

IN THIS ISSUE

Gender Transition Surgery	1
Andrology Fellows	2
Innovating in the Classroom	4
Dr. Ervin Kocjancic	6
Publications	7

UI UROLOGY GENDER CONFIRMATION SURGERY: ONE MAN'S JOURNEY



Tristan Connor is 29, strong, and well-educated. A social worker, Connor is a care coordinator for the Chicago social services agency Thresholds, where he assists Medicaid patients and helps manage their cases.

Tristan isn't Connor's birth name. Connor was born Catherine. But recently, after a four-year process of gender transition, assisted by multiple treatments at UI under the care of Ervin Kocjancic, MD, L.S. Ross Professor of Urology and director of the Division of Pelvic Health and Reconstructive Urology at UI Health, Connor has transformed into Tristan.



Dr. Kocjancic is a world-renowned expert in reconstructive surgery, and has worked on many cases of gender transition, at UI and globally. He is among the relatively few urologists trained to manage the unique medical and psychosocial aspects of gender transition.

Connor did not connect with Dr. Kocjancic and UI early in his transition; urological issues tend to come toward the end of the process, Dr. Kocjancic said. But Connor moved to Chicago as he was considering transitioning, he said, because Illinois is regarded as among the most welcoming places for trans individuals, both culturally and through its medical/insurance programs.

"Illinois is one of the few states that allows patients to begin taking hormones without a waiting period of

several months," he said.

Friends in Denver had suggested Chicago as a good location for relocation for medical and professional reasons, and within four weeks of moving here, he had a testosterone injection, the first step in gender transition.

"I realized I was trans," he said. "I'd been figuring out things about myself ever since I was three years old and knew I should have been born a boy."

Testosterone shots were followed by a double mastectomy in Florida, then a hysterectomy in Chicago, then phalloplasty surgery, a process that takes a flap of thin, supple skin from the forearm and shapes it into a penis. Combined with urethral reconstruction and hours of microsurgery, Connor said, he had essentially completed the physical aspects of transition.

But with reconstruction, Dr. Kocjancic noted, those who've had gender transition can develop complications, as Connor did. He developed voiding problems, because keloid-related strictures formed at the junction of his original urethra and the new extended urethra. Unable to urinate, he suffered from significant pain and had to go to the emergency room at Advocate Illinois Masonic Medical Center. The physician there recommended he see Dr. Kocjancic to remove the strictures.

Continued on page 3

FROM DR. NIEDERBERGER



Welcome to the Fall 2017 issue.

We urologists love to innovate and use technology to advance our practice and our patients'

lives. But the finest technologies and expertise using them need to be complemented by a physician's heart and manner that inspire patient confidence and trust.

Ervin Kocjancic, MD, L.S. Ross Professor, inspires the kind of trust and patient advocacy our Department and programs model. In the article opposite this column, and the interview inside, you'll read about Dr. Kocjancic's unique expertise and perspectives around gender confirmation surgery, a complex and growing part of our field.

You'll also read about the Department's sponsorship of a course offered by our partner, the UIC Innovation Center, and how our role in an interdisciplinary academic venture may translate to innovations in the OR that could potentially have a significant impact on lithotripsy surgery.

These stories show how UI Urology is continuously pushing advancements in our field. Enjoy.

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Urology Department Head

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ANDROLOGY FELLOWS: DR. TOLULOPE BAKARE AND DR. RAMY ABOU GHAYDA



Tolulope Bakare, MD arrived in Chicago in the fall of 2016 to begin a fellowship in infertility, working with department Head Craig Niederberger, MD

Dr. Bakare, or “Tolu,” as she’s known, came to UI Urology from a residency at the University of Arkansas School of Medical Sciences, where she completed a program in Urology. She earned her MD at Penn State College of Medicine.

The Dallas-area native pursued UI Urology for its outstanding reputation in male infertility and reproductive medicine. Having worked on a complex infertility case during her residency, she knew she “wanted to make infertility an important part of my

practice,” she said.

“I’m learning a lot about clinical management of infertility patients, and about doing microsurgery. I feel like I learned what I came here to learn, and have made so many connections. I know I can contact Dr. Niederberger with any questions or networking whenever I need to.”

