won't empty fully or at all. The sphincter muscles around the urethra may also not work right and may stay tight when you are trying to empty your bladder.





## Symptoms

The symptoms of neurogenic bladder differ from person to person. They also depend on the type of nerve damage the person has. Symptoms may include urinary tract infections, kidney stones and not being able to control how many times you urinate, when you urinate or how much you urinate.

People with overactive bladders (often seen with strokes, brain diseases and Parkinson's disease) may feel a sudden urge to go to the bathroom that cannot be ignored. After this "gotta go" feeling, some people leak urine—a few drops or a gushing amount. Another overactive bladder symptom is going to the bathroom often (more than eight times in 24 hours).

Some people with neurogenic bladder have the opposite problem. They can't empty their bladder at all or only produce a "dribble" of urine. These symptoms are common in people with diabetes, multiple sclerosis, polio, syphilis or a prior major pelvic surgery.

The symptoms of neurogenic bladder may seem like symptoms of other illnesses and medical problems. Always talk to your health care provider for a diagnosis.

## Seeking the Source

Neurogenic bladder involves the nervous system and the bladder, and doctors will conduct different tests to determine the health of both. Talking to your health care provider about your symptoms can be an important first step. Your provider may ask you for your medical history and your daily habits. They may also ask you to complete a physical exam. A physical exam for women may look at the abdomen, pelvis and rectum. For men, the abdomen, rectum and prostate may be checked. You may also need to leave a urine sample to be tested for infection.

Some patients are asked to keep a "bladder diary" to get a better sense of their day-to-day symptoms. You may also be asked to do a "pad" test. For this test, you wear a pad that has been treated with a special dye. This dye changes color when you leak urine.

Your health care provider may order other tests to measure how your urinary tract is working or may order an x-ray or scan to help diagnose you.

Continued on page 8 ➔

## MS PATIENTS—TAKE THE TEST!

If you are living with multiple sclerosis (MS), it may be affecting your bladder. Up to 80 percent of people living with MS will have some kind of bladder problem.

Want to learn more? Use the *Actionable MS Urinary Function Screening Tool*. It's a simple, eight-question test developed to help people find out if their MS is affecting their bladder. The tool was developed with the input from more than 150 people living with MS, as well as top doctors and nurses specializing in MS.

Visit [UrologyHealth.org/NeurogenicBladder](https://UrologyHealth.org/NeurogenicBladder), click on "Tool for MS Patients" and answer the eight questions. You can then print out your answers and take the results with you when you visit your health care provider.

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## Treatment Options

Neurogenic bladder is a serious condition, but when it is watched closely and treated the best way, patients can see large improvements in their quality of life. Specific treatment for neurogenic bladder will be decided by your health care provider based on:

- your age, overall health and medical history
- the cause of the nerve damage
- the type of symptoms
- the severity of symptoms
- your tolerance for certain medications, procedures or therapies
- their expectations for the course of the condition

## Lifestyle Changes

For many patients, the first treatments often used are lifestyle changes. Also known as “behavioral treatments,” these are changes people can make in their daily lives to control their symptoms.

Weight loss and limiting the intake of “bladder irritating” foods and drinks may be helpful. You may be asked to try avoiding coffee, tea, alcohol, soda, other fizzy drinks, citrus fruit and spicy foods. Some people may be asked to try and schedule regular trips to the bathroom or even try timing their trips to the bathroom.

People with an overactive bladder may be asked to try “quick flicks” to help relax their bladder muscles when the muscles start squeezing. This exercise may help decrease that “gotta go” feeling when it hits. Your health care provider can explain this exercise in more detail. Another behavioral treatment for those with overactive bladder is called “delayed voiding.” This is when patients start delaying going to the bathroom by a few minutes and then slowly increasing the time to a few hours. This helps patients learn how to put off going to the bathroom, even when they feel an urge.

## Medical Treatments

When behavioral treatments alone aren’t working well, drugs may be prescribed. Some drugs are used to relax overactive bladder muscles. These may be taken by mouth or delivered through the skin (with a gel or a patch).

If, like Rob, you need help emptying your bladder, you may be prescribed other drugs. You may also be asked to use a catheter. Rob inserts a catheter into his bladder twice daily to make sure it is fully emptied. Some patients use “continuous catheterization,” another type of catheter that stays in place to drain urine at all times.

