Valley Urologic Associates

Summer 2010

Fall 2010

VUA Newsletter Issue 3

~ The art of healing comes from nature, not from the physician. Therefore the physician must start from nature, with an open mind. ~
Philipus Aureolus Paracelsus

Inside this issue:

VUA Proudly Announces Our New Addition and Expansion

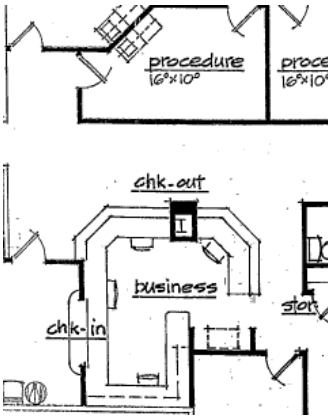
VUA is proud to announce the addition of Torre Rhoades, M.D. Dr. Rhoades completed his urology training at the University of Cincinnati. *Subsequently, Dr. Rhoades completed a Fellowship in Urologic Oncology at the Cleveland Clinic.* While in residency, Dr. Rhoades was recognized for his outstanding laparoscopic and robotic skills, and he was given the Society of Laparoendoscopic Surgeons Resident Achievement Award. Furthermore, his academic career was remarkable for publishing numerous articles in International Journals as well as delivering lectures in the United States and China for a variety of urologic conditions.

Urooncologic Surgery is a skill set that is embraced by only a few in the Phoenix area and we are proud to have him on our team. He is an expert with Robotics and Laparoscopy, and uniquely, he will be able to offer Continent Diversions (NeoBladders) for patients requiring radical cystectomy for muscle invasive bladder cancer. In addition to complex cancer surgery, Dr. Rhoades is well respected for his skills as a General Urologist. Dr. Rhoades will definitely provide a valuable service to the Urology Community in Phoenix.

Dr. Rhoades is fellowship trained in urologic oncology and is accepting new patients.

Arrowhead Expansion

With the addition of Dr. Rhoades in the Fall and increasing patient volume, VUA is laying the foundations for growth. We are expanding our Arrowhead office to improve our delivery of patient care. Our office on 18699 N. 67th Avenue Suite 230 will increase to over twice its size by the end of the Fall. This will improve our provision of radiation and medical oncology services in tandem with our urologic oncology services. With the increase in facility space we can further accommodate any patient who needs to be seen for any condition. Please pardon our construction noise when you come into the office.



Our Arrowhead office is expanding and will be completed in the Fall. Please pardon our construction noise.

One out of Five couples in the United States Are Affected by Infertility

Dr. Jonathan Agins, M.D.

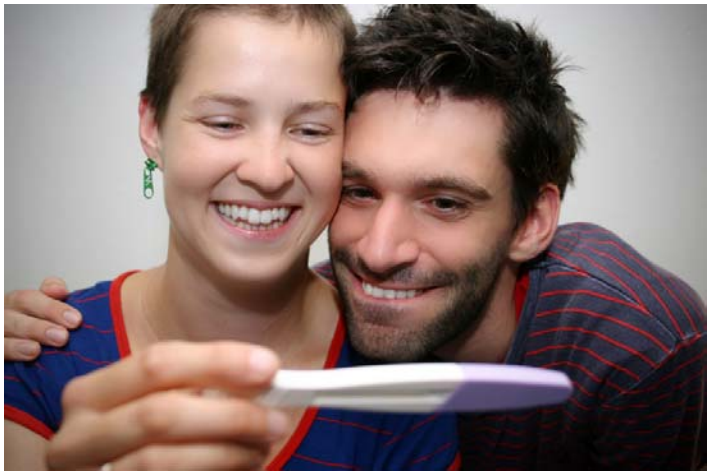
Did you know that one out of five couples in the United States are affected by infertility? With so much information available on the Internet and so many treatment options, some of which are very expensive, we at Valley Urologic Associates feel that an evidence-based review of infertility and the current standard of care are warranted.

Studies show that 50% of couples are able to conceive within 6 months, and 85% conceive within a year. Approximately 20% of couples have an isolated male factor and an additional 40% have a combined male and female factor contributing to the inability to conceive. Therefore, a male factor is present in 60% of infertile couples. A female infertility factor is present in 70% of couples. We feel that it is essential that her Obstetrician evaluate the female partner at the same time as the male.