After completing her fellowship in the summer, Dr. Bakare returned home to join the faculty of the University of Texas Southwestern Medical Center, where she is the male infertility expert, making her, as she suggests, “the Dr. Niederberger of their faculty,” she said.

“UT Southwestern is one of the top urology programs in the world, so I feel lucky to join the faculty.”

Dr. Bakare joins a small number of women who specialize in male infertility. “Women in this subspecialty are so rare that I think I know all of the women in it,” she said, adding that she knows of only one other black woman active in the subspecialty.

“I’m a needle in a haystack,” she said.



Ramy R. Abou Ghayda, MD, did fellowship training in infertility and andrology at UI Urology this past year, adding to the Department’s international presence.

The French-born Lebanese citizen returned to Chicago, where he had previously done an observership in the Department in 2014. He completed residency training at the American University of Beirut Medical Center, where he also earned his medical degree. Dr. Abou Ghayda also has a Masters in Health Care and Hospital Management from the French university *Ecole Supérieure des Affaires* at its Beirut campus and earned his bachelors at the American University of Beirut.

His training at UI was a “fantastic experience,” he said, adding that he plans to return to his native country to practice urology and infertility medicine. “The opportunities to provide these services in Lebanon and across the Middle East is tremendous,” he said.

Dr. Abou Ghayda is deeply committed to improving the health and medical care of Lebanon. He has done medical work there, from setting up and volunteering at a Red Cross clinic to establishing one of the first online health platforms and blogs in the Middle East.

GENDER CONFIRMATION SURGERY: ONE MAN'S JOURNEY

Continued from page 1

The post-phalloplasty phase of transition is typically when an expert like Dr. Kocjancic will become involved. "There are many steps and possible complications" at this phase, he said. "That's why trust and partnership between the physician and trans individual is so important."

For his part, Connor felt he could trust Dr. Kocjancic. In considering his options and Dr. Kocjancic's recommendations, he consulted Mang Chen, MD, the San Francisco-based surgeon who'd performed his phalloplasty. Dr. Chen expressed total confidence in Dr. Kocjancic after the two spoke.

"TRUST AND PARTNERSHIP BETWEEN THE PHYSICIAN AND TRANS INDIVIDUAL IS SO IMPORTANT"

"Dr. Chen told me, 'This guy is amazing. You can trust him. It's exactly what I'd be doing,'" Connor said.

"Once I heard that, I was totally confident."

At their first appointment, Dr. Kocjancic recommended using a cystoscope, a thin tube with needle attached to a camera and light that enables him to visualize the inside of the bladder when the scope is inserted into the urethra. This step was important, he added, to identify exactly where the strictures were in Connor's urethra, then dilate them.

When Dr. Kocjancic performed the cystoscopy this past February, he determined that the junction of Connor's original and extended urethra was too small to insert the needle.

Dr. Kocjancic then did a urethroplasty, the surgical reconstruction of the urethra that transplanted tissue from the inside of Connor's cheek to rebuild the area between the original and extended urethra. Connor had some routine complications afterwards – bleeding from the cheek, for example – but the urethra was healing and functioning well, Dr. Kocjancic said.

The next step they agreed to was a process called glansplasty—surgery for the ridge around the penis, which Dr. Kocjancic performed on an outpatient basis.

This procedure, not to mention the phalloplasty itself, isn't something all trans men opt for, Connor said. But having known for so long that he identified as a male, he wanted to look and feel like a man in every way.

"A lot of trans people are just living out what's in their heads and hearts," he said. "Not everyone who's trans goes in one direction or the other."

"But for me, I knew I was a complete male. I've been very intentional about this," he added.

Connor has always dated women, and is in a committed relationship with a woman he hopes to make long-term. As part of what Connor considers his complete transformation, he has asked Dr. Kocjancic to do additional procedures this fall, a silicone implant for his scrotal sac and a three-piece inflatable penile pump to facilitate erection. Over time, both the pump and implant will need to be upgraded and/or replaced.