*For Bill, a former police officer, self-catheterization supports his active lifestyle. Fourteen years ago, a car crash left him with a spinal cord injury—and neurogenic bladder. When he awoke from a coma, he found himself in a rehab hospital with little memory of his accident.*

*Life using a wheelchair has meant making major lifestyle changes. Because of the damage to his spinal cord, Bill has to self-catheterize three or four times a day. He also takes anti-spasm drugs to stop his bladder from squeezing when it shouldn’t, causing urine to leak. He makes yearly trips to his urologist for testing. Bill keeps a close eye and lets his doctor know of any problems.*

Injections with botulinum toxin (Botox®) can be used to help patients whose overactive bladder symptoms cannot be controlled by other medications. When it's injected into the bladder muscle, it can stop the muscle from squeezing too often. There are other non-surgical treatments for neurogenic bladder, such as PTNS nerve stimulation. Talk to your health care provider to learn more about what is available.

## Surgical Treatments

If lifestyle or medical treatments do not work, your health care provider may suggest surgery.

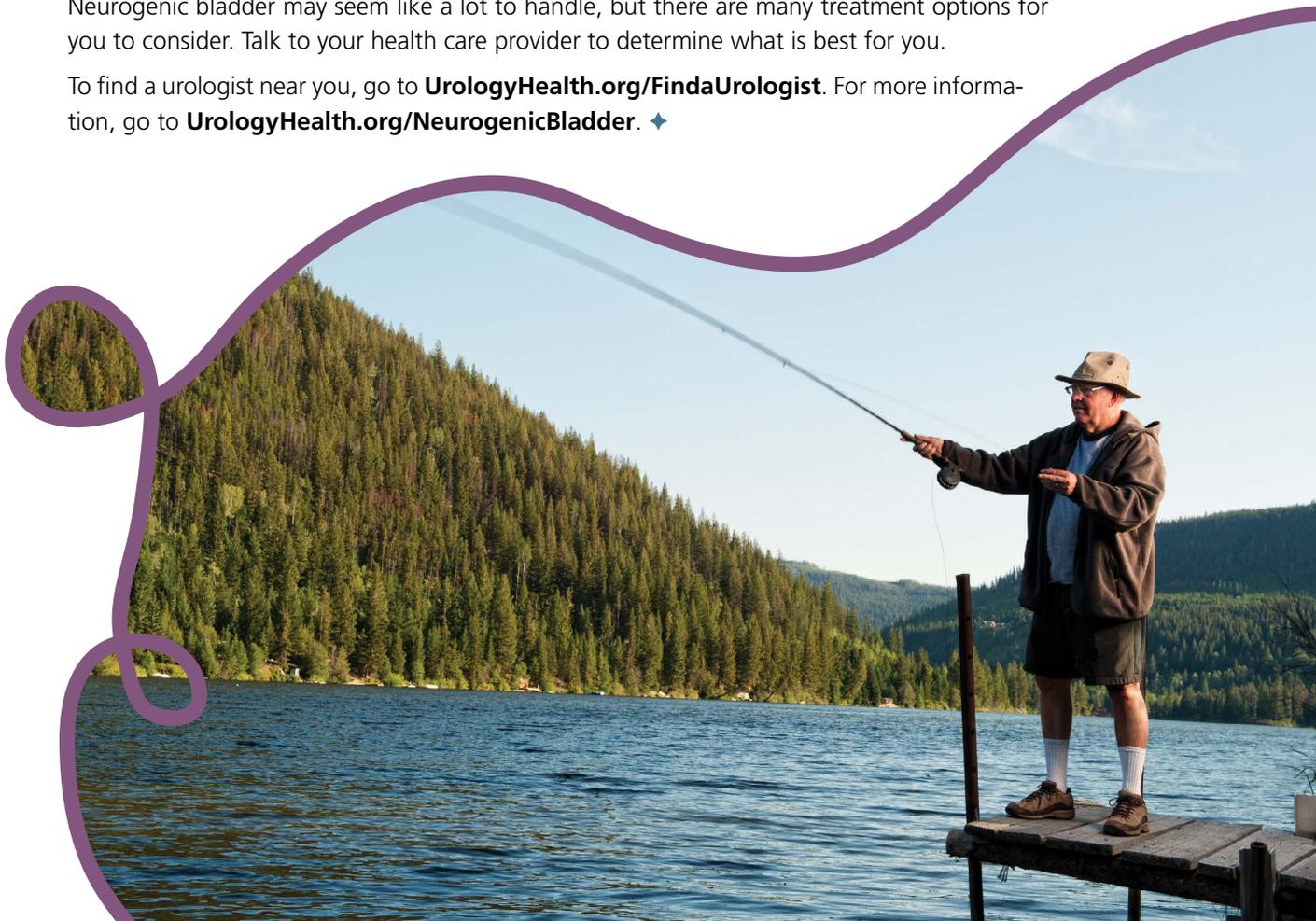
For patients with overactive bladder symptoms, a surgery called sacral neuromodulation (SNS) is the only surgery available. SNS targets the nerves carrying signals between the spinal cord and the bladder. In this procedure, the surgeon places a small, battery-powered device under the skin (often called a "bladder pacemaker"). The device sends harmless electrical impulses to the bladder to stop the "unhealthy" signals that cause your bladder to be overactive.

