

SPRING
2009

UrologyHealth extra

A quarterly newsletter of the
American Urological Association Foundation

EDUCATION

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The Importance of Water
to Urologic Health

Diabetes & Blood Pressure:
How They Affect Your
Urologic Health

Kidney Stones & Children

RESEARCH

AUA Foundation Supports
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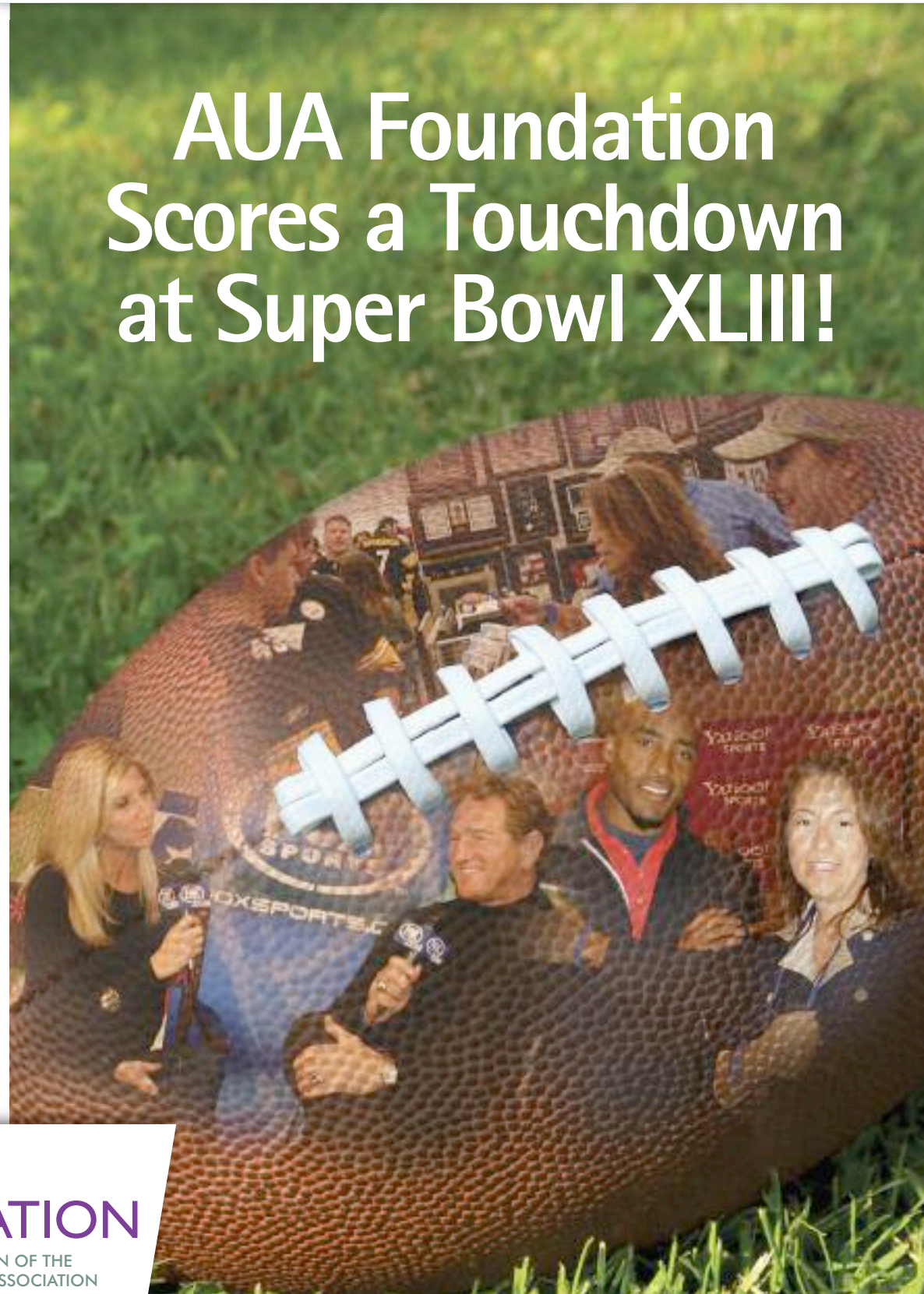
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Dear Reader,

Spring is a wonderful season, a time of regeneration and new opportunities. What a great time to take charge of your urologic health. We hope the stories and information in this issue give you that incentive and help put an extra “spring” in your step!

Urology matters to everyone, yet many people do not understand what it is. Our feature story “What is Urology?” (on page 4) is designed to give you an overview of this important healthcare specialty, answer questions and offer resources.

March was National Kidney Month. It is an ideal moment to talk about kidneys—how these amazing bean-shaped organs do what they do and discuss kidney problems that can arise. Learn more about your kidneys and how to keep them healthy on page 6.

The Foundation is also very excited about our recent involvement in Super Bowl XLIII in Tampa, FL. To learn more about our activities in Tampa, please turn to page 2.

The AUA Foundation is undergoing a makeover known as branding—a way to identify ourselves to you more clearly. We began in 2008 with a new look and feel for this newsletter. In 2009, we will be redesigning our Web site to be more user-friendly and relevant.

But we are not just a pretty face. The AUA Foundation is your official urology resource with an important goal: to be the one place you can turn for the most credible, comprehensive, and easy-to-understand urologic information.

We hope that the clearer our message, the better it will help you to make informed decisions about your own health as well as the health of your loved ones.