Male infertility can be caused by a number of conditions, many of which are easily reversible. Some conditions are, unfortunately, not reversible and in some cases there is an underlying medical condition, such as testicle cancer, that requires treatment. There are also cases where we are unable to identify a clear-cut cause of infertility.

The goal of our evaluation is to identify potentially correctable conditions, identify irreversible conditions that would benefit from assisted reproductive techniques, advise when an irreversible condition would not benefit from these techniques, and to uncover potentially life-threatening conditions.

We recommend evaluating the male partner if pregnancy fails to occur within a year of regular unprotected intercourse. The optimal frequency of intercourse is every other day during the period of ovulation. There are a number of ways to determine the period of ovulation and we recommend discussing the best method with the female partner's Obstetrician. An evaluation is performed before one year if there is an obvious male factor present, such as a varicocele (dilated veins around the testicle) or a history of childhood



issues such as undescended testicles. We also recommend an evaluation before one year if the female partner has risk factors for infertility, such as age over 35, or if there is any question of the man's fertility potential.

The initial evaluation of the man includes a detailed medical history and physical examination, and at least two semen analyses. There are additional procedures and tests, which may be recommended, based on this initial evaluation, including blood tests and ultrasound studies.

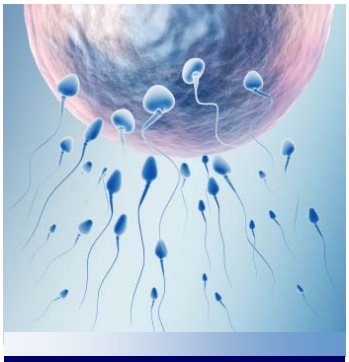
The semen analysis is the mainstay of our evaluation. There are a number of parameters that are evaluated, such as the ejaculate volume, number of sperm (sperm count), motility of the sperm (ability of the sperm to move), and morphology (what the sperm look like).

If the volume of the ejaculate is very low, it may indicate a blockage and would prompt additional studies. If the number of sperm is low, there may be a problem with production and would indicate blood tests to evaluate the testosterone level. If the sperm are not moving properly, there may be an abnormality called a varicocele. This means that there is a bunch of abnormal blood vessels affecting the temperature of the sperm (think about your energy level on a really hot Arizona summer's day). Abnormal morphology, or the appearance of the sperm, does not preclude a normal pregnancy. A review of the scientific literature suggests that sperm morphology should not be used to make patient management decisions if this is the only abnormality. Sperm morphology is important, however, if undergoing IVF (in vitro fertilization).

In this manner we are able to identify the cause of the inability to conceive. If there is a blockage, there is a simple outpatient procedure to remedy

this. A varicocele, can be surgically repaired, or resolved with the help of an x-ray procedure. Abnormal testosterone levels can be treated with medication.

There is nothing quite as satisfying as helping a couple to achieve their dreams. The inability to conceive is not an uncommon problem, and in many cases, the Doctors at Valley Urologic Associates can identify and reverse the cause. Please let your Doctor know if you have any concerns. We are more than happy to discuss this with you and we are eager to be of assistance.



A male factor is identified in 60% of infertile couples

High Risk Prostate Cancer: Benefits of Adding Androgen Deprivation to External Beam Radiation

Prostate cancer can be categorized into three different levels to help identify which patients are at risk for biochemical failure and cancer specific mortality after treatment. Low risk is a person with a PSA of less than ten and a Gleason score of six and a clinical stage of T1 or T2a. Intermediate risk is considered a person with a PSA of ten to twenty or a Gleason score of seven or a clinical stage of T2b or T2c. Patients that are considered to be high risk have a PSA greater than twenty or a Gleason score of eight to ten or a clinical stage of T3 or higher.