There are a number of surgeries to help people whose underactive bladder symptoms are not relieved using other treatments. These surgical options include surgically tightening the sphincter or lower pelvic muscles to improve bladder control. In very severe cases, surgery may be done to redirect the flow of urine so that it empties into a pouch or bag worn on the outside of the body. Every case is unique and will be decided through a conversation between a patient and his or her health care provider.

## The Bottom Line

Neurogenic bladder may seem like a lot to handle, but there are many treatment options for you to consider. Talk to your health care provider to determine what is best for you.

To find a urologist near you, go to [UrologyHealth.org/FindaUrologist](https://UrologyHealth.org/FindaUrologist). For more information, go to [UrologyHealth.org/NeurogenicBladder](https://UrologyHealth.org/NeurogenicBladder). ♦



# Erectile Dysfunction

## What You Should Know

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 American Urological Association*

### WHAT IS ERECTILE DYSFUNCTION (ED)?

ED affects as many as 30 million men. Most men have problems with erections from time to time. In some men, these problems are regular and more severe. ED, or erectile dysfunction, is when it is hard to get or keep an erection that's firm enough for sex.

### WHAT CAUSES ED?

While ED becomes more common as men age, growing old is not the cause of the problem. ED can be an early sign of a more serious health problem. Finding and treating the cause(s) of your ED can improve your overall health and well-being.

ED can result from health or emotional problems, or from both combined. Reduced blood flow or harm to nerves in the penis can result in erection problems. These can be caused by heart disease, high blood pressure, high blood sugar, surgery, injuries and even smoking. Some medicine, as well as alcohol or other drugs may also cause erection problems. Emotional (depression, stress or worry) or relationship problems can cause or worsen ED.

**ED can be treated safely and  
 treatments work well for most men.**

### HOW IS ED TREATED?

To improve erection problems, your health care provider may need to treat the root causes. Your provider may ask you to change certain habits, such as stopping smoking, drug or alcohol use. Treating emotional problems, such as relationship conflicts, depression or performance anxiety can also help. Cutting back on or changing certain meds can often improve ED. Do not stop taking your medicine or change any meds without talking to your health care provider first. If a blood test shows low testosterone levels (low T), testosterone replacement therapy (TRT) may help. However, if a blood test shows you have normal testosterone levels, adding TRT will not help your erection problems.

Other treatment choices are:

- Oral drugs, known as PDE-5 inhibitors. These drugs relax muscle cells in the penis and increase blood flow. (These are the drugs you see often on TV and internet ads.)
- A vacuum erection device pulls blood into the penis, causing an erection. An elastic ring is then slipped onto the base of the penis. This holds the blood in the penis (and keeps it hard) for up to 30 minutes.
- Self-injection therapy. By injecting this medication into the penis with a very fine needle, an erection is created.

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# Erectile Dysfunction

## What You Should Know

- Intraurethral therapy. Patients place a tiny medicated pellet of the drug alprostadil into their urethra. (The urethra is the tube that carries urine out of the body). This causes an erection.
- A urologist can surgically implant one of two types of penile prostheses.

Ask your doctor which treatment is right for you. Dietary supplements (often called “herbal remedies”) for ED are popular but may not be safe or even work. Unlike prescription drugs, they do not have to be proven to work. Check with your health care provider before you take any supplements or medicine to treat your ED.

The good news for many men is that ED can be treated safely, and treatments can work well. If you have ED, there is hope. There is help. Talk to your health care provider to see if one of these treatment choices will work for you.

### QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

- What is ED?
- What causes ED?
- Can ED be prevented?
- Can you help me or do I need to see a specialist in ED? If so, how can I find the right one for me?
- Will I need to have tests to find out what is causing my ED?
- Would you explain each test and why you are recommending them?
- What types of treatment are available for ED?
- Are there side effects from treatment?
- What are the pros and cons of each type of treatment?
- What treatment do you recommend for me and why?
- What happens if the first treatment doesn't help?
- Are there any lifestyle changes I can make that could help my symptoms?