Connor has had a great deal of support from family and colleagues. His father and stepmother have been present for all his surgeries the past four years, he noted. And his employer has given him the flexibility to work from home during recovery from procedures.

And now his relationship with Dr. Kocjancic, the core of his post-transition care, has been an important complement to his overall care and comfort.

"Dr. Kocjancic is so knowledgeable about this subject," he said. "He's informed me about new developments in the field, particularly in Europe."

"He always updates me about what he's doing in Europe that's coming here.," Connor said

"Tristan is very confident," Dr. Kocjancic added. "It's wonderful to be able to offer him so many services, and he was pleasantly surprised when I told him that we were able to offer him all the care he needed."

Connor is much happier today than he's ever been, having realized a vision he had since he was young.

His level of anxiety, he said, is understandably way down now, and he takes stock in the many comforts and advantages he derives from living his identity.

"I have gained a lot of privilege all at once," he said.

"I moved from the 'third tier' of society as a lesbian up the ladder as a straight male. But with that comes responsibilities... it is important for me to be aware of my privilege and remember the oppression I faced earlier in life," he said.

"It is very important for me to advocate for the trans community in any way I can."

INNOVATING IN THE CLASSROOM, LABORATORY, AND OR: UI UROLOGY AND IPD

Medicine, particularly surgery, is highly disciplinary. Training and practice typically take place in highly subspecialized areas. This is no different in urology, with its network of subspecialties and subspecialists.

But the practice of medicine, particularly in a major academic medical center, involves constant connection and collaboration across many disciplines – not just within one’s specialty or department but with other physicians/surgeons and those who support the medical/surgical process. UI Urology, as part of its relationship with the UIC Innovation Center, is breaking new ground in many ways, from the OR to the research lab.

Another area in which the Department is an interdisciplinary pioneer is in the classroom. This past academic year it was the sponsoring partner of a longstanding course called Interdisciplinary Product Development (IPD), a graduate-level course taught by and cross-listed across three UIC colleges: Engineering; Business Administration; and Architecture, Design, and the Arts (www.ipd.uic.edu/IPD).

As the sponsoring partner for the course, the Department identified areas within Urology where there’s constant need for more innovation and better outcomes. These areas, from measuring voiding parameters to improving device connections in the OR, were framed into five problem statements, around which interdisciplinary teams of students across disciplines were formed to address them and present detailed recommendations for innovations over the 2016-17 term, said Samuel Ohlander, MD.

Dr. Ohlander served as UI Urology’s course advisor, overseeing the Department’s innovation needs and the problem statements submitted.

“We’re heavily invested in innovation and wanted to see what kinds of creative fixes students could come up with, and different ways of looking at the process, in real-world settings,” he said.

A simple Google Scholar search for “interdisciplinarity and urology” uncovers more than 22,000 hits. As UI Urology is one of the first UI departments to partner with the Innovation Center (see fall 2016 newsletter), it made sense, Ohlander suggested, to get involved in the IPD course, whose previous sponsors include Baxter Healthcare, among many others.

Adapting the course to medical innovation model was “exciting,” said Miiri Kotche, Ph.D., clinical associate professor of bioengineering, who co-taught the course. “The most important aspect of the class is getting students to work across disciplines,” she said.

“It’s important to learn to work interdisciplinarily early instead of having your first exposure to those with differing perspectives in the workplace.”

UI Urology added to many disciplines already involved in the course, including UI’s Innovation Medicine (IMED) program, which prepares medical students for developing and innovating new technologies in healthcare. IMED seeks to develop innovators who draw from advances in technology and clinical expertise to solve real-world problems.



FAKS Team

“I expect to work as a clinician but also think about ways to improve medicine and patient care,” said Emil Klosowiak, who participated in the course as a second-year IMED student and studied biomedical engineering as an undergraduate. He said he was particularly intrigued by the kinds of questions the course inspired: “Is an idea worth pursuing on the market? Who would benefit from this idea, and how?” he said.

“As an engineer and clinician, we can think an idea might be useful, but the approach of this course helps frame whether something CAN be useful and become developed.”

Klosowiak’s critical approach is what the course is about, but hard to teach, Dr. Kotche said. “From an educational standpoint, many students are used to being told what to do to address a problem,” she said.