We would love to hear from you.

Wishing you all the best,

Sandra Vassos, MPA
Executive Director

Sandra Vassos and football legend
Joe Theismann on their tour of
Radio Row at Super Bowl XLIII.



UROLOGY IN THE NEWS

Male Circumcision Could Reduce Risk of Human Papillomavirus (HPV)

A study of more than 1,200 men in South Africa found that uncircumcised men were more likely (22 percent) than circumcised men (15 percent), those who have had the foreskin of their penises surgically removed, to be infected with the human papillomavirus (HPV). Dr. Bertran Auvert, of the University of Versailles in France, along with



colleagues in South Africa, published the study in the *Journal of Infectious Diseases*. A similar study by Carrie Nielson, PhD, and her colleagues at Oregon Health and Science University, which was published in the *Journal of Infectious Diseases*, showed that uncircumcised men in the study were about twice as likely to have HPV as circumcised men. Men can sexually transmit HPV, which has been linked to cervical cancer and genital warts in women. These studies suggest that circumcision might help to protect men from getting HPV infection. However, more data are necessary before health experts in the United States can reliably recommend circumcision as a means of preventing transmission of HPV in men.



Prostate Cancer Risk Not Reduced by taking Selenium, Vitamins E or C

Two studies published in the *Journal of the American Medical Association* show that taking selenium, vitamin E and vitamin C—in combination or alone—does not reduce the risk for prostate or other cancers. Study data were obtained through the Selenium and Vitamin E Cancer Prevention Trial (otherwise known as SELECT), a randomized, placebo-controlled trial, and the Physician's

Health Study II trial, a randomized, doubleblind, placebo-controlled trial. In randomized, doubleblind, placebo-controlled studies, participants are randomly assigned to either a drug or a placebo*, that looks exactly like the drug. Neither the participant nor the doctor knows whether the participant has received the drug or the placebo. This type of study produces the best and most reliable results of any type of medical study.

***Placebo:** An inactive pill or innocuous substance used in controlled experiments to test the efficacy of another substance or medicine.

Socioeconomic Status Impacts Prostate Cancer Stage at Diagnosis

Studies are currently under way to look at the relationship between health and income levels. One California study found a possible link between low income levels and advanced prostate cancer. Another study found that, in a group of 570 men who earned lower wages, 19 percent were diagnosed with advanced prostate cancer compared with 4 percent of men from the general population.

These studies suggest that lower income levels are associated with more advanced prostate cancer. A possible explanation for this relationship is that men with low income levels may not be able to afford screening for early stages of prostate cancer. For this reason, programs which provide low cost or free prostate cancer screening may be important in prevention of advanced prostate cancer in low income men. In September 2008, the AUA Foundation helped more than 12,000 men across the country locate free or low-cost prostate cancer screenings. □



For More Information on Urology
in the News or to Find a Free
or Low-Cost Prostate Cancer
Screening in Your Area, Visit:
www.UrologyHealth.org

UrologyHealth Extra is published quarterly by the American Urological Association Foundation as a service to patients, physicians and the public. To receive this newsletter, call 1-866-RING-AUA (1-866-746-4282) or visit www.AUAFoundation.org

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Linthicum, MD 21090

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FOUNDATION FOCUS

AUA Foundation Scores a Touchdown at Super Bowl XLIII!

One of the highlights of the last year was the Foundation's partnership with the National Football League and the NFL Player Care Foundation. The pinnacle of this partnership was our presence at Super Bowl XLIII in Tampa, FL in February 2009!

The AUA Foundation was honored to be at Super Bowl XLIII. The Foundation conducted the following activities in Tampa:

Screening. We spent two days screening 55 former NFL players for prostate cancer, working with the NFL Player Care Foundation to protect players' health.

Our Public Service Announcement (PSA) was a big hit! It was displayed on the Jumbotron for the stadium audience, before 77,000 people. In addition, the PSA was aired on the the NFL network feeds.

The **AUA Foundation Booth** located at the NFL Experience outside Raymond James Stadium was extremely popular. It gave us a chance to talk with hundreds of people, explain what we do, and share our educational materials such as the AUA Foundation's Prostate Health Playbook. Close to 100,000 people visited The Experience over two weekends!

The AUA Foundation/NFL partnership is funded by a grant from the NFL Player Care Foundation. We partner with these NFL sports heroes around the country as a way to encourage other men to consider getting screened. This helps to raise awareness with the public about prostate health so that men become more knowledgeable and are empowered to take charge of their prostate health! □



Foundation scores numerous press, radio and TV interviews to get the word out!



Foundation holds screening event for former/retired NFL players!

Foundation's booth at NFL

Experience visited by thousands!

Public service announcement airs on Jumbotron at game!



Foundation team at work at Super Bowl XLIII!

What is urology?



A husband with prostate cancer—a neighbor with a kidney stone—a daughter with urinary tract infections...

Sound familiar? If so, then you already know some of the more common health conditions included in the exciting area of medicine known as Urology. It is likely that sometime in your life you or someone you know will be affected by a urologic health issue.

What is urology?

Urology is a medical specialty and branch of surgery that handles diseases of the body's plumbing system known as the urinary tract. It also deals with the male reproductive organs. Urology treats inflammations, infections, diseases and disorders of these organs in anyone—men, women and children alike.

What do urologists do?