**ED is treatable at all ages.**

### RESOURCES

#### *American Association of Sexuality Educators, Counselors, and Therapists*

Find a certified sex therapist/counselor near you  
804-752-0026

[www.aasect.org](http://www.aasect.org), click on “Locate a Professional”

#### *Frank Talk*

Peer support to help men deal with ED  
[www.FrankTalk.org](http://www.FrankTalk.org)

#### *Hormone Health Network*

In English: [www.hormone.org/diseases-and-conditions/mens-health/erectile-dysfunction](http://www.hormone.org/diseases-and-conditions/mens-health/erectile-dysfunction)

In Spanish: [www.hormone.org/audiencias/pacientes-y-cuidadores/preguntas-y-respuestas/2012/erectile-dysfunction](http://www.hormone.org/audiencias/pacientes-y-cuidadores/preguntas-y-respuestas/2012/erectile-dysfunction)

#### *National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)*

In English: <http://kidney.niddk.nih.gov/KUDiseases/pubs/ED/index.aspx>

In Spanish: <http://kidney.niddk.nih.gov/Spanish/pubs/ED/index.aspx>

#### *Sexual Medicine Society of North America*

[www.sexhealthmatters.org](http://www.sexhealthmatters.org)

#### *Urology Care Foundation*

#### **UrologyHealth.org.**

You may download this fact sheet and print it yourself at **UrologyHealth.org/EDFS**. For copies of printed materials about ED and other urologic conditions, visit **UrologyHealth.org/Order** or call 800-828-7866.



# Diagnosing Erectile Dysfunction

## *What You Should Know*

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### WHAT IS ERECTILE DYSFUNCTION (ED)?

Most men have problems with erections from time to time. But some men have erectile dysfunction, or ED. When you have ED, it is hard to get or keep an erection that's firm enough for sex. ED can be caused when health problems prevent good blood flow or damage nerves in the penis. ED can also be caused by stress or emotional reasons, or by a combination of health and emotional reasons. ED can be an early warning of a more serious illness. Heart disease, high blood pressure and high blood sugar can all cause ED. Finding and treating the cause(s) of your ED can improve your overall health and well-being.

### HOW IS ED DIAGNOSED?

Finding the cause of your ED will help your health care provider find the best treatment choices for you. Most health care providers will ask you about your health and about the history of your erection problem. They may also give you a physical exam and order lab tests.

- **Health and ED History:** Questions about your health history can help find diseases that may lead to ED. It can also find medicine or drug use that can cause ED. Cutting back on or changing certain meds can often improve ED. Your health care provider will also ask if you smoke or drink because that can affect erections. Asking questions about your history of ED can help your provider find out whether your problems are with sexual desire, erection, ejaculation, or orgasm (climax).

- **Physical Exam:** A physical exam checks overall health and includes a check of your penis. Both can give clues to the cause of ED.
- **Lab Tests:** To test for diseases that cause ED, your health care provider may order blood tests and collect a urine sample.
- **Stress and Emotional Health:** Your health care provider may ask you questions about feelings such as depression or worry. They may also ask about problems in your relationship with a partner. All of these can make ED worse. Some health care providers may ask if it is okay to talk to your sexual partner, also.

### WHAT WILL YOUR HEALTH CARE PROVIDER ASK?

To help your health care provider find the best way to treat your ED, be ready to answer a number of questions. Some of these questions will be personal and may seem embarrassing. Honest answers will help find the cause and best treatment for your ED.

#### *Questions about your ED:*

- How long have you had these symptoms? Did they start slowly or all at once?
- Do you wake up with an erection? How about in the evening?
- If you do have erections, how firm are they? Is penetration difficult?

# Diagnosing Erectile Dysfunction

## *What You Should Know*

- Do your erections change at different times such as when entering a partner, during stimulation by mouth or with masturbation?
- Do you have problems with sex drive, arousal, ejaculation, or orgasm (climax)?
- What effect is this problem having on your enjoyment of sex?
- What effect is this problem having on your relationship if you are in one?

### *Questions about health problems:*

- What health problems do you have?
- What medicines do you take?
- Do you smoke, drink, or use other drugs? If so, how much?
- Did you have any prior history of surgery or radiation therapy, especially in the pelvic area?
- Do you have urinary problems?