“But that approach doesn’t foster creative thinking or innovation. We teach them to be comfortable with the discomfort of not knowing the answer. We want to give them real-world skills around critical thinking, and how to break down a problem into pieces to address it methodically.”

In practice, the IPD course spent the first semester assigning groups to address the specific problem statements submitted by UI Urology. Each problem had a team of students from across the disciplines and schools, assessing and evaluating it from all angles, Dr. Kotche said. From there, each team worked to refine its problem statement and proposed innovation to a single concept, which each presented in December. Then, in spring, that concept was refined to an actual physical prototype of the proposal, including a marketing plan and business case to support it, which was presented at the end of the semester.

Part of the challenge teaching the course and pushing students to collaborate, Dr. Kotche said, involved addressing terminology that means different things across disciplines. “Prototype” is an example. To some, that word doesn’t necessarily suggest an actual physically designed object; in some disciplines, she suggested, “prototype” can be a process improvement, not an actual object. Converting differing perspectives on terminology into a common language thus is critical to facilitating critical thinking around innovation in the course, she said.

“We’re turning a language barrier into a language bridge,” she said.

Some final products from previous years in the course—prototypes presented in IPD—have been developed to see if they stand the test of innovation, Dr. Kotche said. And this past year was no exception.

One of the teams in the course addressed the relatively straightforward yet highly complex question “How might we improve surgery for kidney stones?” in a nine-month-long rollercoaster of ideas developed and discarded. This process culminated in a prototype that could have the potential to change the way lithotripsy is performed, said Michael Young, MD a UI Urology clinical faculty member and expert in kidney stone treatment.

Dr. Young, who’s done lithotripsy for 30 years, entered the process near the end of the first semester. At that point, the kidney stone group—three bioengineering majors, an industrial design major, a graphic design major, and an MBA student specializing in marketing (see photo on opposite page)—was developing innovations around what are known in lithotripsy as “baskets,” devices that grasp stones in the kidney, like a hook on a fishing line, allowing for treatment of the stones by laser.

But baskets, as a veteran surgeon knows, have problems. “This makes no sense,” Dr. Young remembered telling the group. “This has been done a thousand times before. The next ‘new and improved’ basket will be obsolete in six months...let’s get off this,” he said.

By this point, students had put in hundreds of hours of time researching and developing ideas to improve the way baskets are developed and used, and had presented early-stage ideas as part of their class requirement. “I was meeting with physicians, observing surgeries, prototyping and presenting ideas to Urology faculty,” Yin-Ting Chen, a recent MBA graduate who was in the kidney stone group, told *UIC Business*.

Then Dr. Young came in and told the group that innovation around baskets wasn’t the way to go. “They’d done a lot of research to get to that point,” he said. “I came in and no one knew who I was...some of them looked at me, thinking ‘who are you?!’” he said.

But then he shared why basket innovation wasn’t the best approach, and spoke of their limitations: kidneys’ nooks and

crannies make it hard to isolate a stone once the basket has “caught” it; the narrow space in which the laser must treat the stone is compromised by flow and energy in the laser. This makes the stone a target that constantly “swims” away when it first makes contact with the line; and so on.

Real innovation, he said, involves catching the stone, then isolating it so it’s not a moving target. What’s really needed is something like “JELL-O, something that enables us to catch the stone and treat it effectively.”

And thus was born “Faks Gel”—and with it, a reinvigorated team eager to take on a new challenge. “A bell rang” among the students, Dr. Young said—once they’d gotten over having to change course and adapt to a gel instead of a basket approach.

“Faks”—Fighting Against Kidney Stones—is a lithotripsy JELL-O of sorts. It needed to be non-toxic and translucent, Dr. Young advised the group. It also needed to be alterable in density and able to change in form—from liquid as it is inserted into the kidney through a narrow uteroscope, to a gel once inside so it can cinch onto a stone and facilitate a laser to pinpoint it to smash the stone, then pliable enough to easily remove through the uteroscope.

