

A publication of the Urology Care Foundation

# UrologyHealth<sup>extra</sup>

Summer 2013

## *Choosing Wisely*<sup>®</sup> for Your Health

(Barber)shop Talk  
About Prostate Cancer

*Choosing Wisely*<sup>®</sup> TOOL KIT  
Treatment for Erection Problems

*Urology Care*  
FOUNDATION<sup>™</sup>

*The Official Foundation of the  
American Urological Association*

COMPLIMENTARY

# *Urology Care* FOUNDATION™

*The Official Foundation of the  
American Urological Association*



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# FOUNDATION AND OAB ROUNDTABLE BRING PATIENT FEEDBACK TO HEALTH CARE PROVIDERS

In December, the Urology Care Foundation hosted an Overactive Bladder (OAB) Patient Advocacy Roundtable. The OAB Roundtable is part of our *It's Time to Talk About OAB* campaign. Twelve groups participated in December's event. Each group has offered education, advocacy or support for people with OAB. The Roundtable groups helped point out and prioritize needs and gaps for OAB patients. One need identified was improving discussions about OAB between patients and their health care providers.

The Foundation had already written a fact sheet to help patients talk more easily about OAB with their providers. Patients can read and print out *Talking with Your Health Care Professional* about OAB at [UrologyHealth.org/OABFactSheet1](http://UrologyHealth.org/OABFactSheet1). Patients and providers can also order copies at [UrologyHealth.org/Order](http://UrologyHealth.org/Order) to be mailed to them.

With input from the OAB Roundtable groups, the Foundation has now written a fact sheet for health care providers. *How to Talk to Your Patients about OAB* gives tips to providers to better talk to their patients about OAB. Health care providers can read and print it at [UrologyHealth.org/oab/healthcare-professionals.cfm](http://UrologyHealth.org/oab/healthcare-professionals.cfm). Providers can also order copies at [UrologyHealth.org/Order](http://UrologyHealth.org/Order) to be mailed to them.

OAB can be an embarrassing and life-altering problem. Some patients have a hard time bringing the topic up with their doctor or nurse. The Foundation is working to help health care providers "hear" and address their patients' concerns. It is vital that health care providers tell patients that OAB is not "just a normal part of" aging or giving birth. It is also vital for patients to hear what treatment choices can help reduce their symptoms. Patients and providers can then decide if lifestyle changes, prescription drugs or other treatments are right for them.

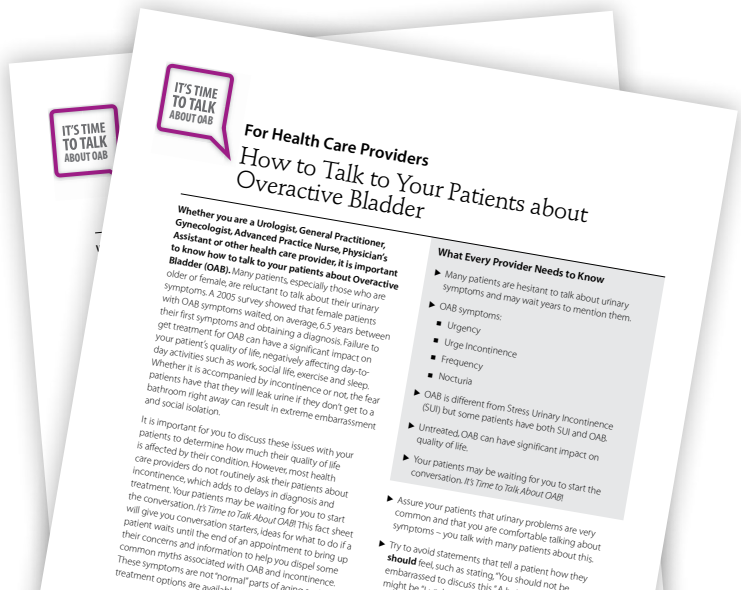
The OAB Roundtable groups also worked with the Foundation to help decide questions to ask and issues to address in a survey of 1,000 OAB patients. This survey was carried out this spring, and results will be analyzed soon. These results will allow the Foundation to provide even more patient feedback to providers. Get the facts. Get diagnosed. Take control.

Visit [ItsTimetoTalkAboutOAB.org](http://ItsTimetoTalkAboutOAB.org) for more information.



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*It's Time to Talk About OAB* is made possible through the generous support of Astellas Pharma US, Inc.