### *Questions about stress and emotional health:*

- How is your relationship with your partner? Has anything changed lately?
- How satisfied are you with your sex life? Has anything changed lately?
- Are you under a lot of stress most of the time? Or has anything especially upsetting happened to you?
- Do you have any mental illnesses or depression? Are you taking any medications for depression or anxiety?

The good news for many men is that ED can be prevented or treated safely. If you have ED, there is hope. There is help. Talk to your health care provider about ED prevention and treatment choices.

## **QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER**

- What is ED and what causes it? Can ED be prevented?
- Can you help me or do I need to see a specialist in ED? If so, how can I find the right one for me?
- Will I need to have tests to find out what is causing my ED?

- Would you explain each test and why you are recommending them?
- What types of treatment are available for ED?
- What are the pros and cons of each type of treatment?
- What treatment do you recommend for me and why?
- What happens if the first treatment doesn't help?
- Are there any lifestyle changes I can make that could help my symptoms?

## **RESOURCES**

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# TESTICULAR CANCER

## The Most Common, but Most Treatable Cancer in Young Men

Matthew, an owner of a small commercial cleaning business in Kansas, married the love of his life on June 4, 2011. At 31 years old, he and his wife Rebecca planned to settle into marriage for a couple years before starting a family. But a few months after the wedding, Matthew noticed something was wrong. His right testicle had grown in size and felt dense. "In the past, my right one had actually been a little smaller than the left. Now, all of a sudden, the right one was larger and felt hard. So I knew something was up," Matthew said. He went to see his doctor right away, who did a physical exam, took blood and ordered an ultrasound. As AUA member urologist Dr. Michael Holzer explains, "We don't do a biopsy to diagnose testicular cancer because doing this test may actually cause the cancer to spread."



Eight months after his wedding, Matthew was diagnosed with Stage 2 testicular cancer. This meant it had spread to the lymph nodes and abdomen. Rebecca was upset, but Matthew encouraged his wife to stay positive. “I decided it didn’t do any good to feel sorry for myself. So I tried to just keep busy and keep doing the things I loved to do,” he said. Matthew had surgery to remove his right testicle. For Stage 1 patients, this may be all that is needed to remove the cancer, but Matthew needed more treatments because the cancer had spread. He underwent three rounds of chemotherapy, and then met with his urologist, Dr. Jeffrey Holzbeierlein, director of urologic oncology at the University of Kansas Medical Center. Dr. Holzbeierlein removed the two masses left in Matthew’s abdomen, and since then Matthew has been cancer-free. “I go back every three months for testing, but now I’m pretty much as good as new!” Matthew said.

These days, Matthew is active and feeling healthy again. “There is a common myth that after surviving testicular cancer, a man will be less of ‘a man.’ But that’s just not true,” explained Dr. Holzbeierlein. Matthew does not need to take extra testosterone because his left testicle supplies his body with enough of the hormone. Most of the time, cancer only affects one testicle, and the other testicle still works properly. “Testicular cancer only spreads from one testicle to the other about three or four percent of the time,” according to Victor Senese, president-elect of the Society of Urologic Nurses and Associates. Having surgery to remove one testicle will not cause erectile dysfunction (ED) or leave a man unable to father children.

Continued on page 12 ➔

“There is a common myth that after surviving testicular cancer, a man will be less of ‘a man.’ But that’s just not true”



## Protect the Nuts Cracks Down on Testicular Cancer!

Protect the Nuts LLC, Raising Testicular Cancer Awareness!

Protect the Nuts LLC is a small company founded by three young professionals in Baltimore, Maryland. It was created in March 2012 with the charitable purpose of increasing awareness and support for testicular cancer education and research. The “GoNuts” campaign was created using humor as a way to get young people to talk about a topic that, more often than not, seems taboo for young men to discuss.

Through fundraising events and the sale of novel “Go Nuts” gear, Protect the Nuts helps raise awareness in the community. It has designated the Urology Care Foundation as the beneficiary of their fundraising events, and plans to work with the Foundation to provide testicular cancer educational materials and information to local schools, colleges, health centers and other organizations.

Continued from page 11

In Matthew's case, chemotherapy did affect his sperm viability, meaning he will not likely be able to produce children naturally. Since Matthew and Rebecca wanted to have children, he was advised to bank his sperm before he started chemotherapy. "So that's still an option for us in the future," said Matthew. "But it turns out our family is going to grow in a way we never expected." Matthew and Rebecca were approached about adoption by a member of their church in November 2013. "Sometimes it's a good thing when life doesn't go as planned," said Matthew. They brought their new son home in late February.