A stone, Dr. Young noted, is “like a cue hitting a cue ball. It moves away every time you hit it [with the laser].” If a gel could grab the stone, hold it in place for treatment, then not clump so it can be removed through the scope, real innovation can occur. What the students produced over the next months, he said, moved in that direction: two liquids that combine to form a gel, like an epoxy – in a non-toxic, translucent, viscosity-responsive material.

The potential of such a substance is immense, he said. Instead of chasing after stones like fish scattering from a hook and line, the possibility could be more like “shooting fish in a barrel,” he said.

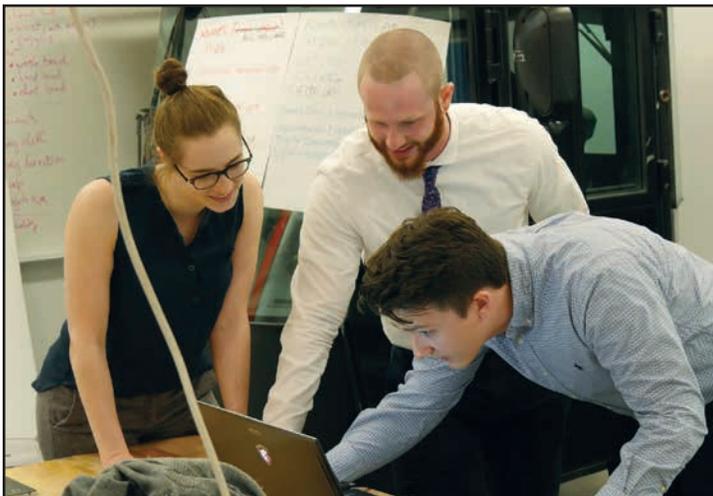
“If you can get a stone of normal, operable size and isolate it with a gel so it’s easier to hit a bullseye with a laser, you can save up to half the time of surgery,” he added.

“That leads to improved outcomes, shorter recovery times, less time in the OR, faster return to work. And it can revolutionize the way we address the whole process.”

The student group’s prototype is now undergoing rigorous interdisciplinary R&D, Dr. Young said. UIC bioengineers are working with him to compose a Faks model. Once the viscous material is developed, it will be tested in a model kidney, then a pig kidney once that stage is validated. Making Faks viable involves a simple equation: Urology + Bioengineering. And the potential results of that equation are critical to the educational mission in addition to patients.

“It’s exciting to be able to provide this kind of information to the urologists,” said Dr. Kotche. “They experience these problems. We can look at the landscape and explore new approaches, then validate if there’s a market opportunity. From an educational standpoint, it’s so cool.”

“The students were so excited,” Dr. Young added. “They stopped worrying about something that didn’t work. And the potential here is so great.”



FAKS Team

Q&A WITH DR. ERVIN KOCJANCIC

“There’s a gender in your brain and a gender in your body. For 99 percent of people those things are in alignment. For transgender people, it’s mismatched. That’s all it is. It’s a mix-up. It’s a birth defect, like a cleft palate.”—Chaz Bono, the transgender son of entertainers Sonny & Cher.

Bono, who lived a very public transformation from Chastity to Chaz, in many ways embodies the typical mindset of individuals who have undergone gender transition. Like Tristan Connor (see related story), many trans individuals seek to live their lives through an identity that reflects whom they see on the inside, not necessarily what society sees on the surface.



Ervin Kocjancic, MD knows these individuals and their unique stories well. Gender dysphoria (a condition associated with discomfort over one’s gender role and gendered characteristics) is common among trans individuals and others whose gender identity does not fit into binary categories.

Urology spoke to Dr. Kocjancic, LS Ross Professor of Urology, about his work with gender transition patients and related issues.

U: What are some of the unique aspects of this work?

K: Gender confirmation surgery is typically a very complicated and time-consuming process. Our patients (they are not really patients as gender dysphoria is not a disease) are going through their transitioning phase through a very long process. Gender confirmation surgery (also referred to as affirming surgery) is also very challenging for both the patients and providers.

It’s a long process of procedures and healing, there must be trust between transitioning individuals and physicians.

Also, we have to provide a friendly environment for the patients so that they feel accepted, not judged. This often starts with small gestures such as use of the correct pronoun. We’ve spent a lot of time training staff in the hospital to use “he/she” as preferred by our patients.