The different treatment options for patients that are diagnosed with high grade prostate cancer include: removal of the prostate, radiation, cryotherapy, particle beam therapy, high intensity focused ultrasound, and androgen deprivation treatment. Men who elect to undergo external beam radiation treatment should also be placed on androgen deprivation. Androgen deprivation can be performed several ways with the end result of decreasing the amount of testosterone in the body. It is also believed that treating patients with androgen deprivation will make the prostate cancer cells more sensitive to the radiation it receives. There have been several studies documenting the success of the combined treatment with the two larger trials named Bolla and the RTOG trial. In the Bolla trial, the study evaluated men with high risk prostate cancer treated with either radiation and hormone deprivation or radiation alone. In the conclusion of the study there was a 78% vs. 62% overall survival benefit when the radiation was combined with hormone deprivation. The RTOG had several different studies showing the efficacy of using hormone deprivation with external beam radiation where they compared how long the androgen deprivation should be used. When the androgen deprivation treatment was continued after the conclusion of radiation the patients had a higher disease free survival, higher overall survival, lower rate of local progression, and a lower rate of distant metastasis.

Dr. Torre Rhoades, M.D. Fellowship-Trained in Urologic Oncology

Treating patients with androgen deprivation will make the prostate cancer cells more sensitive to the radiation

Application Therapeutics from the Human Genome

Dr. Vi Hua, M.D.

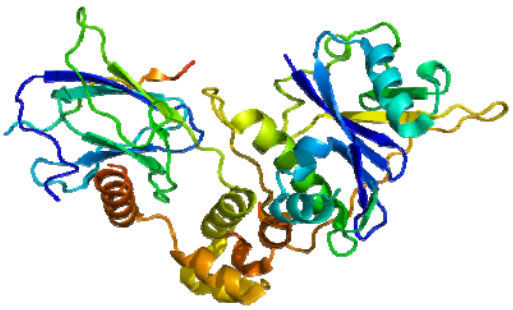
With Redectane and CT/PET, one can be 95% sure that a small renal mass is made of clear cell kidney cancer before surgery to remove it

The classic triad of flank pain, abdominal mass, and blood in the urine occurs in about 15% of cases and indicates very advanced kidney cancer. In this era where CT scans are widely used for abdominal pain, kidney cancers are found much earlier and much smaller. Therefore, the incidence of kidney cancer has increased worldwide. When excised completely, the cancer is readily cured. However, renal masses can be benign in up to 15%, and the intervention becomes, in hindsight, not necessary.

So one may ask, why don't we get CT-guided biopsy of the lesion. In the past, fine needle biopsy had a high and unacceptable false negative rate with the highest for smaller (< 3 CM) lesions. Essentially, CT targeting of a very small lesion is difficult. Even with the newer, more accurate CT scans, the false negative rate can be as high as 10-15%.

We have identified thru genetic research the genes involved with the promulgation of kidney cancer, especially in clear-cell renal cell cancer (the predominant 85% of renal masses). The genes are part of the short arm of chromosome 3 and involves the Von-Hippel Lindau gene. Eugen Von Hippel, a German ophthalmologist, described angiomas in the retina in 1904. Arvid Lindau, a Swedish pathologist, described angiomas in the cerebellum and the spine in 1927. These findings were classified with a rare, autosomal dominant genetic condition called Von Hippel-Lindau disease (VHL) that also led to a propensity of bilateral multiple renal masses, phaeochromocytoma (an adrenal cancer), pancreatic cysts,

inner ear cysts, and café au lait spots . Genetics have identified the VHL tumor suppressor gene, encoding a protein that controls the transcription of a family of genes that control angiogenesis (generation of blood vessels). This leads to the stimulation of blood vessel formation factors. Thus, angiomas can also form (a dysfunctional growth of blood vessels).



Wilex AG in Germany is developing a radio-labeled antibody (124I-girentuximab, G250 or Redectane) that will identify those renal masses by CT/PET imaging before surgery, and offer another way of confirming that a mass is a malignant clear cell renal cell cancer before contemplating surgery to remove the mass. The studies have shown that this form of CT/PET imaging has an 86% sensitivity, 87% specificity, and 95% positive predictive value for clear cell RCC in 202 patients. This means that you can be 95% sure that a mass is renal cell carcinoma before surgery.

FDA approval in in the works, and we expect it will take a year or two before the agent can be brought to the market.

CT/PET or positron emission tomography, detects gamma rays emitted by the radio-labeled tracer, in this case– Redectane. It then produces a two or three-dimensional picture of the lesion that exhibits activity. CT/PET is essentially a CT scan but may take a little longer for the study, and an intravenous line has to be placed to administer the radio-labeled agent. This is done on an outpatient basis.

