



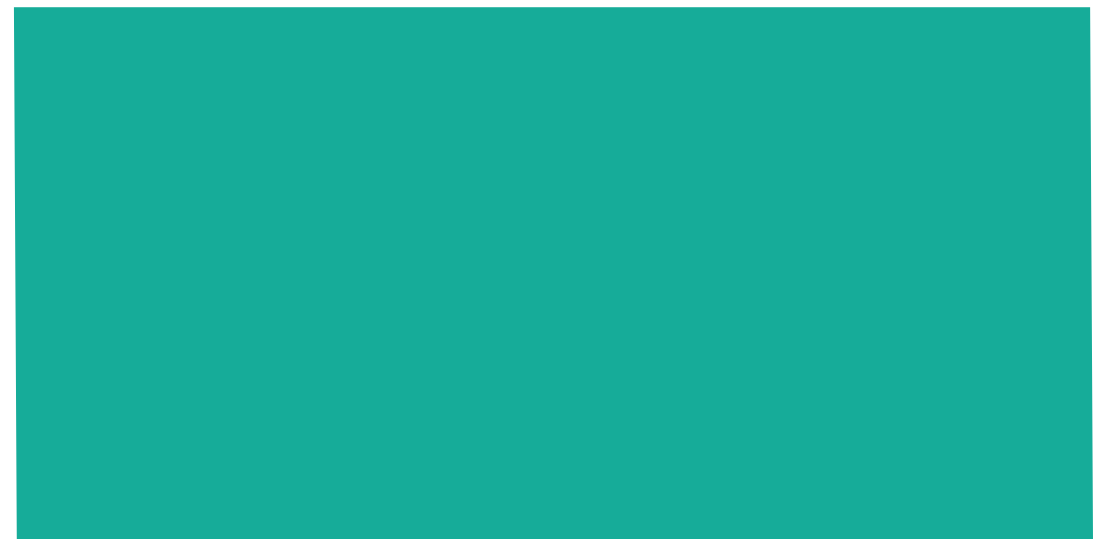
Promising  
Options for Reducing  
Urinary Tract  
Symptoms  
in Complex Patient



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There are a number of options for reducing urinary tract symptoms in complex patients. The key is to find the right combination of treatments for the individual patient. This is a complex task, but it is one that can be managed with the right approach.