Urologists are surgeons who treat any of the above conditions. They are trained in internal medicine, pediatrics, gynecology, surgery and other specialties because urological issues are so complex.

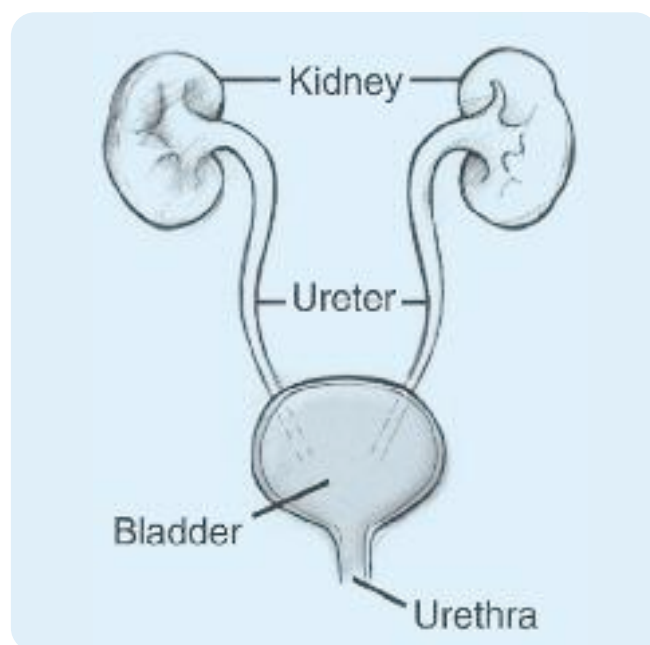
What health topics does urology include?

Urologists may refer to the fact that they cover health issues across the lifespan. Urologic disease can affect men, women and children at any age. Urology includes:

1) Some pediatric issues: congenital (present at birth) abnormalities such as blocked urethral valves or bladder outlets or urinary tract infection in infants and children. Many birth abnormalities cannot currently be prevented. However, surgery can add to quality of life for those affected. Bed-wetting is another issue prevalent in children that is sometimes related to a urologic condition.

2) Cancers of the bladder, testicles, kidneys and prostate. The treatment of these cancers is a very large part of urologic practice. Prostate cancer is the most common, non-skin cancer among U.S. men.

3) Kidney or renal issues include: chronic kidney disease (CKD); kidney failure, also called end-stage renal disease (ESRD), when the kidneys fail to rid the body of wastes; and kidney transplants. These conditions also include high blood pressure (hypertension) and adrenal disorders such as hormonal imbalances, adrenal gland deficiencies and tumors.



- 4) Urinary disorders and infections include incontinence (difficulty holding urine); voiding problems (difficulty urinating); interstitial cystitis (IC), a bladder syndrome with severe pain and incontinence; and urinary tract infections (UTIs), a condition when the urine is contaminated with bacteria.
- 5) Kidney stones (sometimes called calculi), or stone disease, are hard masses composed of crystals that form in urine that has become chemically imbalanced. If the crystals remain tiny, they pass through the urine without notice. If not, they become stones that may require treatment.
- 6) Sexual issues include: male infertility such as low sperm count; premature ejaculation during intercourse; prostate problems such as prostatitis (inflamed or irritated prostate) that causes a burning feeling when urinating or frequent urination; enlarged prostate which causes urination problems; reconstructive surgery and the making of prosthetic (artificial) devices such as the prosthetic penis; vasectomy and vasectomy reversal; and erectile dysfunction (impotence). They also include sexually transmitted diseases (STD), yeast infections, and at-birth abnormalities of the female reproductive system noted under pediatric issues.

How does the urinary tract work?

The urinary tract is like a plumbing system, with special pipes that allow water and salts to flow through them. The urinary tract includes two kidneys, two ureters, the bladder, and the urethra. In men it also includes the prostate.

The kidneys act as a filter system for the blood, cleansing it of waste and retaining valuable glucose, salts and minerals. Urine is the waste product of the filtration. It is produced in the kidney and trickles down during the day through two 10- to 12-inch long tubes called ureters, which connect the kidneys to the bladder.

The ureters are about one-quarter inch in diameter and their muscular walls contract to make waves of movement to force the urine into the bladder. The bladder is expandable and stores the urine until it can be conveniently disposed. It also closes passageways into the ureters so that urine cannot flow back into the kidneys. The tube through which the urine flows out of the body is called the urethra.

How many people are affected by urological conditions?

More than 30 million individuals live with urologic conditions in the United States, affecting their quality of life and overall lifespan. Kidney and urologic diseases cause more than 260,000 deaths each year. As our population ages, these conditions are expected to increase.

Who is affected by urologic diseases?

Diabetes, chronic kidney disease and kidney failure occur among all racial and ethnic groups. However, African Americans, Native Americans and Hispanics/Latinos develop some of these diseases at higher rates than Caucasians.

Prostate problems affect men of all races and ages. For men under 50, the most common prostate problem is prostatitis. For men over 50, prostate enlargement is increasingly common. Older men are at risk for prostate cancer, but it is much less common than an enlarged prostate. African American men show higher rates of prostate cancer than other racial and ethnic groups.

Urinary problems become more common with aging. UTIs and IC are much more common in women. Bladder problems generally begin in middle age.

Kidney stones occur in men, women and children of any age.