# My Side

## Stan Hardin, President of the Association of Peyronie's Disease Advocates

**Becoming President of the Association of Peyronie's Disease Advocates was not something I planned. Actually, I'm a master plumber and contractor by trade. Ten years ago, I started noticing the symptoms of Peyronie's disease. I tried doing Internet research, but I found there wasn't much information out there. I went to see my primary care provider, who referred me to a urologist, Dr. Joel Kauffman. He made the official diagnosis—a classic case of Peyronie's disease, with scar tissue and penis curvature.**

At that point I had no idea how much Peyronie's disease would affect my life. I thought a simple pill or shot would be able to fix it, but that was not the case. I went online and found there were many others living with Peyronie's disease who were frustrated. A lot more men have the disease than people realize. It is estimated, nine percent of men between the ages of 40 and 70 have Peyronie's disease. And many men are too embarrassed to come forward, so this is probably a pretty low estimate. Seeing all of these frustrated men online, I thought there should be a way to bring them all together. I thought, "There needs to be some kind of organization to represent the patient to the public and medical community."

It started as a very grassroots project. I had been developing websites on the side, so I knew I could create one for the Association. I got in touch with some health care professionals who wrote the medical content. The project grew as more people began to notice and take interest. We would get a lot of questions from people looking for specialists. So we started looking into which researchers were publishing data on Peyronie's disease. In 2003 we contacted Dr. John P. Mulhall. Dr. Mulhall is the director of the Male Sexual and Reproductive Medicine Division of Urology at Memorial Sloan Kettering Cancer Center in New York. He told us, "I'm very impressed with what your organization has done. I want to help connect you with other specialists." Then we were joined by Dr. Laurence A. Levine, director of the Male Sexual Function and Fertility program at Rush University Medical Center in Chicago. These men are now on our Board of Directors. They are joined by three other urologists and a clinical psychologist on our Medical Advisory Board. We bring together researchers, health care professionals and men living with Peyronie's disease to foster collaboration. We work to empower each man to be a true self-advocate. We do this by providing accurate, up-to-date information, meaningful support and a thorough knowledge of treatment options.

"One thing I cannot stress enough is if you have Peyronie's disease or any other condition, it's important to stand up and take ownership of it. Educate yourself as much as you can so you know what your options are and what to expect. Also, know, you're not alone." Peyronie's disease is not a rare condition; it's an underdiagnosed condition. The more men take ownership of it, the more support we will all have. If I'm going to be an advocate, what does that mean? I have to be able to stand up and say, "I have Peyronie's disease." It's my goal to raise awareness. And the only way to do that is to stand up and say, "I'm an average guy, and I have Peyronie's, and it could happen to anyone." Finally, don't be afraid to tell your wife, girlfriend or significant other. It will be worse if she thinks you're avoiding being with her because something else is wrong. I just celebrated my 32<sup>nd</sup> wedding anniversary with my wife, Cheri. She has stood by me through everything, and her support has made all the difference. ♦

“I'm an average guy, and I have Peyronie's, and it could happen to anyone.”



### WHAT IS PEYRONIE'S DISEASE?

Peyronie's disease is a condition in which painful, hard plaques (scar tissue) form beneath the skin of the penis. Most often, these plaques lead to curved erections. At times, men with Peyronie's disease have more than one plaque, which may cause complex curvatures. In other cases, the scar tissue causes divots or indentations rather than curvature. In some men, an extensive plaque that goes all the way around the penis may develop. These plaques typically do not cause curvature but may cause a "waisting" or "bottleneck" deformity of the penile shaft. In the most severe cases, the plaque may accrue calcium and become very hard, almost like a bone. Along with penile curvature, many patients also report shrinkage or shortening of their penis. In whatever form Peyronie's presents in a man, it is usually painful. For many men, Peyronie's disease also causes stress, anxiety and relationship problems. If you think you may have Peyronie's disease, contact a urologist today.

Visit [PeyroniesAssociation.org](http://PeyroniesAssociation.org) for more information.

# Choosing Wisely<sup>®</sup> for Your Health



“Good medicine involves a discussion between a patient and doctor, no matter who starts the conversation”

Craig was on his way to lunch when he received the call from his doctor saying, “Craig, we found cancer.” At the age of 67, Craig was healthy, active and enjoying his retirement. When he began feeling the need to use the restroom more often, he decided to visit a urologist. There, Craig learned his prostate was enlarged and his prostate-specific antigen (PSA) test levels were high. “I was sent to have a biopsy (tissue sample). That’s when they found I had early stage IIA prostate cancer,” Craig said.