Benjamin M. Brucker, MD



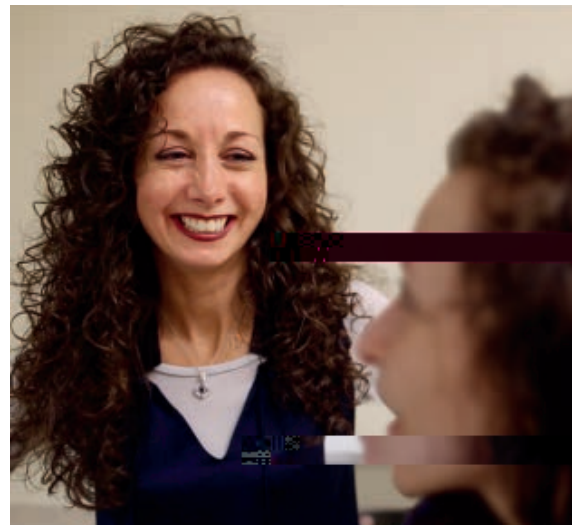


### Dr. Brucker's Research on OAB in Parkinson's Disease

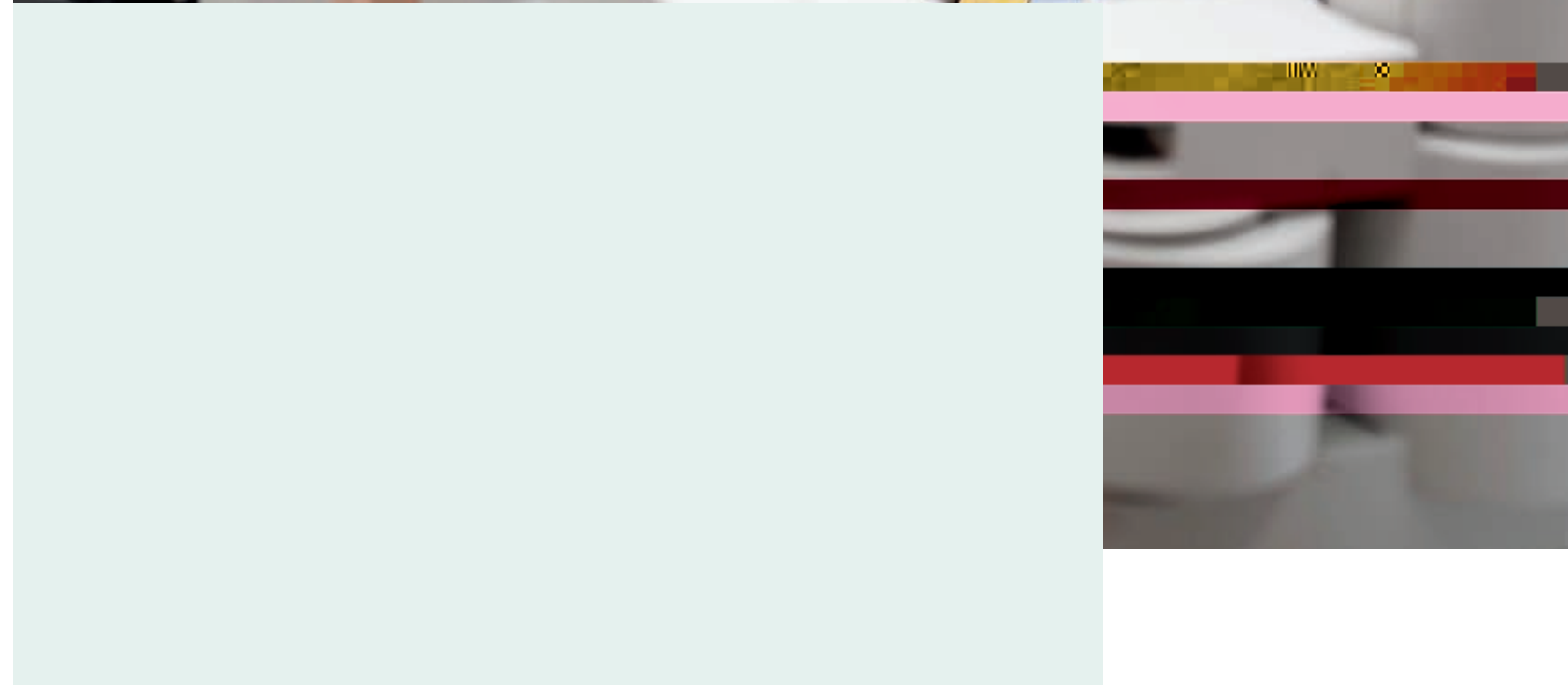
Dr. Brucker also led two retrospective studies investigating alternative treatments for OAB in patients with Parkinson's disease. Patients with overactive bladder often have distressing urinary incontinence. When patients have a neurological basis for their bladder dysfunction, the efficacy of available treatments can be difficult to assess.

To shed light on the efficacy and safety of potential treatments, Dr. Brucker and a team of researchers including Nirit Rosenblum, MD, clinical associate professor of urology and obstetrics and gynecology, and co-director of the Female Pelvic Medicine Fellowship Program, examined two therapies that have been used in OAB patients without Parkinson's disease; one study investigated mirabegron, a novel Beta adrenoceptor agonist approved for OAB in 2012; the other examined onabotulinum toxin A injections (Botox; Allergan). While both treatments have been shown to be safe and effective for OAB, anticholinergic drugs—which increase the risk of cognitive dysfunction and adverse events—remain the standard of care for patients with Parkinson's disease, due to lack of clinical studies.

In the first study, investigators examined records of 50 Parkinson's patients who received daily doses of mirabegron between 2012 and 2017. After six weeks of treatment, 50 percent of patients experienced improvement, and 11 percent reported complete resolution of their OAB symptoms. The therapy was well tolerated, and median time to discontinuation (17 months) was longer than that observed in other OAB patients.



Nirit Rosenblum, MD



Dr. Brucker's research on OAB in Parkinson's disease is supported by funding from the National Institutes of Health (NIH) and the Parkinson's Foundation. The research was published in the Journal of Parkinson's Disease.

