Prostate Cancer Screening: SHIFTING IDEAS

Although recommendations recently changed, prostate specific antigen (PSA) testing remains a valuable tool in the fight against this cancer.

A U.S. Surveillance, Epidemiology, and End Results (SEER) database analysis published in 2009 reported that a greater proportion of men were being diagnosed with prostate cancer, yet mortality rates were trending downward. Questions about the merits of widespread PSA testing followed. In early 2012, after a temporal-trend analysis of prostate cancer-specific mortality (published in the Journal of the National Cancer Institute) confirmed similar incidence rates in a European population and also reported a decline in the likelihood of dying from prostate cancer, more questions were raised about the need for PSA screening of certain groups.

In May 2012, the United States Preventive Services Task Force (USPSTF) and the American Academy of Family Physicians both came down firmly against PSA screening for asymptomatic men. Nearly 90 percent of American men with PSA-detected prostate cancer undergo surgery, radiation therapy, or androgen deprivation. According to the USPSTF, many of these men suffer serious complications from treatments. In some cases, the prostate cancer being treated does not pose a health threat, leaving many experts to question whether detection actually improves patient outcomes.

“PSA testing is still useful, but we need to be smarter about how and who we screen,” says William T. Lowrance, MD, MPH, urologist at The University of Utah Huntsman Cancer Institute. “At The University of Utah, we focus on risk-adapted methods for screening that target men most at risk for aggressive cancer.”

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Excellence in EDUCATION

- Our residency program underwent a scheduled site visit by the Accreditation Council for Graduate Medical Education (ACGME) accreditation team and we were, once again, given full accreditation.

- For the first time in three decades, we have expanded our residency complement. We have long desired expansion, and have the clinical volume and regional workforce needs to justify training additional residents. Finding funding for expanded slots, however, is a much more difficult task. This year, the U.S. Department of Veterans Affairs (VA) administration came through with funds for one more permanent slot, so we added a post-graduate year 2 (PGY-2) resident, bringing our total to nine residents.

- It’s that time of the year—our recent graduates have just taken—and passed!—the American Board of Urology (ABU) Qualifying Exam. This continues our 100 percent pass rate for the last decade.

  We want to congratulate our two recent graduates and wish them well. Michael Taylor, MD, accepted a position in Boise, ID, and Heather Willis, MD, moved to the University of Alabama–Birmingham for a fellowship in female pelvic medicine.

- And finally, a word about the changes in ACGME requirements. After years of site visits every five years with close examination of the educational process, the ACGME this year introduced the Next Accreditation System (NAS), which aims to focus more on educational outcomes. Urology is in the first group of seven specialties to phase in this program beginning July 2013. More details are to come.

Blake D. Hamilton, MD
Residency Program Director

How to Refer Patients

Please call the lines below for information about referring patients to The University of Utah for urologic care.

- ANDROLOGY: (801) 581-4838
- GENERAL UROLOGY: (801) 213-2700
- UROLOGIC ONCOLOGY: (801) 587-4381
- PEDIATRIC UROLOGY: (801) 662-5555

To refer patients to the Huntsman Cancer Institute, call (801) 587-4381.

To learn more, visit medicine.utah.edu/surgery/urology.
Infertility by the Numbers

Old challenges and new breakthroughs are shaping the continued battle against male infertility.

Infertility is more common than many believe. Of the one in seven couples unable to conceive, approximately half experience male-factor infertility. One roadblock in the successful treatment of infertility is that for 85% of male infertility cases, the cause is unknown.

“Genetics may play a role in the development of idiopathic infertility,” says Douglas Carrell, PhD, HCLD, Head of the Section of Andrology at The University of Utah. “Our laboratory has published the first genome-wide analysis studies looking at genetic variants causing male infertility, as well as genome-wide epigenetic studies of human sperm. These studies have greatly advanced our understanding of genetic aspects of infertility.”

HOPE FOR FUTURE SUCCESS

At present, options for infertility treatment range from surgical repair to hormone therapy. For 85% of the men experiencing male infertility, however, these approaches do not prove effective. Management of infertility, thus, shifts to supporting the couple’s goal of achieving pregnancy.

Artificial insemination (AI), which is increasingly becoming the first line of therapy, may include laboratory procedures to improve sperm quality. The success rate per AI procedure is 12 to 13%, with three or four inseminations comprising a series. Advances in the practice of in vitro fertilization (IVF) have led to success rates of more than 60%.

“Therapeutic success begins with thorough clinical and laboratory workups,” Dr. Carrell says. “Treating infertile males usually involves a team that includes a urologist, the laboratory, and a reproductive endocrinologist. By properly understanding causes and taking a collaborative approach to treatment, we can significantly improve outcomes.”

To learn more about andrology services at the Division of Urology, visit healthcare.utah.edu/urology.
This publication in no way seeks to serve as a substitute for professional medical care. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

The Division of Urology recently welcomed Jeremy Myers, MD, FACS, a urologic reconstruction and trauma specialist and Assistant Professor of Surgery. Dr. Myers co-founded The University of Utah Center for Reconstructive Urology and Men’s Health.

“The Center performs a wide variety of reconstructive surgical procedures,” says Dr. Myers. “Our focus is on quality outcomes and patient care.”

Kenneth I. Aston, PhD, joined the Andrology group at The University of Utah Division of Urology as an Assistant Professor of Surgery.

“In terms of infertility diagnosis and treatment, the university provides exceptional care,” says Dr. Aston. “Our strong emphasis on research means that we are continually working to improve diagnostic and treatment strategies.”

A FEW OF OUR CLINICAL TRIALS

Clinical trials spearheaded by The University of Utah Division of Urology staff are now open for enrollment.

- The Assessment of TeleHealth Readiness of Care Providers of Children Presenting to Pediatric Surgical Clinics clinical trial was initiated by Division of Urology pediatric urologist Catherine deVries, MD. This trial is designed to evaluate interest in telehealth provisions among guardians.

- Will Lowrance, MD, MPH, is the co-primary investigator for a neoadjuvant, randomized, phase II study of the vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor pazopanib followed by radical prostatectomy and pelvic lymph node dissection in men with high-risk prostate cancer.

For more information about clinical trials at The University of Utah Division of Urology, contact Elizabeth Lignell at (801) 213-2780.

SURGICAL HUMANITARIAN RECOGNIZED

Catherine deVries, MD, urologist at The University of Utah, has been awarded the 2012 American College of Surgeons/Pfizer Surgical Humanitarian Award for devoting 20 years of her career to improving urological care around the world.

Welcome, Dr. Myers

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“The Center performs a wide variety of reconstructive surgical procedures,” says Dr. Myers. “Our focus is on quality outcomes and patient care.”

In the Top 10

For the third consecutive year, The University of Utah Medical Center has been named one of 10 academic medical centers in the nation awarded the UHC Quality Leadership Award. The recognition is given for demonstrated excellence in delivering high-quality care, measured annually by the UHC Quality and Accountability Study.