U: What are the surgical challenges associated with this kind of work?

K: The complexity of the surgery requires many years. And there are many, many nuances that need to be taken into account during the various procedures, including for the urologist, who tends to become involved later in the process, as in Tristan’s case. For this reason, a multidisciplinary approach is a must. A partnership between a urologist and a plastic surgeon gives the best possible results in these complex cases.

U: The non-surgical aspects must be very challenging as well.

K: This is a long journey for patients. From the moment they realize that they do not recognize themselves in the gender they were born with to start accepting themselves to get accepted by the society is a long trip with many bumps. Again, a multi-team approach is the only one that can make this trip smoother. We’re seeing a move to train and produce more and more health providers who are trained to deal with trans individuals—psychological counselors, family medicine practitioners, and pelvic surgeons, for example.

Also, I see how society is becoming more accepting of trans individuals, especially in urban areas like Chicago. I think everyday people are much more tolerant and accepting than politicians. I believe in educating the new generation of physicians. There must be a general knowledge and awareness among more of us; that’s why we have begun a fellowship program that will help train the next generation of trans surgeons.

U: Doesn’t confusion between gender identity and sexual orientation complicate this issue? You’ve experienced this in some of your work overseas in particular, haven’t you?

K: Sexual orientation and gender identity are two different concepts. Some trans individuals go through this process to have relationships with people of the sex they’ve chosen. Others, like Tristan, have always identified as men and become, to society at-large, heterosexual when they transition.

Unfortunately, there are parts of the world like the Middle East where homosexuality is condemned and to save their lives some people change their gender. I’ve treated those individuals, and you can imagine the strain and urgency they feel—that living their truth can get them condemned—literally to death.

I believe that living with an imposed different gender must be as horrible as being born with the wrong one. This is why we have to increase the culture of tolerance and acceptance of trans individuals and those embodying diversity we encounter in our everyday life.

PUBLICATIONS

DR. MICHAEL ABERN

- Determinants of Clinic Absenteeism: A Novel Method of Examining Distance from Clinic and Transportation. *J Community Health*. 2017 May 21.
- Biliary Stent Migration: A Rare Cause of a Bladder Stone. *Urology*. 2017 Mar 18.
- The development of prostate adenocarcinoma in a transgender male to female patient: could estrogen therapy have played a role? *Prostate*. 2017 Feb 13.
- Descriptive Characteristics of Prostate Cancer in Patients with a History of Primary Male Breast Cancer - A SEER analysis. *BMC Cancer*. Accepted - in press.
- Urinary NID2 and TWIST1 Methylation to Augment Conventional Urine Cytology for the Detection of Bladder Cancer. *Cancer Biomarkers*. 2017 January 13.
- Is Prostate Cancer Stage Migration Continuing for Black Men in the PSA Era? *Prostate Cancer Prostatic Dis*. 2017 January 17.

DR. SIMONE CRIVELLARO

- Cost effectiveness and robot-assisted urologic surgery: does it make dollars and sense? *Minerva Urol Nefrol*. 2017 Aug; Epub 2016 Dec 22.
- Systematic review of surgical treatment of post radical prostatectomy stress urinary incontinence. *Neurourol Urodyn*. 2016 Nov; Epub 2015 Sep 23. Review.

DR. PETER GANN

- BRCA1 protein expression and subcellular localization in primary breast cancer: Automated digital microscopy analysis of tissue microarrays. *PLoS One*. 2017 Sep 1; eCollection 2017.
- LIGHT Elevation Enhances Immune Eradication of Colon Cancer Metastases. *Cancer Res*. 2017 Apr 15; Epub 2017 Mar 1.
- Prostatic compensation of the vitamin D axis in African American men. *JCI Insight*. 2017 Jan 26.
- microRNAs and DICER1 are regulated by 1,25-dihydroxyvitamin D in prostate stroma. *J Steroid Biochem Mol Biol*. 2017 Mar; Epub 2017 Jan 12.