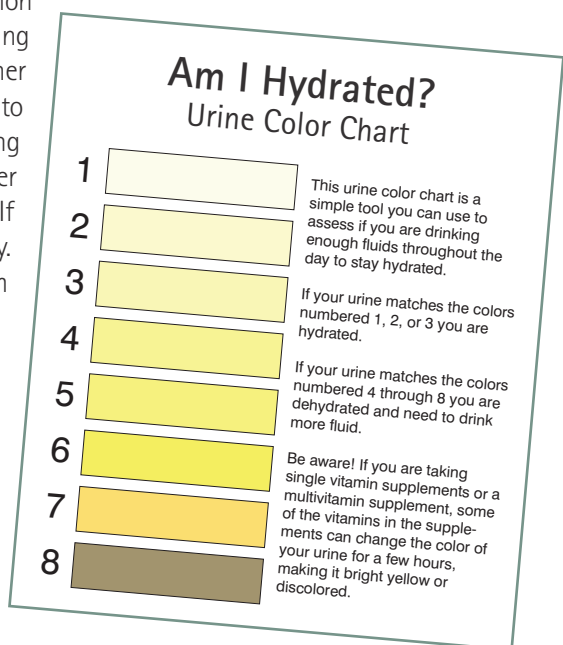
Can urologic diseases be prevented?

Many urologic diseases can be prevented but not all. Obesity and nutrition play a key role in urologic diseases. Eating a healthy diet, drinking plenty of water, not smoking, exercising and keeping a normal weight are some of the ways to help prevent these illnesses. Many birth abnormalities and genetic conditions cannot currently be prevented. □

The Importance of Water to Urologic Health

Water is essential to good urologic health. One of its most important functions is helping to prevent stones in the ureter or kidney. Stones form when a change occurs in the normal balance of water, salts, minerals and other things found in urine. Tiny crystals in urine may stick together, much like snowflakes that stick together to form a snowball. The most common cause of stones is not drinking enough water. Drinking plenty of water—six to eight glasses a day—rather than fruit juice or soda—keeps the urine clear. Refer to the urine color chart to ensure you are drinking enough liquid for optimal urologic health. Water flushes away the substances that create stones. If stones do form, surgery is not usually necessary. Most stones can pass through the urinary system with plenty of water.

Another reason for drinking water is to maintain good bladder health. If you do not drink enough water, the urine becomes very concentrated. This can lead to overactive bladder (OAB) syndrome which results in an urgent and frequent need to urinate. Persons with OAB should seek treatment from a urologist. To find a urologist in your area, go to www.UrologyHealth.org or call our National Urology Health Line at 1-800-828-7866. □



DIABETES AND BLOOD PRESSURE: HOW THEY AFFECT YOUR UROLOGIC HEALTH



Diabetes, even when it is controlled, is the most common cause of chronic kidney disease (CKD) and kidney failure. Hypertension (high blood pressure) runs a close second. It is important for diabetics to manage their blood glucose (sugar) levels, especially in the early stages of CKD. Diabetics with kidney disease can also develop hypertension. An ideal blood pres-

sure for diabetics is 130/80. Hypertension and diabetes are also linked to erectile dysfunction (ED). If you are diabetic and have hypertension or a family history of hypertension, talk to your health-care provider about your urologic health. They can help you prevent or slow the progress of disease or dysfunction by changing your diet

and prescribing medication to lower your blood pressure. Early detection and treatment of even mild hypertension are essential, especially for people with diabetes or ED. □

KIDNEY STONES IN CHILDREN — HOW YOU CAN PROTECT YOUR CHILD

**Linda A. Baker, MD,
Pediatric Urologist
Professor of Urology,
UT Southwestern
Medical Center at Dallas**

Is children's stone disease dramatically rising? Some experts think so. Increased dietary salt, insufficient water intake and childhood obesity may be partially responsible.

What are the primary causes of stones? Is it diet, genetics, environment?

Stones are a complex disease resulting from an interaction between genes and environment (diet, lifestyle, climate and social/economic conditions). Genetic issues are less understood. Up to

75 percent of children with stones show urine abnormalities such as high calcium urine. Fifty to 60 percent of children with stones have a family history of stones. Diagnosis and management are critical because children can develop further problems such as bone loss.

What are some kidney stone warning signs in children?

Diagnosing kidney stones especially in young children is tricky, since upset stomachs and vomiting are commonplace. Children may complain of vague abdominal, belly button or back pain, or pain in the side or groin, nausea or vomiting. There may be blood in the urine or a urinary tract infection. A CT scan can confirm stones.

With close monitoring by a pediatric urologist and dietary changes you can work to decrease stones in your child. Since nearly 70 percent of children with

stones will have them throughout life, research is greatly needed to fight this chronic, painful, debilitating disease of childhood and adulthood. □

What are the steps you can take to reduce your child's risk?

- Drink enough water so urine is light, not yellow. See urine color chart on Page 6 for more information.
- Drink 8 oz. of water before and after sleep (stones may form more at night).
- Eat moderate amounts of animal protein.
- Reduce intake of dark colas, chocolate, nuts, dark green leafy vegetables.
- Moderate calcium intake (check with doctor first).
- Eat a low-sodium diet, fewer processed/fast foods.
- Drink lemonade and orange juice (but not in place of water).

Are you looking for information about a urologic condition? Do you need to find a urologist located near you?

Visit our website:
www.UrologyHealth.org
or call our National Urology Health Line at 1-800-828-7866.