It can be challenging to define what constitutes significant or aggressive disease following FA, notes Dr. Lepor. For this study, investigators targeted at least four biopsies in and around the ablation zone and assigned risk based on National Comprehensive Cancer Network guidelines, as follows:

- Intermediate risk: Gleason pattern 4
- Low risk: Gleason 6 with >50 percent core involvement
- Very low risk: Gleason 6 with <50 percent core involvement and fewer than three positive cores.

In the study, eight patients with positive MRI were found to have cancer in the ablation zone. Of these, six were intermediate-, one low-, and one very low-risk. In patients with negative MRI findings, intermediate-risk disease was rarely detected, notes Dr. Lepor.

“The decision to perform biopsy in MRI-negative patients should be guided by whether finding low-risk disease would influence management,” he concludes.

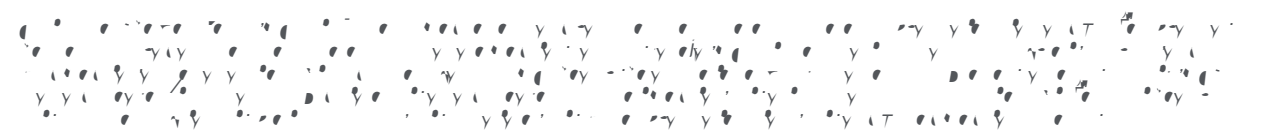
#### CONCLUSIONS YIELD NEW QUESTIONS

While more research is needed, it's clear that ongoing monitoring and testing are essential following FA, says Dr. Lepor.

“Our study provides compelling evidence that many men with a negative biopsy at six months may develop in-field recurrences at two years,” he says. “A positive MRI scan should prompt a biopsy, preferably one that is MRI-guided to the ablation zone.”

The recent follow-up study also highlights the need to refine how FA is performed and how men should be followed, notes Samir S. Taneja, MD, the James M. Neissa and Janet Riha Neissa Professor of Urologic Oncology; professor of urology, radiology, and biomedical engineering; director of urologic oncology and vice chair, Department of Urology, and genitourinary oncology program leader, Perlmutter Cancer Center.

“The fact that almost 30 percent of men in our study developed intermediate-risk prostate cancer in the ablation zone within two years is disconcerting,” Dr. Taneja says.



# Case Study: Innovative Robotic Approach for Managing Proximal Ureteral Strictures

Urologists at NYU Langone lead the field with expertise  
in the use of robotic assistance during laparoscopic repair