Prostate cancer is the second most common cancer among men. It is also the second leading cause of cancer death in men. One of Craig's first thoughts was, do I have the cancer somewhere else in my body? Many prostate cancer patients have the same thought and often go through a routine bone scan when they are first told they have cancer. This scan allows the doctor to tell if the cancer has spread. For the test, a very low dose of radioactive dye is put into a vein in the arm. The dye travels through the body and is then drawn to parts of bone that are not healthy. These show up on the screen as spots, which are also known as "hot spots." These "hot spots" could be signs of cancer, arthritis (disease of the joints that causes swelling, pain, heat and a sense of stiffness), older injuries or other bone problems. To find out what exactly is causing the "hot spots," more tests may need to be done.

"When I sat with my urologist to talk about the diagnosis and next steps, I asked to have a bone scan right away. I wanted to know whether the cancer had spread from my prostate to my bones. Based on what I read online, I thought it was the next step," Craig said. He then discussed the risks, benefits and costs of a bone scan with his urologist, and learned cancer spreading to the bone is much more common in fast-growing cancer or in the later stages of prostate cancer. Based on his diagnosis and stage of illness, Craig and his doctor decided a bone scan was not needed.

Discussions like the one Craig had with his doctor are the goal of the American Board of Internal Medicine's (ABIM) *Choosing Wisely*<sup>®</sup> campaign. *Choosing Wisely*<sup>®</sup> aims to help doctors and patients work together to make smart and positive health care choices. The American Urological Association (AUA) announced it joined the *Choosing Wisely*<sup>®</sup> campaign in February 2013.

## NEEDLESS CARE CAN DRIVE UP HEALTH CARE COSTS

As our nation looks for ways to offer higher-quality patient care, the overuse of tests and methods to treat different illnesses has become more of a problem. According to a survey published in 2011 by scientists at Dartmouth College, nearly half of primary care doctors say their own patients get too much medical care. And the Congressional Budget Office says up to 30 percent of the health care in the United States is not required. Many experts agree the United States has the costliest health care system in the world. However, according to an Institute of Medicine report, *Best Care at Lower Cost*,<sup>1</sup> the American health care system wastes about \$750 billion a year on health care costs. This includes \$210 billion in needless or repeat tests or procedures. Take, for example, routine bone scans in prostate cancer patients. A March 2012 study<sup>2</sup> led by Dr. Jim Hu of Brigham and Women's Hospital in Boston looked at 30,000 men with low- and medium-risk cancer.

They found the cost of uncalled-for bone scans billed to Medicare (a government-run insurance program) over the span of two years was almost \$3.6 million for these men (Medicare paid about \$226 for each bone scan). A different 2011 study found the price tag for 12 overused tests was around \$6.8 billion. Some of these overused tests included yearly electrocardiograms (EKGs) for heart disease and imaging tests for lower back pain.

Many leading medical specialty and patient-care groups are working with the ABIM Foundation to urge doctors and patients to talk about the most helpful and cost-effective medical options for treating an individual's health problem. These groups want to strengthen the value and safety of health care in America. This means helping the general public choose care that:

- is supported by data showing it works for patients like them;
- does not overlap with other tests or processes;
- is safe and shows value; and
- is truly needed.

## HOW TO KNOW WHAT TEST OR PROCESS IS REALLY NEEDED

As part of the *Choosing Wisely*<sup>®</sup> program, each specialty group has chosen five tests, processes or medical care options to "question." These most often used tests and care options may not be needed or helpful to all patients, therefore a doctor and patient should talk about whether to use them. The lists are titled "Things Physicians and Patients Should Question," and are designed to support a dialogue around the need—or lack of need—for many tests or processes used to treat a particular illness (see page 6 for the AUA's five tests and treatments physicians and patients should question). The idea is to help make wise choices around the best care based on a patient's own health problem.

"Millions of Americans are realizing when it comes to health care, more is not necessarily better," said Dr. Christine Casse, president of the ABIM Foundation. "Through these lists of tests, processes and health care options, we hope to spark discussions between doctors and patients about what care is truly needed."