The Foundation's Web site has a wealth of urologic health information available. For those who are not connected online, you can still find the answers and a urologist by calling our toll-free **National Urology Health Line at 1-800-828-7866**. Operators are available 7 days a week, 9 a.m. to 9 p.m. ET, to answer your calls in English or Spanish, send information about urologic diseases or help you find a physician member of the American Urological Association near you. The National Urology Health Line is designed to assist you with your urologic health inquiries and provide you with top-tier customer service. Call us today, some questions cannot wait! Asistencia también disponible en español. □

Clinical Guidelines for Patient Care

One of the ways that doctors provide high quality care to patients is by referring to clinical guidelines that cover various diseases and medical conditions. The guidelines are written by health-care organizations, such as the American Urological Association (AUA), after an extensive review of the medical literature. From the guidelines recommendations about prevention, diagnosis and treatment are developed.

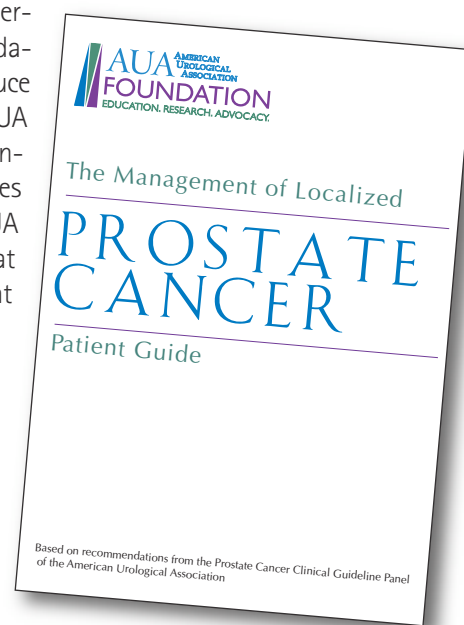
The guidelines are only intended as tools to help doctors and patients make decisions. They are not intended to replace the doctor's own professional judgment or individually tailored treatment

plans. They are also not meant to replace the patient's own judgment about what they think is best for themselves.

The American Urological Association has several clinical guidelines posted on its Web site and more are currently under development: www.AUAnet.org/guidelines.

While the AUA produces the clinical guidelines for doctors and patients, the AUA Foundation, the official foundation of the AUA, produces official Patient Guides on urologic conditions, which are based upon the AUA's clinical guidelines. These patient guides contain all of the information

from the clinical guidelines but in a much easier to read and understand format. Only the Foundation has the authority to produce patient guides based on AUA clinical guidelines. For more information on patient guides available through the AUA Foundation, please call us at 1-800-828-7866 or visit us at www.UrologyHealth.org. □



How to Talk with Your Doctor



Good health involves talking with your doctor, but it may be hard—especially when it relates to concerns most of us think are private like urination or sexual function. You may feel overwhelmed, afraid or embarrassed. Your primary care physician may seem rushed or not interested and perhaps he or she is embarrassed to talk about these topics too. However, studies show that communication plays a vital role in how you feel about your care and the quality of care you receive.

Here are some tips:

- Learn all you can about your condition by visiting www.UrologyHealth.org.
- Write out your questions ahead of time and bring them to the visit.
- Bring Support: A friend or relative can help you understand and remember information.
- Share: Tell your doctor anything important, even embarrassing, about you and your symptoms. Bring an updated health history with you, plus medical records and any test results.
- Question anything you don't understand. Ask the doctor to draw a picture if necessary.
- Take notes or tape record the visit if the doctor approves.
- Make Time: If you need more time with the doctor, say so. Your doctor will listen.
- Be involved in all decisions about your care.
- Read all informational materials.
- Follow up on test results, appointments.

Should you get a second opinion?

Second opinions are important for serious conditions. It may be hard to say you want a second opinion. But doctors are used to it. Say, "I am really pleased with your care, however, I would like a different perspective." The doctor may have already requested a second opinion especially if he or she wants to confirm your diagnosis or treatment. Many insurance and healthcare companies also recognize the importance of second opinions. □

HEALTHCARE REFORM: WHAT IT COULD MEAN FOR YOU



Priscilla Chatman, JD,
Director of Government Relations
and Advocacy, AUA

National healthcare reform and economic revival go hand in hand. The unemployed lose not only their jobs, but also their employer-sponsored health insurance. Forty-seven million people, plus 500,000 of the newly unemployed, are uninsured. The new administration recognizes that an economic stimulus package must also address healthcare reform.

What might a new national healthcare plan look like?

First, insurers will not be allowed to deny coverage to someone with preexisting conditions, a common practice now. For example, a person with high blood pressure or prostate cancer who applies for individual coverage is usually rejected or, at best, accepted by way of excluding coverage for that condition.

Second, like auto insurance, healthcare coverage would be mandatory for:

- those who cannot afford insurance but who earn too much for Medicaid (coverage for the poor);
- low-wage employees like waitresses and laborers;
- small businesses that don't offer coverage;
- self-employed people who have been rejected by insurers or can't afford insurance;

- the newly unemployed who can't afford COBRA (the program to extend employer-based health insurance);
- healthy young people under age 35 for whom insurance is viewed as a costly or unnecessary luxury; and
- people ages 50-64 who are unemployed and likely to have multiple medical conditions.

Third, the uninsured could get insurance through a private plan, like Blue Cross/Blue Shield, at an affordable price under most proposals. Moderate income individuals would receive a sliding scale subsidy.

