During the month of September, Prostate Cancer Awareness Month, we at Emory Department of Urology are pleased to report new developments in providing complete treatment options for prostate cancer. We also note exciting advances in other areas of expertise.

**PROSTATE CANCER**

- Dr. Peter Nieh continues to refine several critical but lesser-known therapies and to conduct relevant research (see feature article).
- Drs. John Pattaras and Kenneth Ogan are fully developing the department’s robotic prostatectomy program. Several department associates offer the treatment options.
- Dr. Peter Rossi provides new radiotherapy techniques, and Dr. Omer Kucuk has initiated new medical treatments for prostate and other forms of genitourinary cancer.

**ROBOTIC AND LAPAROSCOPIC SURGERY**

- Dr. Nedra Hood is developing robotic surgery for female pelvic floor reconstruction.
- Drs. John Pattaras and Kenneth Ogan performed over 60 robotic prostatectomies, robotic partial nephrectomies, and ureteral reconstructions.

**Founder and Director, Tumor Board Conference of Emory School of Medicine**

Monthly tumor board meetings bring together cancer professionals from all disciplines.

- “There are rapid changes happening in each specialty,” Dr. Nieh says. “At these meetings, oncologists share recent research as well as present patient cases. Everyone agrees it’s a free exchange of ideas. The more interaction we have, the more our patient care can advance.”

**Dr. Peter Nieh: Versatile Leadership**

Summarizing the clinical contributions of Dr. Peter Nieh is not easy. In part that’s due to one of his outstanding traits: versatility. What follows is only a glimpse into the range of work accomplished under Dr. Nieh’s leadership at Emory Urology.

Dr. Peter Nieh acts as advisor in many of the complex decisions about treatment options for cancer patients. He has expertise in several less known but critical therapies.

- **Prostate Cancer Treatment**
  - Cryotherapy involves destroying the tumor in the prostate by freezing it. Available for several decades, this technique has evolved more than any other therapy, according to Dr. Nieh, with advantages that are not well-known.
  - The outpatient procedure shows results within three to four weeks. Unlike radiation therapy, it can be repeated if all the cancer is not removed. Studies have shown positive outcomes similar to those of radiation therapy.
  - Perineal surgery translates as surgery that enters from below the pelvis as opposed to above. The most common surgeries, including robotic, enter from above the pelvis.
  - “Perineal surgery is less common today but is still an important complement to robotic surgery,” Dr. Nieh says. “It is relatively quick and often the patient can return home the next day. It’s a critical option for patients with particular anatomical issues such as excess weight or pelvic scar tissue.”
  - Active surveillance (or “watchful waiting”) means closely monitoring a patient’s condition but withholding treatment until symptoms appear or change.
  - “This has been recommended more frequently in recent years, particularly for older patients or those with early stage cancer,” Dr. Nieh says. “It is the only treatment option with no potential side effects.”
  - **Radiation therapy** uses the Calypso Beacon, which is a probe that is implanted in the prostate to allow accurate localization for precise treatment. This treatment is brand new. “It acts like a GPS beacon that the x-ray machine recognizes and tunes into,” Dr. Nieh explains. “This allows us to fine-tune the movement and focus of the radiation. Emory is one of a few sites in the country offering this.”

**Surgery for Bladder and Kidney Cancer**

As a surgeon for bladder and kidney cancer, Dr. Nieh has particular expertise in the techniques necessary for reconstruction of the urinary tract after bladder removal. These include using the large or small bowel to create urinary reservoirs that eliminate the need for wearing a bag on the skin and reconstruction of the kidney after removal of the tumor mass to preserve remaining kidney tissue.

An example of Dr. Nieh’s recent research is a study of a new technique for detecting recurrent prostate tumors. The new type of PET scan provides images of the metabolic tissue of a prostate tumor. Typically, recurrent tumors are detected using more lengthy procedures that provide much less precision.

This study represents translational research, which refers to clinicians and researchers working effectively together to share key findings and discoveries. The new PET scan makes use of laboratory discoveries by Dr. Mark Goodman and other radiology colleagues.

**Looking Ahead**

“We are continually seeking to improve patient education and counseling,” Dr. Nieh says. “The overall goal is to provide the best possible treatment for each patient within the scope of our resources.”

This approach depends on teamwork, Dr. Nieh notes. “We have a great group to work with; the interaction in and out of surgery is excellent.”

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**Chair’s Message**

**“Our overall goal is to provide the best possible treatment for each patient within the scope of our resources.”**
New Continence Therapy

Since 1992, Emory Urology’s Continence Center has provided excellent therapies and conducted relevant research under the direction of Dr. Niall Galloway. Now, the center is providing a new therapy to address urinary incontinence.

Operations that address incontinence typically have good outcomes. However, for some patients the operation does not do enough or does too much to address leakages. Dr. Galloway has been utilizing a new device, the Adjustable Continence Therapy (ACT) System, which consists of tiny fluid-filled balloons surgically placed in the tissues. The surgery is minimally invasive, and the device has the unique advantage of being easily adjustable afterward in the doctor’s office.

A recent, multi-center study of 162 women who received the new therapy showed significant decrease in symptoms in 84% of patients after one year.

Rural Georgians Raise Funds for Cancer Research

A small cohort of cancer survivors and their supporters in rural southeastern Georgia has made a great impact on cancer care, research, and treatment at Emory Urology. In 2006, a handful of dedicated individuals formed the Evans County Cancer Association for Relief and Support (CARES). Every year since, they have raised more than $100,000 annually for cancer treatment, research, and training. In 2008 and 2009 the group dedicated part of their research funds to Emory Urology.

"Churches, schools, even individual families form teams that compete to raise the most money," explained Ann Price, founding member of CARES. "We have a lot of hardworking, generous people who have all been touched by cancer, either in a family member or friend."

Price, who will turn 70 this fall, survived both breast cancer and thyroid cancer. Several association members or their family members have received treatment through Emory School of Medicine.

The funds donated by the group have benefitted the research of Emory urologist John Petros.

"With this money we have continued to unlock the genes involved in inherited risk to prostate cancer," Petros says. "Specifically, we have discovered that the DNA in the part of the cell called the mitochondrion can increase the risk for prostate cancer."

If new evidence supports this finding, the research would open the way to better prostate cancer screening.

Devoted Donor: Jerry S. Wilson

The quality of health care provided by Emory Urology elicits many expressions of gratitude from patients. Some of them take an extra step by not only saying thank you, but also asking themselves: How can I help ensure that others also can benefit from this essential treatment and research?

Jerry S. Wilson is one of these patients. Successfully treated by Dr. Fray Marshall for prostate cancer eight years ago, he continues to thrive as a senior vice-president at The Coca-Cola Company. He also is a committed donor to Emory Urology.

"Dr. Marshall and the department of Urology are uniquely worthy of any financial donation," Mr. Wilson says. "As chair, Dr. Marshall has built the department into a recognized leader in world-class medical treatment, cutting-edge research, and inspirational teaching."

Regarding his own experience at Emory, Mr. Wilson adds, "I received not only extraordinary treatment, but also great post-op observation and care. Cancer is a lifelong battle—so knowing you can join with Dr. Marshall and his team is very liberating."

If you would like to support Emory Urology, please contact Kristin Boggs at 404.778.5429 or kboggs@emory.edu.