VUA offers the availability of a CT/PET scanner at a location in Surprise. Once Redetane is FDA approved and available we will be able to improve the diagnosis and treatment of patients with small renal masses.

Circumcision and the Non-Circumcised Penis, What You Need to Know

At one time the majority of males in the United States had been circumcised. However, today it is near 50% and in the Southwest it is even less common. A Major factor in this has been that Medicaid does not cover newborn circumcisions. As a result, the non-circumcised patient has become much more common in our community. It is important to review some of the basic information on the care and management of the uncircumcised penis.

Proper care of the uncircumcised penis is essential to avoid problems. At birth, the prepuce (foreskin) is only retractable in 4% of boys. In almost 50% of newborn males, the skin cannot be retracted enough to even visualize the external meatus. By 6 months of age, the prepuce can be retracted in only 20% of boys. By 3 years of age, 10% of boys still have unretractable foreskin. Foreskin is completely retractable in almost all boys 17 years of age. Forcible retraction of prepuce: This maneuver usually results in pain and bleeding and occasionally in paraphimosis. Chronic inflammation of the foreskin may result in a secondary phimosis caused by scarring

Care of the penis

It is easy. Start early and teach child and other family members what is required for consistent and routine care. Simple, daily genital hygiene is a MUST. Gently, NOT forcefully, "exercise" the prepuce daily with bathing and diaper changes. This helps slowly loosen the skin. Apply antibiotic ointment (Bacitracin, Neosporin) 2-3 times daily to the prepucial skin when irritated.

When potty trained, teach child to gently retract prepuce to pee. This prevents "pooling" of irritating urine under the prepuce.

Dr. Ben O. Donovan, MD
Fellowship-trained Pediatric Urologist

By 3 years of age, 10% of boys will have unretractable foreskin

New Treatment For Prostate Cancer On The Horizon-HIFU

HIFU, which is short for High Intensity Focused Ultrasound, is an acoustic ablation technique that utilizes the power of ultrasound to destroy deep-seated tissue with accuracy for treatment of diseases like prostate cancer. These focused sound waves used in a targeted area can rapidly increase temperature in the focal zone causing tissue destruction. The waves are delivered using real-time images of the prostate to map out and execute a treatment plan and avoid injury to healthy tissues and adjacent structures.

HIFU for treatment of prostate cancer has been utilized in other countries for over a decade now. With improving technology recent studies out of Japan and France have shown promising treatment results, primarily in men with low risk and early stage disease. HIFU has FDA approval in the United States only for investigational use. Applications for FDA approval for treatment use are currently in process. These recently presented studies highlighted the possibility of HIFU being an alternative treatment for men who want to avoid the higher risk of impotence and incontinence associated with radical surgery for removal of the prostate. HIFU may also be a possible alternative to hormone treatment for men with recurrent disease after radiation treatment. The recent data do not indicate that HIFU can deliver superior results, compared to radiation treatment of surgery, but it may give men another viable option for treatment or salvage therapy.

In most cases, HIFU is a 1-4 hour, one-time procedure performed on an outpatient basis under spinal anesthesia. The newer generation of machines, decrease treatment times and appear to have higher success rates and fewer treatment side effects. The most current outcomes data show a side effect profile for HIFU to be similar to image guided radiation therapy (IMRT). Only time will tell how the frequency and severity of these side effects compare. Initial results, with new generation of machines, do indicate an impotence rate lower that most surgical series report.

The technology of HIFU for the treatment of prostate cancer has been fostered for well over a decade now. The international experience with HIFU appears to be increasingly favorable, but it likely will be years before it is accepted as a mainstream treatment in this country.

Dr. Lynn W. Blunt, M.D.

PROSTATE Px®+
THE POWER TO PREDICT

If you have been diagnosed with prostate cancer, you may have seen a test ordered called the Prostate Px. It is a new laboratory test developed by Aureon Biosciences that uses antibodies to stain the prostate biopsy for proteins produced by the cancer cells. The amount of these "aggressive" proteins would mean a worse prognosis due to a more aggressive cancer. VUA uses this technology so that we can offer risk stratification for our patients. For example, using adjuvant hormonal therapy before radiation is given by our radiation oncology partners to optimize treatment success for patients with higher risk prostate cancer.