Fourth, a federal health insurance plan would be established for individuals unable to obtain coverage elsewhere.

How does this healthcare reform effort differ from those presented in years past?

President Obama wants to avoid the mistakes made in 1993 by a previous administration. He has pledged to work with all stakeholders: Congress, physicians, patients, advocates and the public. A single-payor government plan as proposed in 1993—and as they have in Europe—is not envisioned. In the United States there is simply no political will for this drastic type of reform. Congress, not the Executive Office, will be the main driver of this plan.

What about urologic issues?

Congress and public policy leaders in Washington are largely unfamiliar with urology. They are familiar with prostate cancer, however: Congress is mostly male and over age 50, the age when prostate issues begin surfacing. Prostate cancer will be a major catalyst to advance other urological issues.

Senator Max Baucus, chairman of the Senate Committee handling reform legislation, asserts that primary care (PC) physicians are not sufficiently reimbursed by Medicare to thrive; therefore, some Medicare dollars currently given to specialists should be paid to primary care doctors.

Specialists generally support the idea of fair treatment for primary care doctors. However, "robbing Peter to pay Paul" is an untenable notion. Urologic diseases require urologists. Primary care physicians cannot and do not want to replace urologists; in fact, 90 percent of urology referrals come from primary care doctors. And as urological disease is largely confined to middle-age and older persons, whose ranks will soon swell from 35 million to 70 million people, urologists will be in more demand.

Your AUA Government Relations & Advocacy Department is working hard meeting with Members of Congress to support your efforts. We'd love to hear from you!

GovernmentRelations@AUAnet.org. □

ASK A UROLOGIST

Q: I have uric acid kidney stones and my doctor wants to test me for other metabolic conditions. How are these ailments related?

A: Uric acid stones are one type of kidney stone. They are found in about 10 percent of patients with stone disease. These stones occur in patients with relatively acidic urine who have an excess of uric acid in the urine that exceeds the level at which crystals may form. Uric acid stones can sometimes be dissolved by alkalinizing the urine. Citrate or sodium bicarbonate (baking soda) may be used to alkalinize the urine. Citrate also serves as an inhibitor of stone formation. It is used sometimes along with hydration to prevent recurrent disease. Excess of uric acid in the blood or gout may be one metabolic problem that leads to over excretion of uric acid. Acidic urine is more common in patients with insulin resistance and metabolic syndrome. Metabolic syndrome includes the triad of obesity, type II diabetes and high blood pressure. Uric acid stones are found more commonly in patients who have arteriosclerotic disease, or hardening of the arteries. Both high uric acid blood levels and arteriosclerotic disease are conditions that have been associated with the metabolic syndrome.

Q: What are Kegel exercises and why are they important?

A: Kegel exercises (also known as pelvic floor exercises) are designed to strengthen the pelvic floor muscles. These muscles help you hold urine inside your bladder. When they are strong, they help prevent urine from leaking. Kegels are helpful for patients who cannot control their urine due to weakness in the pelvic floor and sphincter muscles. This is known as stress urinary incontinence.

Q: How do you find your pelvic floor muscle?

A: Try this to help you find your pelvic floor muscles: Think of times you have been with friends and felt you were going to pass gas or "wind." You will usually try to squeeze the muscles of your anus so that gas does not pass. The muscles that you squeeze are the pelvic floor muscles. You are using the right muscles if you feel a "pulling" sensation at your anus. □



Q: Kidney stones run in my family. Is there anything I can do to avoid getting them?

A: A good first step for prevention is to drink more liquids—water is the best. If you have had a stone in the past or have a family history of stones, you should try to drink enough liquids throughout the day to produce at least two quarts of urine in every 24-hour period. Because kidney stones have different causes and compositions, it is important to talk to your doctor about dietary and lifestyle changes you can make to prevent stones or keep them from coming back. If you are at risk for developing stones, your doctor may perform certain blood and urine tests to determine which factors can be altered to reduce your risk.

Q: Can kidney cancer be treated with chemotherapy?

A: Traditional chemotherapy does not treat kidney cancer. This is because the cancer has developed mechanisms to prevent the effectiveness of the chemotherapy. However, scientists have worked out many of the genetic and molecular pathways that produce the various types of kidney cancer and for the most common type, clear cell carcinoma, there are now targeted therapies which show promise. These treatments primarily are directed at blocking growth factors for the tumor. A number of exciting trials are under way looking at combinations of these various therapies.

AUA Foundation Supports Kidney Disease Research

Research about kidney disease is an important part of the AUA Foundation's work. For 34 years, we have provided research training money to the brightest and most promising young investigators in the field of urologic research.

The AUA Foundation has two categories of awards and six active kidney researchers. The following is a brief description of each proposal and the individual carrying out the research.

Surgeon Scientist Awardees

The AUA and the AUA Foundation formed several partnerships in 2005 aimed at career development for researchers. One was with Astellas Pharma US, Inc. to offer the Rising Star Award. The other was with the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) and the National Cancer Institute (NCI) to offer the Surgeon Scientist Award.

Both awards provide grants to urologist researchers who have shown the potential and desire to become independent research investigators. The funds are provided for up to five years. Currently, we are supporting two Surgeon Scientists working on kidney research grants:

Hyung Kim, MD, currently at Roswell Park Cancer Institute, in Buffalo, NY, started his five-year award in 2007. The title of his project is "Heat Shock Protein Vaccine Targeting Carbonic Anhydrase IX in Renal Cell Carcinoma." Dr. Kim is seeking to develop a vaccine that will be effective in managing renal cell carcinoma (RCC), a form of kidney cancer.