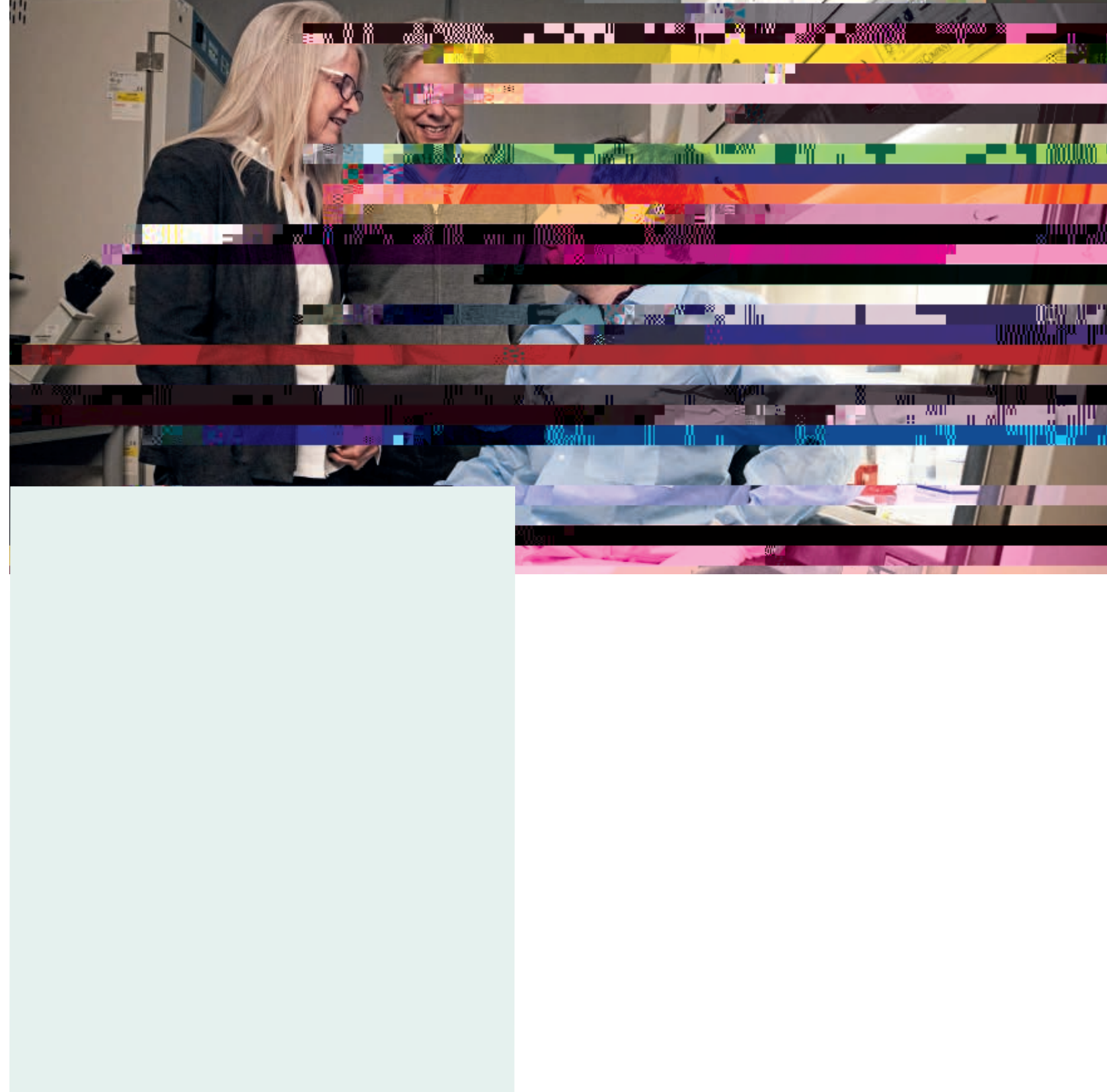


Preoperative anatomic assessment of the stricture includes evaluation of the degree of obstruction, relative renal function, and surrounding vascular anatomy. In this case, antegrade and retrograde pyelograms were performed to delineate the patient's 4 cm proximal stricture (Figure 1).

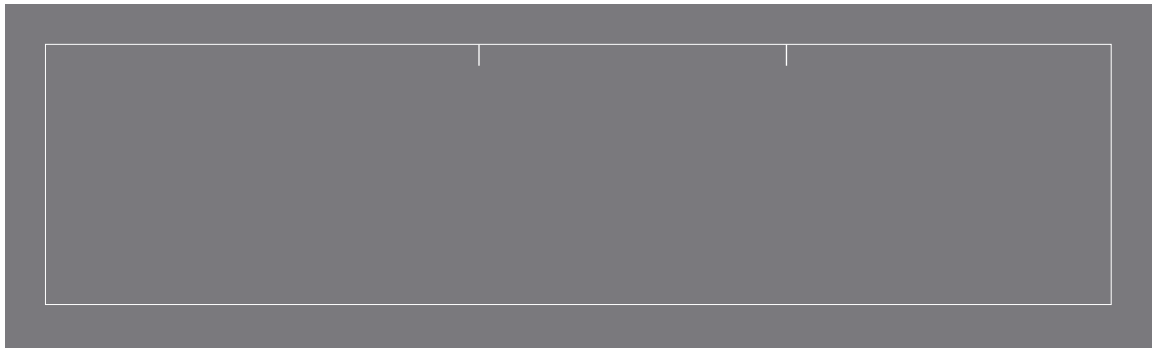
"A stent may obscure the delineation between the normal ureteral segment and the stricture," Dr. Zhao explains, "so we remove the ureteral stent before reconstruction, to allow the stricture to mature. If the patient is dependent upon a ureteral stent, we place a nephrostomy tube before stent removal."



After transport to the OR, the patient was placed in the flank position with the ureter exposed. Four robotic trocars were placed. Intraoperative ureteroscopy with FireFly® fluorescence imaging was performed to identify the location of the stricture (Figure 2). An incision was performed on the anterior surface of the narrowed segment of the ureter until a 4 cm opening was achieved (Figure 3).









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550 First Avenue, New York, NY 10016  
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