AUREON®
BIOSCIENCES

FDA Approves Combination Pill for BPH

As a member of the Speakers Bureau for GlaxoSmithKline and an educator for primary care physicians and fellow urologists, I am proud to present *Jalyn* as the *state-of-the art* in the medical treatment of Benign Prostatic Hyperplasia (BPH). A review of BPH prior to discussing Jalyn will prove to be useful in understanding the advantages of this drug over the other medical treatments for BPH.

BPH is a histologic (tissue based) diagnosis that is characterized by the proliferation of the cellular elements of the prostate. It is a progressive disease that affects nearly half of all men aged 50 years and older, and more than 90% of those older than 80 years. Importantly, BPH is distinctly unrelated to prostate cancer, and prostate cancer must be ruled out with a prostate biopsy in patients that have an elevated prostate specific antigen (PSA).

Normally, urine flows from the bladder, through the middle of the prostate, and out the urethra. Due to the effects of the hormones testosterone and dihydrotestosterone (DHT), the prostate normally enlarges with age; however, in certain men, this may restrict the flow of urine from the bladder. Additionally, the prostate can restrict the flow of urine due to an increase in the smooth muscle tone of the gland. This bladder outlet obstruction (BOO) creates an increase in the bladder pressure upon voiding that results in "age-related changes" in bladder function and sensitivity. If BPH results in BOO, patients will eventually develop voiding dysfunction or "lower urinary tract symptoms" (LUTS). Approximately 50% of men diagnosed with BPH demonstrate moderate to severe LUTS. LUTS can be divided into irritative or obstructive voiding symptoms: Irrritative (frequency, urgency, nocturia, dysuria) or Obstructive (Decreased force of stream, feelings of incomplete emptying, hesitancy, intermittency). If BPH is allowed to progress without treatment, patients may develop *complications* such as Urinary Retention with or without Kidney Failure, Bladder Stones, Gross Hematuria (blood in the urine), or Urinary Tract Infections.

The treatment of BPH is very individualized, and it is based on the AUA Symptom Index (a validated score of symptoms that stratifies patients by symptom severity). If the patient has a mild score of 0-7, the patient is generally placed in an "observation protocol", obtaining follow-up visits every 6 months to a year. If the patient has moderate (8-19) to severe (19-35) symptoms, the patient can be offered 3 types of therapies: a) Medical b) Minimally Invasive Treatments (e.g. Microwave Thermotherapy or Transurethral Needle Ablation) c) Surgery (Transurethral Resection of the Prostate using Laser or a Cutting Loop). Surgery is often reserved for patients that do not respond to the medical therapies or develop the complications listed above. Minimally invasive treatment is usually reserved for patients that cannot tolerate surgery or who would like to avoid medical therapy.

Medical therapy for BPH can be divided into two main classes: Alpha blockers (AB) and 5-alpha reductase inhibitors (5-ARI). In simple terms, AB's relax the prostate and 5-ARI's shrink the prostate. AB's have been used to relax the smooth muscle in the prostate by blocking alpha 1a receptors (the predominant receptor in the prostate). Alpha Blockers can be selective and nonselective, implying that some of the drugs have a higher affinity for the alpha 1a receptors in the prostate than the other alpha receptors that can be found in the cardiovascular system. Flomax, Uroxatrol, and Rapaflo are selective to the prostate, causing relatively small changes in blood pressure with less side effects to the patient. Cardura and Hytrin are not selective and can have more significant effects on blood pressure. The AB's work very quickly and are efficacious in only several hours to days.

5ARI's decrease the size of the prostate by inhibiting the conversion of testosterone to DHT in the prostate cell. DHT is the primary cause of benign prostatic tissue growth. There are two types of 5ARI in the prostate, type 1 and type 2. Avodart (dutasteride) inhibits both types and Proscar (finasteride) inhibits only type 2. In order for the 5ARI's to work, the prostate must be greater than 30grams (This can be estimated from a PSA of 1.5 or greater). In other words, if the prostate is small, shrinking it has not been found to improve patient's LUTS. Because it takes time for the prostate to shrink, it takes approximately 3-6 months for patients to see improvement in their LUTS. Furthermore, (continued on next page)

Dr. Shawn D. Blick, M.D.
President and Founder

The treatment of BPH is very individualized, and it is based on the AUA Symptom Index

FDA Approves Combination Pill for BPH (continued)

Continued from previous page

the PSA will decrease by approximately 50% after 6 months of therapy, requiring your doctor to multiply the PSA by 2 in order to properly screen for prostate cancer.