Matthew was eager to share his story and encourage other men to be aware of testicular cancer. "If you notice something wrong, don't be scared. Get it checked out quickly," he advised. "And if it is cancer, stay positive; chances are you can beat it like I did." Testicular cancer is the most common cancer among men ages 18 to 35. Men who have a history of an undescended testicle are at higher risk. The good news is testicular cancer is also one of the most treatable cancers. For men with Stage 1 testicular cancer, where the cancer has not spread outside the testicle, the survival rate is almost 100 percent. For men who have Stage 2 or 3 testicular cancer, the survival rate is still much higher than that of other cancers. "There is no known way to prevent testicular cancer," explained Dr. Holzer, "but young men should know what to look for and get any concerns checked out right away. That's the best way to stop it from becoming a problem." ♦

## HOW TO DO A TESTICULAR SELF-EXAM:

Boys can start doing monthly testicular self-exams during their teen years.

The best time to examine your testicles is right after a hot bath or shower. The scrotal skin is most relaxed at this time, and the testicles can be felt more easily. The exam should be done while standing and only takes a few minutes.

- Look for swelling in the scrotum
- Gently feel the scrotal sac to find a testicle
- Examine the testicles one at a time by firmly and gently rolling each testicle between the thumb and fingers of both hands to examine the entire surface
- Note that it is normal for one testicle to be slightly larger than the other. It is also normal to feel a cord-like structure (the epididymis) on the top and back of each testicle

If you find a small, hard lump (pea-size), swelling or any other differences, contact your urologist as soon as you can.

"...young men should know what to look for and get any concerns checked out right away. That's the best way to stop it from becoming a problem."

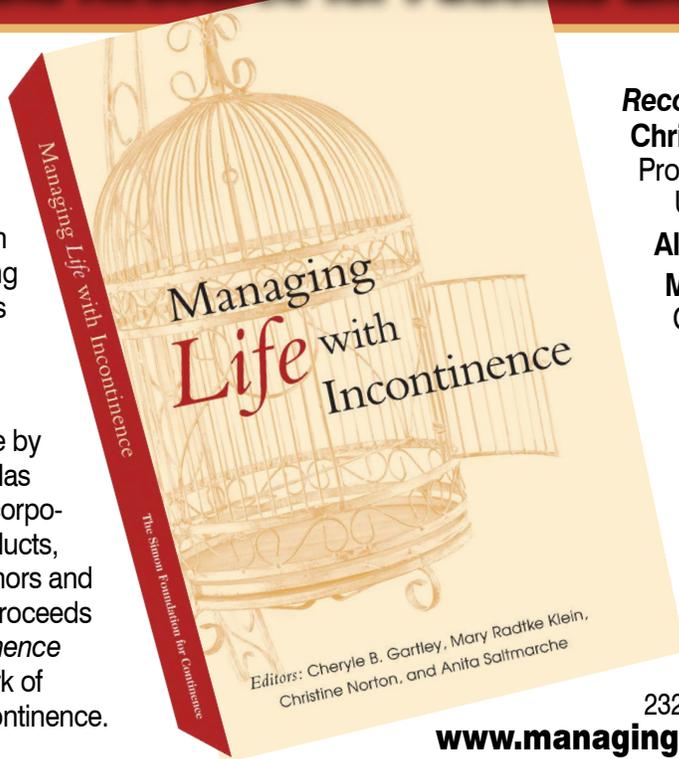
# The Name Says It All

## The Guide and Resource for Patients and their Nurses

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with chapters on building resiliency; communicating with friends, family, and health professionals; and overcoming stigma; with lived experiences of real people from around the world.

This book was made possible by educational grants from Astellas USA Foundation, Hollister Incorporated, and SCA Hygiene Products, and the dedication of the authors and editors who contributed. All proceeds of *Managing Life with Incontinence* will be used to further the work of The Simon Foundation for Continence.



### Recommended by:

**Christopher K. Payne, MD**  
Professor of Urology, Stanford University Medical School

**Ally Bain**, originator of Ally's Law

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CBS News *Sunday Morning*

The Simon Foundation for Continence's mission is to bring the topic of incontinence out into the open, remove the stigma surrounding incontinence, and provide help and hope to people with incontinence, their families, and the health professionals who provide their care.