Earlier this year, Bradley Erickson, MD, a urologist with the University of Iowa, was invited to work at a hospital in the Palestinian Territories. "It was very different from what I was used to in the United States. Many of the tests and latest imaging options I had access to in the States did not exist in Palestine. To get them, patients would have to travel to Jordan, which was logistically hard or just not possible. I quickly realized I wasn't always able to treat a patient or teach other doctors the same way I could in the United States – I also realized it wasn't always needed either. Using relatively basic

1. <http://www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx>

2. <http://onlinelibrary.wiley.com/doi/10.1002/cncr.26416/abstract>



An initiative of the ABIM Foundation



American  
Urological  
Association

## Five Things Urologists and Patients Should Question

- 1 A routine bone scan usually is not needed in men with low-risk prostate cancer.
- 2 Testosterone treatment usually is not helpful for men with erection problems if they have normal testosterone levels.
- 3 If you have benign prostatic hyperplasia (BPH, or an enlarged prostate), your doctor usually doesn't need to test your kidney function or scan/x-ray your upper urinary tract.
- 4 If you have a high PSA but no other symptoms, antibiotics usually are not helpful.
- 5 An ultrasound usually is not helpful for boys with undescended testicles.

For details and the complete list recommended by the American Urological Association, visit [UrologyHealth.org/ChoosingWisely](http://UrologyHealth.org/ChoosingWisely). This issue's tool kit is an explanation of #2 on the list in English and Spanish.



## Five Things to Ask Before Any Health Test or Treatment

The ABIM Foundation suggests patients should ask five questions before they have any health test or treatment:

- 1 Do I really need this test or treatment? Tests should help you and your doctor decide how to treat a problem. Processes should help you live a longer, healthier life.
- 2 What are the downsides? Talk about the risk as well as the chance that the wrong results or findings might be given to you and you may need further testing.
- 3 Are there simpler, safer choices? Sometimes changes to your day-to-day routine will give all the help you need.
- 4 What happens if I do nothing? Ask if your health problem might worsen – or get better – if you don't have the test or process now.
- 5 How much does it cost? Ask whether there are low-cost options or generic versions of brand-name drugs.



Continued from page 5

tools, I found I was able to do all the things in Palestine with the same results as if I was using the latest tools back in the United States. The entire experience made me think twice about the way I take care of my patients back home.”

Currently, more than 130 tests and processes to “question” have been released as part of the *Choosing Wisely*<sup>®</sup> campaign, and many specialty groups are sharing these suggestions with their members. These groups are made up of more than 500,000 doctors, nurses, pathologists (doctors who look at tissues and are responsible for correct laboratory tests), radiologists (doctors who read x-rays or other imagery tests) and other health care experts.

It is not clear whether health insurance companies will use the lists from the *Choosing Wisely*<sup>®</sup> program to rein in costs or even deny health care coverage. However, health insurance companies like Aetna, Blue Cross, Cigna, Humana and UnitedHealth Group are now working more closely with medical groups to create guidelines, which can lead to smarter care.

The campaign is also reaching millions of people across the United States through a number of partners, which is being led by Consumer Reports (CR). CR is the world’s largest stand-alone product-testing company. It has worked with the ABIM Foundation to hand out easy-to-read products and information for patients and doctors to talk about. For example, a recent Consumer Reports article, *Cancer Tests You Need, And Those You Don’t*, lists the new suggestion on Pap smears from the American College of Obstetricians and Gynecologists for patients and doctors to talk about. And CR’s article *What To Reject When You Are Expecting* was just revised to include information on the risks of scheduling a baby’s birth before its due date without a good health reason.

“Some would argue we perform too many tests here in the United States,” said Dr. Erickson. “While I support advanced imaging and testing as a way to detect and treat a patient’s health problem, more tests than are needed are often ordered, which raises costs, possibly subjects the patient to more problems and may offer little to no reward.”

*Choosing Wisely*<sup>®</sup> was first created by the National Physicians Alliance. The Alliance, through an ABIM Foundation grant, created three lists of particular steps primary care doctors (internists, family practitioners, and pediatricians) could use to raise awareness about more effective health care resources.

“Good medicine involves a discussion between a patient and doctor, no matter who starts the conversation,” said Daniel Barocas, MD, MPH. “The *Choosing Wisely*<sup>®</sup> campaign is giving patients and doctors the important tools to starting this conversation. The AUA is honored to be a part of this program.”