The 5ARI's as a class are unique in that they change the natural history of BPH. Based on several landmark studies (PLESS, MTOPS, and recently CombAT), it has been shown that 5ARI's decrease the risk for urinary retention and the risk for requiring surgical intervention. AB's do not produce these clinical endpoints and are only useful for symptom relief. Furthermore, it has been shown that the combination of AB's and 5ARI's are superior to any single agent alone with regards to durable symptom improvement, risk of urinary retention, and the risk for surgical intervention. Finally, two clinical trials (The Prostate Cancer Prevention Trial and The Reduce Trial) have shown 5ARI's to reduce the risk of prostate cancer by approximately 25%. In November of 2010, the FDA will review the literature on the 5ARI's and consider approving them for the chemoprevention of prostate cancer.

The Prostate Cancer Prevention Trial and The Reduce Trial) have shown 5ARI's to reduce the risk of prostate cancer by approximately 25%

Despite information from landmark studies, insurance companies have failed to recognize the long term benefits of 5ARI's in combination with AB's. For years, insurance companies have told physicians that they must demonstrate failure with alpha blockers before they will approve the reimbursement for a 5ARI. Moreover, obtaining approval for both a 5ARI and an AB (combined therapy) was even more difficult. Now, in June of 2010, the FDA has approved *Jalyn*, a single-capsule formulation of 0.5mg Avodart (dutasteride) and 0.4mg Flomax (tamsulosin). The ability to provide the state of the art medical treatment for the enlarged prostate (>30grams, PSA >1.5) has been simplified into one pill.

The FDA approval of Jalyn was based on 2 year data form the Combination of Avodart and Tamsulosin (CombAT) 4 year study. The study included 4884 men aged 50 years and older with PSA levels from 1.5 to 10, flow rates from 5 to 15cc/sec, and AUA symptom Index > 12. The primary results showed that daily use of *Jalyn* yielded significantly greater relief of symptoms compared with either Avodart or Flomax alone. The difference was observed by month 9 and continued through month 24 (See Figure below).

The adverse events reported in the study were consistent with the known safety profiles of Avodart and Flomax. The most common adverse events were impotence (7.4%), decreased libido (5.6%), breast disorders (2.7%), ejaculation disorders (9.4%), and dizziness (1.6%). Study withdrawal due to adverse reactions occurred in 5% of subjects receiving combination therapy (Avodart + Flomax) and 3% of subjects receiving Avodart or Flomax as monotherapy.

The recommended dose of *Jalyn* is a single capsule taken approximately 30 minutes after the same meal each day. *Jalyn* should not be used with strong inhibitors of CYP 3A4 such as ketaconozole or with other AB's. Caution is recommended with patients using moderate inhibitors of CYP3A4, strong or moderate inhibitors of CYP2D6, PDE5 inhibitors (Viagra, Levitra, Cialis), Cimetidine, or Warfarin. Caution should also be exercised with CYP26 poor metabolizers.

Because *Jalyn* will decrease total PSA by 50% after 6 months of therapy, any "significant" PSA increase after 6 months of therapy should be evaluated for prostate cancer. After 6 months of therapy, the PSA should be multiplied by 2 in order to ascertain the true PSA

level for prostate cancer screening.

As with other AB's, Flomax (and *Jalyn*) may cause postural hypotension (blood pressure changes with standing up), dizziness, and vertigo (spinning sensation). Patients should be cautioned to avoid situations in which syncope (fainting) could result in injury.

Patients should be advised that AB's (including Flomax and/or *Jalyn*) have been associated with priapism (painful erection that will not disappear) which could cause permanent impotence if not treated properly. There have also been reports of "Intraoperative Floppy Iris Syndrome" in patients undergoing cataract surgery. Previous or current use of *Jalyn* or of any AB should be brought to the attention of the Ophthalmologist performing the cataract surgery. It should be noted that these complications are rare.