Roger De Filippo, MD, of the Keck School of Medicine, University of Southern California, started his five-year award in 2005. The title of his project is "De Novo Renal Tissue Derived from Amniotic Fluid Stem Cells." This study represents a very exciting new frontier in kidney disease research. Dr. De Filippo is developing techniques and procedures to use stem cells from amniotic fluid as a way to regenerate new kidney tissue. This work has tremendous potential to repair and support the function of kidney tissue that is damaged.

Research Scholar Awardees

The Research Scholars Program, begun in 1975, is the AUA Foundation's major category of research support. The chosen research scholar's institution matches the AUA Foundation grant by contributing salaries or supplies. More than 460 young investigators thus far have received scholarships and awards through this program. Currently we are supporting four research scholars engaged in kidney research:

Matthew Simmons, MD, PhD, of the Cleveland Clinic in Cleveland, OH, will begin his two-year award in July of 2009. The title of Dr. Simmons' project is "Effects of RCC Derived Glycosphingolipids on T Lymphocyte Function" which is focused on renal cell carcinoma. Dr. Simmons is studying how the body's immune system can become more effective in killing kidney cancer cells. This will aid in the development of effective drugs and treatment strategies.

Jared Whitson, MD, of the Veteran's Administration (VA) Medical Center in San Francisco, CA, started his one-year award in 2009. The title of Dr. Whitson's project is "Double Stranded-RNA Mediated Gene Activation and Regulation of Kidney Cancer." Dr. Whitson's project represents a new area of research that seeks to understand how we can alter the way genes behave in the body. This will advance the field of kidney cancer treatment and management.

Laura Perin, PhD, of the Keck School of Medicine, University of Southern California, started her two-year award in 2007. The title of Dr. Perin's project is "In Vivo Application of Amniotic Fluid Stem Cells for Kidney Regeneration." Dr. Perin was recruited by Dr. De Filippo and works with him in developing ways to use stem cells as a means of repairing damaged kidney tissue.

Brian Lane, MD, PhD, of the Cleveland Clinic, in Cleveland, OH, started his one-year award in 2008. The title of Dr. Lane's project is "Molecular Prediction of Kidney Cancer Recurrence after Nephrectomy." Dr. Lane's project is focused on identifying genes that would most strongly predict if kidney cancer will recur after the tumor is surgically removed. With this knowledge, he will develop a tool, known as a nomogram, that can predict the likelihood of the cancer recurring. □



Hyung Kim, MD



Roger De Filippo, MD



Matthew Simmons, MD, PhD



Jared Whitson, MD



Laura Perin, PhD



Brian Lane, MD, PhD

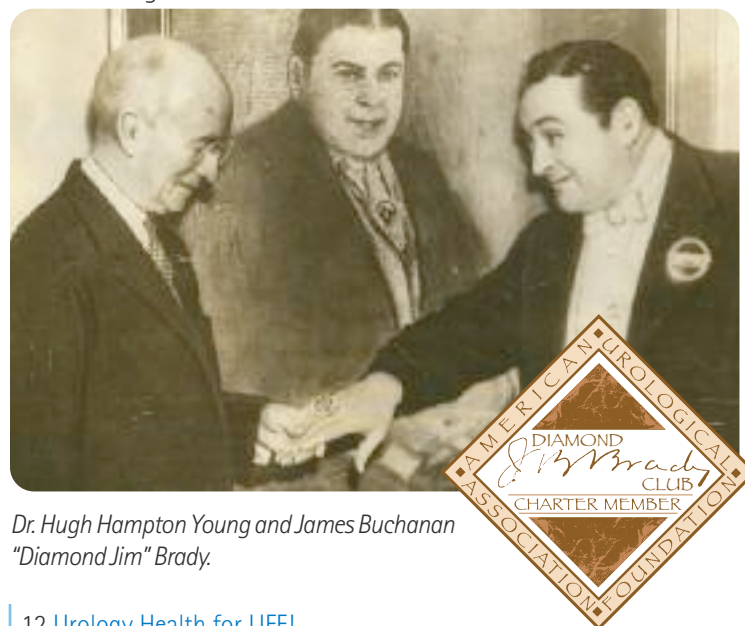
American Urological Association Foundation Founder's Society Welcomes New "Diamond Jim" Brady Club CHARTER MEMBERS!

James Buchanan "Diamond Jim" Brady was born in 1856 into a modest New York City household. He went on to make his fortune selling railroad equipment. Brady loved jewelry, diamonds in particular. His diamond collection was reported to be worth in excess of \$2 million at his death in 1917, a sizeable fortune for the time! Brady's enormous appetite for food and his resultant size were as legendary as his wealth, and likely the cause of his poor health.

Brady is an American legend and his impact on urology is extraordinary. His legacy of philanthropy is celebrated in our new Founder's Society Diamond Jim Brady Club. This exciting addition to our philanthropic family provides critical support to the AUA Foundation mission. In return, its members will enjoy elite privileges designed to provide an insider's view of the world of urologic health, and an opportunity to associate with other Founder's Society members.