*Choosing Wisely*<sup>®</sup> advice should not be used to make decisions about what should or should not be covered by health insurance companies. Rather, the information is meant to spur a discussion about what is the best way to care for a health problem. As each person and illness is unique, doctors and patients should use the suggestions from the *Choosing Wisely*<sup>®</sup> campaign as a guide to selecting the best treatment plan together. ♦

To learn more about *Choosing Wisely*<sup>®</sup>, visit [www.ChoosingWisely.org](http://www.ChoosingWisely.org). There, you can find more lists of tests and treatments that should be questioned and learn why.



“Millions of Americans are realizing when it comes to health care, *more is not necessarily better*”



# (BARBER) SHOP TALK

ABOUT  
PROSTATE CANCER

Two years ago, Mark\*, a police officer from Indianapolis, learned being African-American put him at high risk for prostate cancer. The person who told him was not his grandfather, who passed away from prostate cancer, or his doctor. It was the barber who cut Mark's hair twice a month; he also talked to Mark about heart disease before finishing his trim. Mark's barber was the first from six Indiana cities to join a health outreach program in 2011 called the Indiana Black Barbershop Health Initiative, offering health education and services to more than 600 men in their local barbershops. Soon after, Mark visited his doctor and was diagnosed with prostate cancer. Not all prostate cancers need to be treated, but Mark's cancer was a fast-growing type. He and his doctor decided on surgery and radiation, and now Mark is cancer-free. "I'm a policeman, and my life has been in all kinds of danger before," said Mark. "But I never thought my barber would be one of the men who saved my life."

Not everyone thinks of a barbershop as the first place to hold a health education event. But "it's actually a great way to reach out to the community," explained Teasa Thompson, manager and prostate cancer health education specialist from Purdue University's *Affecting Cancer Together*<sup>™</sup> (ACT) program, which helps train barbers for the event. ACT works to prevent cancer and other diseases throughout Indiana by working with community leaders, including those from religious and sports groups. "We can rely on these lay health leaders that we train to continue to engage their friends and family," explained Ms. Thompson. "We have found word spreads quickly when trusted community members talk to their peers."

ACT targets African-American men for prostate cancer education because they are at high risk for the disease. In African-American communities, "barbers are key leaders," according to Ms. Thompson. "Most in the Indianapolis area hold leadership roles outside our programs." Many men visit their barbers on a regular basis, and spend hours talking to them each month. "So these barbers know what's going on in the community," explained Ms. Thompson. "And they've gained a lot of trust. Often they are known for giving out relationship and financial advice already, so health education is a natural step."

Men may also feel more comfortable starting the talk about prostate cancer in a place they know, barbershop or not, if they are with friends. "Often they are more likely to go talk to a doctor about prostate cancer if a peer encourages them

first,” explained Ms. Thompson. “The key is to raise awareness about how important prostate education is, and give people information to get the conversation going,” she said. Mark agrees. “It’s important to get men to start talking to other men about prostate cancer, and make it a normal thing to discuss,” he said. One in six men will get prostate cancer, and the rate is one in five for African-American men. “I couldn’t believe what I heard!” Mark exclaimed. “I thought, ‘why haven’t I heard about this before?’ I didn’t even know my grandfather had it, or a family history put me at higher risk until after I was diagnosed. I didn’t know because no one was talking about it,” he said.

Today, the Indiana Black Barbershop Health Initiative has garnered a strong movement for prostate cancer awareness across Indiana. This year, the Initiative expanded to 12 Indiana cities—twice as many as in the first year—for its annual event. Over 100 barbershops offered men prostate health information provided by the Urology Care Foundation, as well as free blood pressure, blood glucose and cholesterol screenings. More than 1,000 men participated in the event. But James E. Garrett, Jr., executive director of the Indiana Commission for the Social Status of Black Males, says it’s not just about the number of people who attend. “It’s more about changing attitudes, and helping people know that there are resources available to better manage their health,” he said. That kind of change builds awareness and spreads to a man’s family and his community.



*A client talks to his barber about his health while getting a trim during the Indiana Black Barbershop Health Initiative.*

Today, Mark is a part of the change. “I eat right, exercise and take care of myself to keep healthy,” he said. “It makes a world of difference, and my friends and family can see that. I try to set a good example for my son and my nephew. I tell them to make sure they see a doctor and stay on top of their health,” Mark said. “And, of course, I share my story with the guys at the barbershop, too.” ♦

For more information about prostate cancer, visit [KnowYourStats.org](http://KnowYourStats.org).

