Dr. Jeff Carney: Outstanding Urology at Emory and at Grady

In 2001, Dr. Jeff Carney was a member of the faculty at the University of California in San Francisco. When he was offered a new post as chief of urology at Grady Memorial Hospital as well as clinician and assistant professor at Emory Urology, he welcomed the opportunity. For Carney, it was an opportunity to bring his expertise and his passion to his home state of Georgia.

“I’ve been connected to Grady since 1984, first while putting myself through pharmacy school and later as a pharmacist,” Carney said. “Being chief of urology here is what gets me up in the morning. I’m committed to ensuring that the indigent population at Grady has access to the same state-of-the-art medical care that we provide at Emory.”

As a clinical urologist and surgeon, Carney has expertise in urethral reconstruction, plastic and reconstructive urology, traumatic and reconstructive surgery, and bladder cancer treatment. The increasing need for these specializations is apparent.

“Urethral reconstruction focuses on rebuilding a damaged urinary channel in male patients,” Carney explained. “A blocked urinary channel has a wide range of possible causes; among adults, it may result from an infection due to sexually transmitted disease. In young boys, a bike accident can cause perineal trauma that requires surgery.”

He also treats bladder cancer, which is increasing in prevalence in the U.S.

“We usually think of lung cancer when we think of smoking,” said Carney, “but bladder cancer is also highly correlated to smoking. If a case is presented at an advanced stage, it commonly requires removal of the bladder and reconstruction of a new bladder made from an intestine.”

Carney emphasized that Emory’s university setting provides a patient with the best quality care, from the staff in intensive care to the residents and nurses.

“The 11th floor [of Emory Hospital, where patients typically recover from urology surgery] we have the most caring and experienced nursing staff possible,” said Carney.

“I could not do the complex reconstructive surgery I do without their care.”

Emory urology residents have a unique opportunity to train at Grady under Dr. Carney, with the challenges and needs specific to an indigent population. Patients there often come in with a significantly advanced disease, such as advanced cancer, extremely large kidney stones, or rare infectious processes.

With Carney’s leadership Grady has added two urology faculty members, Dr. Viraj Master and Dr. Hark Chang. A critical area of research concerns prostate cancer screening.

“The American Cancer Society does not currently recommend routine screening for prostate cancer. At Grady, we are presently investigating how that is going to affect the indigent, especially African Americans [who have higher risk for prostate cancer]. We are concerned that under-insured and minority populations may bear a disproportionate burden of disease if prostate cancer screening does not occur,” Carney explained.
The Reality of PSA Testing  

by Dr. Fray Marshall

The PSA (Prostatic Specific Antigen) blood test is frequently used to help diagnose prostate cancer, the most common cancer in American males. But how do Emory urologists use this test in order to diagnose and treat cancer in the most optimal way? There has been increasing controversy surrounding the use of the PSA as a screening test. It has been stated that the PSA may prompt unnecessary biopsies; patients may be diagnosed with small amounts of prostate cancer and subsequently subjected to treatment that produces major complications and unnecessary costs.

The reality is the PSA test is only a very small part of a total evaluation of the patient. Emory urologists apply their training, experience, and insight to assess many factors with the patient before they decide to proceed with a needle biopsy of the prostate or possible treatment options. There are at least ten factors that are considered.

- What is the total PSA value? In general, a total value below 4 is “normal.” On the other hand, a PSA of 4.5 may be a reasonable level in a 75-year-old man, and 2.5 may be an abnormal value in a 40-year-old man.
- What is the “percent-free” PSA? Percent-free PSA is a ratio of free over total PSA, which can help diagnose the relative risk of prostate cancer. A high ratio level above 25% or 30% is infrequently associated with prostate cancer; a value below 10% has a much higher association with prostate cancer.
- What is the PSA density? This is a function of the size of the prostate, another relevant measurement.
- What is the PSA velocity? This is rate of change per year.
- Is there a family history of prostate cancer, or other family risk factors?”
- What is the patient’s age? For example, an 80-year-old patient who has no symptoms and no family history, probably does not need a PSA. On the other hand, a 45-year-old male who has a family history or other risk factors may need a PSA.
- What are co-morbidity factors for the patient? If the patient is sick from many other diseases and may have a more limited life span, no aggressive diagnosis or treatment of prostate cancer should be undertaken.
- Patient compliance. A patient is much more likely to have a favorable outcome if he is able to follow through on the plan developed with the doctor.

It is only after evaluation of all of these features that the urologist, along with the patient, should decide first whether to perform a biopsy, and second whether to treat the cancer.

Emory Urology News is a publication of the Department of Urology of Emory University School of Medicine. If you have a comment or would like to add your name to the distribution list for this publication, contact Kristin Boggs at 404.778.5429 or kboggs@emory.edu.