DR. EMILIE JOHNSON

- The Ethics of Fertility Preservation for Pediatric Patients With Differences (Disorders) of Sex Development. *J Endocr Soc*. 2017 Jun 1.
- Urinary tract infection after retrograde urethrogram in children: A multicenter study. *J Pediatr Urol*. 2017 Jun 17.
- Attitudes towards "disorders of sex development" nomenclature among affected individuals. *J Pediatr Urol*. 2017 May 8.
- Fertility Preservation for Transgender Adolescents. *J Adolesc Health*. 2017 Jul; Epub 2017 Mar 28.
- Fertility Preservation for Pediatric Patients: Current State and Future Possibilities. *J Urol*. 2017 Jul; Epub 2017 Feb 9. Review.

DR. ERVIN KOCJANCIC

- Gender Confirmation Surgery: Guiding Principles. *J Sex Med*. 2017 Jun; Epub 2017 May 3. Review.

- The bladder under pressure: A novel vision of bladder emptying evaluation. Editorial comment on "Computational fluid dynamics simulation of male voiding: A novel method using real-time magnetic resonance image". *Neurourol Urodyn*. 2016 Nov.

DR. DANIEL MOREIRA

- The combination of histological prostate atrophy and inflammation is associated with lower risk of prostate cancer in biopsy specimens. *Prostate Cancer Prostatic Dis*. 2017 Jun 6.
- Dutasteride is associated with reduced risk of transrectal prostate biopsy-associated urinary tract infection and related hospitalizations. *World J Urol*. 2017 Apr. 10.
- Predictors of Time to Metastasis in Castration-Resistant Prostate Cancer. *Urology*. 2016 Oct.
- Paraneoplastic syndromes are associated with adverse prognosis among patients with renal cell carcinoma undergoing nephrectomy. *World J Urol*. 2016 Oct.

DR. CRAIG NIEDERBERGER

- Post-thaw recovery of rare or very low concentrations of cryopreserved human sperm. *Fertil Steril*. 2017 Jun; Epub 2017 May 5.
- Outcomes of anastrozole in oligozoospermic hypoandrogenic subfertile men. *Fertil Steril*. 2017 Mar; Epub 2017 Jan 6.
- The Male Factor in Fertility and Infertility. *J Urol*. 2017 Feb; Epub 2016 Dec 20.

DR. CAROL PODLASEK

- Role of Nanotechnology in Erectile Dysfunction Treatment. *J Sex Med*. 2017 Jan.
- Peptide amphiphile nanofiber hydrogel delivery of sonic hedgehog protein to the cavernous nerve to promote regeneration and prevent erectile dysfunction. *Nanomedicine*. 2017 Jan; Epub 2016 Sep 6.

DR. GAIL PRINS

- Isolation and functional interrogation of adult human prostate epithelial stem cells at single cell resolution. *Stem Cell Res*. 2017 Aug; Epub 2017 Jun 16.
- Post-thaw recovery of rare or very low concentrations of cryopreserved human sperm. *Fertil Steril*. 2017 Jun; Epub 2017 May 5.
- Specific deletion of LKB1/Stk11 in the Müllerian duct mesenchyme drives hyperplasia of the periurethral stroma and tumorigenesis in male mice. *Proc Natl Acad Sci U S A*. 2017 Mar 28; Epub 2017 Mar 13..
- The Development of Prostate Adenocarcinoma in a Transgender Male to Female Patient: Could Estrogen Therapy Have Played a Role? *Prostate*. 2017 Jun; Epub 2017 Feb 13.
- Arsenic Induces p62 Expression to Form a Positive Feedback Loop with Nrf2 in Human Epidermal Keratinocytes: Implications for Preventing Arsenic-Induced Skin Cancer. *Molecules*. 2017 Jan 24;

2017 PRESENTATIONS:

DR. MICHAEL ABERN

- Prostate Cancer Disparities in Chicago, UIC Family Medicine Grand Rounds, Chicago, Nov.