In addition to being obese, hypertensive and diabetic, Brady also had gallstones and prostate disease. Dr. Hugh Hampton Young, known as the father of American Urology, from the Johns Hopkins Hospital in Baltimore, was the only surgeon willing to take on Brady's difficult health issues, operating to save his life in 1912. Following his successful prostate surgery, "Diamond Jim" Brady made a substantial financial contribution to the field of urology research, forever changing the future of urologic health.

The Diamond Jim Brady Club requires an annual donation of \$1,000 providing Charter Member status for as long as the membership is current. Charter Members receive a unique Diamond Jim Brady Club pin, elegantly styled in cloisonné art, along with exclusive recognition, access to members-only events, and much more. To enroll in the Diamond Jim Brady Club today, use the reply envelope provided in this publication, or call 410-689-4034 for more information. □



Dr. Hugh Hampton Young and James Buchanan "Diamond Jim" Brady.

Giving in Tough Economic Times



There is little doubt that our country is facing a difficult economy in 2009. We might assume, therefore, that people contribute less to charity during tough financial times. However, historical statistics show us that this is not necessarily true. While many households will donate less in the year ahead, many will actually give more.

We wanted to take a minute during these times of change in our country to thank you—the individuals, foundations and companies who have supported us over the last few years. Your contributions have made it possible for us to do this crucial work, and we are most grateful.

In the year ahead we will continue to look to you for support at a level that fits your personal and corporate financial ability. To make giving easier in this tough economy, we suggest the following:

- Give only what you can afford. Knowing how important our work is, please support us at a level that makes sense within your means.
- Give over time. We can set up monthly, quarterly or semi-annual pledge opportunities that make it possible for you to make a gift in payments.
- Give a gift of stock, property or life insurance. We can walk you through the steps to make a gift of assets versus cash, providing you with a solid tax incentive and a way to liquidate unneeded or even under-performing assets.
- Give in the future through a bequest. Knowing that funds will be available for future programs helps us plan for that future.

Call **410-689-4034** for more information.

Thank you again for all you do, and have done for the Foundation and our work. You make a difference every day, and we truly appreciate and value your support. □

All About Support Groups

It's great to have family and friends to help you through an illness such as chronic kidney disease. But they may not understand what you're going through. A support group may be just the right thing: it gives you support!

Support groups are organized around a particular illness, condition or topic. There are support groups in many locations. People come together—in person or online—to help one another. In a support group, members can vent, and they can share their thoughts and feelings about their illness. When you're afraid or uncertain—whether it's medical procedures, treatments—or even about your future, a support group can be a lifeline of emotional comfort, practical advice and helpful resources.

If you don't have a support group in your area, consider an online group. Or if you have the time and energy, you can start an in-person group. □



Kansas City Chiefs running back, Kolby Smith, presents Stephanie Chisolm, PhD, Director of Education and Programs, with a check for the proceeds of the fundraiser he hosted to benefit the AUA Foundation. The event raised \$5,000 for the Foundation.

Focus On The Marion I. And Henry J. Knott Foundation



Thanks to the generosity of the Marion I. and Henry J. Knott Foundation, the AUA Foundation will be bringing free prostate cancer screenings to African American men in our hometown of Baltimore, MD, serving those in need through a unique approach to healthcare — through local religious congregations.

The Knott Foundation is a Catholic family foundation in Baltimore that honors its founders' legacy of generosity to strengthen our community. With a \$40,000 contribution to support the prostate cancer screening program, the Knott Foundation joins the AUA Foundation in finding a way to reduce the impact of prostate cancer in men's lives.

One requirement of the grant was that 100 percent of the AUA Foundation Board of Directors make a personal financial commitment to this work. Our Board gladly made contributions, and allowed us to meet that goal.

More than 186,000 men are expected to be diagnosed with prostate cancer this year. Prostate cancer is more prevalent among men in the United States than breast cancer in women. African American men have the highest risk of developing prostate cancer, twice as high as Caucasian men.

This is why the AUA Foundation is working with local African American churches to conduct eight free prostate cancer screenings following services on Sundays,

scheduled throughout 2009. By bringing free prostate cancer screenings to the local African American churches of Baltimore City and Baltimore County, the AUA Foundation removes the most common barriers to men's health, including access to screenings in our local communities, time, convenience and cost.

Additional information on prostate health and prostate cancer will be available at each screening event, including how to speak with your doctor, how to assist loved ones facing prostate cancer, and other patient and public-directed urologic health education materials. Patient education experts of the AUA Foundation will also be present.

The AUA Foundation is the premier provider of urologic health information. Our Education and Programs office works in the community to ensure that patients and their loved ones are equipped with the most current information and tools.

For more information on the screenings, please contact Catrell Harris at AUAFoundation@AUAFoundation.org or 1-800-828-7866. For more information on the Marion I. and Henry J. Knott Foundation, please visit its Web site at www.KnottFoundation.org or call 410-235-7068. To find a free or low cost screening event in your area, go to www.UrologyHealth.org/prostatescreening 2009. □



Diseases that scare you



Conditions that affect your family



Problems that affect your personal life

Urology Matters to You.
The AUA Foundation can help.

For more information, call us at the

National Urology Health Line –

we're here to answer your questions about urologic wellness. You can reach us at

1-800-828-7866.

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Urology Health for LIFE!™

www.UrologyHealth.org

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For text donations, a one-time charge will be added to your monthly bill. Standard messaging and additional fees may apply. All charges are billed and payable to your mobile service provider. Proceeds benefit the AUA Foundation. Service is available on most carriers. You can unsubscribe at any time by texting STOP to 90999.

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