\*Name changed.

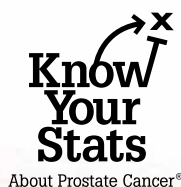
## KNOW YOUR RISK. TALK TO YOUR HEALTH CARE PROVIDER.

Prostate cancer is the second most common cancer in men in the United States. More than 230,000 men will be diagnosed with prostate cancer this year. One in six men will be diagnosed with prostate cancer in their lifetime. But did you know that African-American men are more likely to be diagnosed with prostate cancer than men of other races? African-American men are also more likely to be diagnosed with more deadly forms of the disease.

The Foundation believes men should talk to their health care providers about whether prostate cancer screening is right for them. Talk with your provider about the benefits and risks of testing. You should also talk about factors that can increase your risk for prostate cancer, including:

- your family history of prostate cancer (Did your father, brother or other relative have prostate cancer?);
- if you are African-American;
- a high BMI (a measure of your body fat);
- your age; and
- your previous health history.

To learn more about prostate cancer, visit [KnowYourStats.org/Resources](http://KnowYourStats.org/Resources).



# SUMMER

• IC-FRIENDLY •

## Fruit Salad

Many fruit salads have ingredients such as pineapple, which are likely to irritate your bladder if you have interstitial cystitis (IC). But don't let that keep you from enjoying a tasty and healthy summer treat! If you're joining friends and family for a picnic, barbeque or pot-luck dinner this summer, offer to bring the fruit salad! We have a tasty, IC-friendly recipe for you to enjoy.

*Please note, bladder irritants and IC symptoms vary. Talk with a health care professional first about your IC-friendly diet.*

### INGREDIENTS:

- 2 cups blueberries
- 4 medium pears, diced
- One 4 1/2-pound piece of watermelon, peeled, seeded, and cut into 1-inch cubes (about 4 cups)
- 3 avocados, halved and cut into cubes (avocados are rich in heart-healthy omega-3 fatty acids and may reduce inflammation)
- Add any other fruit that doesn't irritate your bladder!

### OPTIONAL GARNISHES:

- Chopped fresh mint leaves
- Grated fresh ginger (ginger may reduce inflammation)
- Coconut flakes
- Drizzle of honey or maple syrup (or mix 1 part of honey or maple syrup with 2 parts of a trusted brand of pear or apple juice to create a dressing)

### OPTIONAL PAIRINGS:

- Ice cream
- Cottage cheese
- Whipped cream

### DIRECTIONS:

1. Gently mix ingredients in a large bowl.
2. Add one (or more) of the optional garnishes for a little extra flavor.
3. Add one of the optional pairings if you know it doesn't irritate your bladder.
4. Enjoy!

*Serves 6-8.*

*Double the recipe for a larger group!*

## UROTRAUMA AMENDMENT PASSES US HOUSE OF REPRESENTATIVES

In our spring issue, we featured an article about a devastating but little-known injury of war – urotrauma. Urotrauma is damage to the urinary tract or reproductive organs. As many as 12 percent of combat-related injuries from casualties in Afghanistan and Iraq are “urotrauma” injuries.

The American Urological Association (AUA) reports that an amendment dealing with urotrauma was added to the 2014 National Defense Authorization Act (NDAA). The NDAA and the urotrauma amendment passed the US House of Representatives on June 14. This amendment focuses on what is needed to better treat urotrauma injuries in veterans, servicemen and women.

Rep. Brett Guthrie (R-KY-2) introduced the amendment at the request of House Armed Services Committee Chair Buck McKeon (R-CA-25). The amendment asks the Secretary of Defense and the Secretary of Veterans Affairs to jointly create a urotrauma plan. This plan would aim to improve the care and management of service members recovering from urotrauma.

As we went to print with this issue, the NDAA was moving to the Senate. The Senate’s Armed Services Committee will review it. The Urology Care Foundation will keep you up to date on the urotrauma legislation’s progress.



wingman

## glassybaby

It takes four artists and three layers of glass to create each unique glassybaby.

A team of 70+ artists work seven days a week making glassybaby at a Seattle studio.

To date, glassybaby has donated more than \$1.4 million dollars to charities dedicated to healing.

10% from the sale of each ‘wingman’ will be donated to the Urology Care Foundation to advance urologic research and promote men’s health.

[glassybaby.com](http://glassybaby.com)



“The Urology Care Foundation gave me the information I needed to talk to my doctor.”

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