- Innovations in Prostate Cancer Detection, Innovative Urology Conference, Napa, Sept.
- Prostate Cancer Tissue Biomarkers: Do They Make the Grade?
- University of Arizona Urology Grand Rounds, Tucson, Aug.
- Prostate Cancer Overview, Imerman's Angels, Chicago, April

DR. ERVIN KOCJANCIC

- Invited Speaker, International Continence Society, Florence Sept.
- Invited Speaker, Mexican Continence Society, Mexico City June
- Invited Speaker, Russian Continence Society, St. Petersburg, June
- Cadaver Course, Female Urology, International Continence Society, Istanbul April
- Course lecturer, European Association of Urology, London, March
- Lecturer, Pan Arab Continence Society, Feb
- Incontinence Course, International Neuro-Urology Meeting, Zurich, Jan.

DR. DANIEL MOREIRA

- Podium Presentation, American Urological Association, Boston, May

DR. CRAIG NIEDERBERGER

- Invited Lecturer, Society of International Urologists, Lisbon, Oct
- Invited Lecturer, European Society for Human Reproduction and Embryology, Geneva, July
- Invited Lecturer, European Society of Human Reproduction and Embryology, Geneva, July
- Invited Lecturer, PuJiang Reproductive Medicine Forum and International Federation of Fertility Societies Symposium, Shanghai, June
- Invited Lecturer, Instituto Valenciano De Infertilidad, Bilbao, May
- Invited Lecturer, Congreso Internacional del Colegio Mexicano de Urología Nacional, Mérida, March
- Invited Lecturer, Asociación Nacional de Urólogos Egresados del Centro Médico Ila Raza, Mexico City, Jan

DR. CAROL PODLASEK

- Sonic Hedgehog Regulation of Rhabdosphincter Muscle, Society for Pelvic Research, Dec.
- Sonic Hedgehog Promotes Cavernous Nerve Regeneration by Inducing Cavernous Nerve Sprouting and Sprouting Potential is Reduced with Age, Sexual Medicine Society of North America, Oct.
- Diabetes and Sexual Function, AUA Diabetes and Diabetic Uropathy Symposium, Oct.
- Erectile Dysfunction, Stress Urinary Incontinence and Neuropathy, UIC Urology Depart Seminar, Sept.
- Regeneration of Erectile Function Post Prostatectomy, American Urological Association Meeting, Boston, May



NOVEMBER AND “BIG MO(USTACHE)” = MOVEMBER AND MEN’S HEALTH

For more than a decade, the Movember Foundation has been raising awareness about men’s health and the need for education, outreach, prevention, and a proactive approach. And while many Americans associate “Movember” with many men suddenly sprouting moustaches in recognition of the event, the purpose and goals of Movember go far deeper than growing facial hair, said Michael Abern, M.D., assistant professor in the Department and director of urological oncology.

“Especially because many men’s health conditions like prostate and testicular cancer are preventable and readily treatable with early intervention, our involvement in Movember is significant,” he said

“Men who take care of themselves – who get regular prostate examinations, for example – do better in terms of preventing potentially fatal urologic cancers and diagnosing others early, long before they can become life-threatening, with proper treatment,” he said.

The Movember Foundation has funded more than 1200 distinct research projects worldwide around men’s health. It has invested more than \$30 million alone in the U.S. around prostate health, for example.

The Foundation concentrates its research and education programs specifically in areas like urology and mental health many men cast aside or ignore, Dr. Abern said.

“Some men associate the conditions we see in urology – along with the ‘invisible wounds’ associated with male depression and other mental health conditions – as threatening their sense of masculinity,” he said.

“It’s often challenging for men and their spouses, partners, and loved ones to address these health issues before they become serious. Because so many men link the health problems we address in UI Urology with a loss of manhood or a sense that their condition makes them feel less of a man, the challenges can be infinitely greater.”

That’s why, on a certain level, the moustache that’s become associated with Movember – both the Movember symbol and millions of men growing facial hair during November is a useful representation of men’s health, Dr. Abern said.

“Reaching out to men about their preventive health often requires appealing to aspects of their masculinity and identity that helps them receive the message,” he said.

Learn more about UIC Urology <http://chicago.medicine.uic.edu/support-urology>

“If the symbol of a moustache can get men thinking about saving their lives, we as a Department and Movember as a movement are meeting their goals.”