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# MAKING A DIFFERENCE



People with neurogenic bladder and other urologic conditions can use many catheters daily. (See neurogenic bladder article on page 8.) Not using catheters can put patients at risk of UTIs and other, more serious health problems. However, using these supplies can be a financial drain when Medicare or other insurance does not pay for these products. **United Spinal Association** is building a “Urology Coalition” to help people in need of urologic medical supplies get access to them. Learn more at [www.UnitedSpinal.org](http://www.UnitedSpinal.org).

The “Family Act” is a bill that would give a tax credit to help offset costs families pay for in vitro fertilization (IVF) or fertility preservation to build their families. (Matthew, in our article on testicular cancer, banked his sperm before chemo for fertility preservation – see page 4.) The tax credit available to families adopting a child is the model for this bill. It could help thousands of people afford these treatments since they are often not covered by insurance. **RESOLVE: The National Fertility Association** is holding an Advocacy Day on May 7, 2014, to show support for this bill. Visit [www.resolve.org](http://www.resolve.org) to get involved.



May is Bladder Cancer Awareness Month. The **Bladder Cancer Advocacy Network (BCAN)** is hosting events throughout the month. Their goal is to raise awareness for bladder cancer, empower patients and increase early detection to save lives. Visit [www.bcan.org](http://www.bcan.org) to find events near you.

# The Urology Care Foundation Announces Formation of BOARD OF DIRECTORS

The Urology Care Foundation is pleased to announce the formation of its new board of directors as well as its inaugural members.



#### CHAIR:

**Richard A. Memo, MD**, has been named chair of the Urology Care Foundation. A member of the AUA since 1981, he is certified by the American Board of Urology and is a practicing urologist at NEO Urology Associates, Inc., in Youngstown,

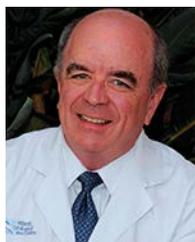
OH. He is the immediate past treasurer of the AUA and has served in leadership roles with the American Association of Clinical Urologists, AUA's North Central Section and the Ohio Urological Society. His commitment to ensuring the health and well-being of others is deeply rooted within the Mahoning Valley community where he has participated in several local programs, providing complimentary urological care and outreach. Dr. Memo also actively supports our military veterans.



#### SECRETARY/ TREASURER:

**Steven Schlossberg, MD, MBA**, is the AUA treasurer as well as vice president and chief medical officer for Impact Advisors, a consulting firm specializing in health care information technology. Previously, he held the

position of chief medical information officer for the Yale New Haven Health System and the Yale School of Medicine. An AUA member since 1987, Dr. Schlossberg has served the Association as the chair of Health Policy, first chair of the Practice Management Committee and as AUA alternate to the American Medical Association Relative Update Committee. Additionally, he has served the Mid-Atlantic Section of the AUA as a board member and representative to the Health Policy Council. Focused on developing our next generation of leaders within the urologic community, Dr. Schlossberg has been a mentor to those in the AUA Leadership Program for nearly five years.



#### AUA UROLOGIST MEMBER-AT-LARGE:

**Martin Dineen, MD, FACS**, is a board certified urologist and fellow of the American College of Surgeons who has been with Atlantic Urological Associates since 1998. Additionally, he is a clinical assistant profes-

sor of urology at the University of Florida School of Medicine. A member of the AUA since 1990, Dr. Dineen is also an active member of both the American and Florida Medical Associations. He is founder and chair of the AUA National Insur-

ance Advisory Work Group and has held various professional appointments including president of the AUA Southeastern Section and the Florida Urological Society. He is the recipient of the Dr. Tom Dooley Society, Notre Dame Medical Alumni, 2014 Founders Award, honoring his years of urological missionary work in Haiti. Dr. Dineen is actively engaged in his community, raising funds in support of local outreach initiatives as well as volunteering his time as coach, mentor and sponsor to youth sports teams.



#### AUA UROLOGIST MEMBER-AT-LARGE:

**John B. Forrest, MD, FACS**, is a board certified urologist who has been with Urologic Specialists of Oklahoma for more than 30 years. He is a former chief of staff of St. John Medical Center in Tulsa, OK and has served

as president of the AUA South Central Section, chairman of the AUA Practice Guidelines Committee as well as president and trustee of the American Board of Urology. He is currently a trustee of the University of Tulsa. Dr. Forrest is actively involved with institutional development for St. John Medical Center where he fosters support for Presidential scholarships, undergraduate research programs and funding for both nurse education and indigent care. A member of the Association since 1985, Dr. Forrest was honored for his contributions in 2012 with the AUA Distinguished Service Award.