Jalyn capsules should not be handled by women who are (or may become) pregnant. Avodart is absorbed through the skin and could result in unintended fetal exposure, potentially inhibiting the normal development of the male genitalia. Furthermore, in order to protect pregnant women from transfusion-related exposure, men receiving Avodart or *Jalyn* should not donate blood until 6 months after termination of therapy.

In summary, *Jalyn* is indicated for the treatment of symptomatic BPH (moderate to severe symptoms) in men with an enlarged prostate (>30 grams or PSA >1.5). It has been shown to change the natural history of the disease, making it very similar to taking Lipitor to reduce the risk of heart disease. As a result, *Jalyn* is a long-term commitment for prostate health. The effects of *Jalyn* are superior to any of the individual subcomponents, and it now represents the *state-of-the art* in medical therapy for BPH.

***Jalyn* is indicated for the treatment of symptomatic BPH (moderate to severe symptoms) in men with an enlarged prostate (>30 grams or PSA >1.5).**

Varian RapidArc—Cutting Edge Technology

With our radiation oncology partners, VUA can offer Varian RapidArc IMRT/IGRT for prostate cancer patients. This is a state-of-the art technology that uses Image Guided Radiation Therapy, or a concurrent CT scanner to localize the tumor, while using Intensity Modulated Radiation Therapy to "paint" the tumor. The technology minimizes the collateral destruction of healthy tissue around the tumor which results in much less side effects of the radiation, such as urinary frequency, hemorrhagic cystitis, bowel dysfunction, etc.

In addition, RapidArc is a volumetric arc therapy that delivers a precisely sculpted 3D dose distribution with a single 360-degree rotation of the linear accelerator gantry. RapidArc delivers treatments two to eight times faster than the fastest dynamic treatments today and increases precision by completing the treatment in less than FOUR minutes. Collateral damage to healthy tissue occurs when the radiation beam has to traverse through healthy tissue to destroy tumor. This is minimized by IGRT/IMRT technology. RapidArc improves upon the "guidance" by completing the therapy before the patient starts to move, and essentially, shifting the target. The next time you have to stay still for something, take a stopwatch and measure how long it takes before you have, unintentionally, moved or shifted your body. Another benefit is that your daily treatment fractions are delivered quickly and efficiently, allowing you to get back to your usual daily activities. Why would one want prostate cancer to slow down their livelihood? We totally agree with Mr. Armstrong… LIVE**STRONG**

Summer 2010

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Valley Urologic Associates

State of the Art with Compassion and Sensitivity

Valley Urologic Associates provides excellent service in **ALL AREAS OF UROLOGY**. The members of VUA are all experienced general urologists with different sub-specialties. Uniquely, this allows specific docs to treat specific problems, providing the highest level of urologic care for patients in the Phoenix Metro Area.

POSTMASTER: PLEASE MAIL TO

We are on the Web!
http://www.vuaurology.com

Valley Urologic Involved with Several On-Going Research Trials

PRECISION TRIALS

2008 Awardee
Comerica Bank Arizona Companies to Watch

VUA physicians have been tasked by several industry sponsors in partnership with Precision trials to conduct several trials involving interstitial cystitis, chronic pain, and overactive bladder.

Precision Trials is a physician owned and physician-led network of Practicing Physicians Research Groups (PPRG) who have dedicated themselves to integrating the highest quality of patient care with state-of-the-art Clinical Research to offer a continuum of health services and resources to benefit General Health.

Recruiting subjects from existing Doctor/Patient relationship is a powerful tool. The selection process associated with this continuum enables Precision Trials to launch new trials efficiently and expeditiously. These relationships provide our pharmaceutical and industry sponsors with consistent subject enrollment, comprehensive regulatory oversight, precision and accurate data, and a very high retention rate.

There are several locations throughout the valley. Ask your physician if you qualify as a candidate and your care and time may be reimbursed. VUA commits to bringing the state of the art care to our patients by incorporating the latest, cutting-edge products or pharmaceuticals before they arrive to Market. See our web page for more details or visit htpp//:www.precisiontrials.com