#### PUBLIC MEMBER-AT-LARGE:

**Thomas J. Cavalier** is managing director and senior vice president of Stifel, Nicolaus & Co., Inc. He began his career in 1975 with Butler, Wick & Co., Inc. where he rose to chairman, president and chief executive officer. He

served in this role for more than 20 years until Butler Wick merged into Stifel, Nicolaus & Co., Inc. Supplemental to his current role with Stifel, Nicolaus & Co., Inc., Mr. Cavalier serves on the board of directors for Stifel Trust Company, N.A. He has also served on several boards within the community including Forum Health; the Poland Schools Foundation for Educational Excellence; the Tri-County Make-A-Wish Foundation; Youngstown/Mahoning Valley United Way; and the Securities Industry Association.



#### PUBLIC MEMBER-AT-LARGE:

**Sam Covelli** is the owner and operator of Covelli Enterprises, the single largest franchisee of Panera Bread and O'Charley's Restaurants, and the fourth largest restaurant franchisee in the United States.

Headquartered in Covelli's hometown of Warren, OH, Covelli Enterprises employs more than 25,000 people in five states and Canada. Mr. Covelli has a long-standing history of giving back to the community; donating millions of dollars to local charitable organizations each year. His company continually wins the most awards in the restaurant industry for its operational excellence. As a result, Covelli has earned numerous awards including being named Ohio Entrepreneur of the Year by Ernst & Young. He also currently sits on the Board of Trustees for the Cleveland Clinic and the Ohio State Athletics Board.



#### PUBLIC MEMBER-AT-LARGE:

**John F. Hirschbeck** is an umpire and crew chief for Major League Baseball (MLB). Initially a part of the American League for 17 years, Mr. Hirschbeck has worked throughout both major leagues since 2000; the same year he

also was elected first president of the newly certified World Umpires Association. Now in his 32nd year as a major league umpire, Mr. Hirschbeck's career includes such highlights as officiating the All-Star Games three times and the World Series four times. In 2009, Hirschbeck was diagnosed with a form of testicular cancer, which returned in 2011. In 2012, he was again cancer-free and returned to MLB a year later. In addition to the support he provides to MLB, Mr. Hirschbeck actively supports and participates in fundraising efforts focused on finding a cure for the genetic condition, adrenoleukodystrophy, as well as for various mental health, emotional and behavioral disorders impacting our nation's youth. He also is a supporter of United Way.

# MAKING A DIFFERENCE



In February, our *Know Your Stats About Prostate Cancer*<sup>®</sup> spokesman, Pro Football Hall of Fame member Mike Haynes, joined in Super Bowl media buzz to promote prostate cancer awareness. In partnership with the NFL, Know Your Stats is a program designed to help men know their risk for prostate cancer and talk to a doctor about whether testing is right for them.

In the week leading up to the Super Bowl, nearly 20 million people tuned in to listen and watch Team Haynes talk about the importance of “knowing your risk” and “talking to your doctor” on television programs, including “Comcast SportsNet,” FOX News’ “Arise TV,” and the “Sports Channel.”

Mike Haynes also encouraged listeners of more than 40 radio programs, including shows broadcast on CBS Sports Radio, SiriusXM, Yahoo! Sports Radio and Fox Sports Radio, to know their risk for prostate cancer. He even did an interview at the M&M’s World store in New York City’s Time Square—encouraging football fans to learn more and sign the pledge to fight prostate cancer at [www.KnowYourStats.org](http://www.KnowYourStats.org).



# *Leave a legacy to the Urology Care Foundation*



Planned giving benefits the Urology Care Foundation and presents the opportunity for tax benefits and income for you.

Here are some popular ways to support the Foundation's work through planned giving:

- Bequest
- Charitable Gift Annuity
- Charitable Remainder Trust
- Charitable Lead Trust
- Retirement Accounts and Plans
- Real Estate
- Tangible Property
- Donate Stock
- Life Insurance

# *Urology Care* FOUNDATION™

*The Official Foundation of the  
American Urological Association*



The Urology Care Foundation is committed to advancing urologic research and education. We collaborate with researchers, health care professionals, patients, caregivers, families and the public to improve patients' lives. The Urology Care Foundation is the official foundation of the American Urological Association.



## **Learn more about the Foundation! Visit [UrologyHealth.org](http://UrologyHealth.org) to:**

- Access patient information on over 140 urologic conditions
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- Discover the latest news and research in urologic health
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