

Silver Cystoscope is published by the Section of Urology at the University of Michigan to update donors, friends, alumni, Michigan urologists, and academic urology colleagues around the country on current events in Ann Arbor. It is named after the Silver Cystoscope Award presented annually by the chief residents to faculty members for excellence and outstanding contributions in teaching



## Inside

My Millennial Top Ten Advances in Urology . . . 1, 3, 5

Note from the Section Head . . . . . 2

Departing Faculty . . . . . 4

New Faculty Profile . . . . . 4

New Resident Profile . . . . . 5

Visiting Professors . . . . . 6

Grant Funding . . . . . 6

Publications . . . . . 7

Urology Faculty . . . . . 8



# Silver Cystoscope

SECTION OF UROLOGY • UNIVERSITY OF MICHIGAN HEALTH SYSTEM

## My Millennial Top Ten Advances in Urology

Gary J. Faerber, MD, Associate Professor

Our society is preoccupied with competition. From the top 25 college football teams to the top 20 delicatessens in the U.S. (Ann Arbor's Zingerman's Deli is number 3), everyone loves to rank. During one particularly long and arduous drive from my daughter's soccer tournament in Kentucky, I came up

with the idea of generating a list of "Top Ten Advances in Urology." References included scientific journals and texts as well as advice from learned colleagues (usually over beer). This list consists of events, people, and technological advances that have significantly advanced urology during the past 100 years. A disclaimer here is

### "Millennial" Top Ten Advances in Urology

10. Development of antibiotics
9. Laparoscopy
8. Endoscopic urology
7. Sildenafil
6. Anatomic radical prostatectomy
5. Treatment of testicular cancer
4. Reed Nesbit
3. Jack Lapides
2. Prostate specific antigen (PSA)
1. Extracorporeal shock wave lithotripsy (ESWL)

that even the self-proclaimed "experts" are not always correct. For instance, in 1997 the Associate Press had the Michigan football team ranked 14th at the beginning of the year, but instead they went undefeated and won the National Championship! So here I go.

**#10. Development of antibiotics.** Urinary tract infections (UTI) were a common cause of morbidity and mortality in the early part of this century. Up until 1950, the most common indication for urological surgery was lithiasis and infection.

Although surgical intervention for lithiasis is as common today as it was 50 years ago, surgery for infection is now rare. While the incidence of UTI has not changed much over the past 50 years, the development of antibiotics has dramatically reduced the morbidity and mortality due to UTI. A no-brainer.

**#9. Laparoscopy.** Kelling described this method almost 100 years ago and called it celioscopy, with which he inspected the canine abdomen using a scope while insufflating it with air. Almost 60 years later, Cortesi performed peritoneoscopy to locate nonpalpable testes. This was the first application of this modality, now referred to as laparoscopy, in the treatment of urological disease. Ralph Clayman described the first use of laparoscopy to remove a kidney, hence ushering in the modern era of therapeutic laparoscopy. Since then, over 50 different urological procedures have been described using laparoscopy. Will laparoscopy someday replace traditional open surgery? Regardless of the answer, the ever-widening field of laparoscopic surgery deserves a place in the list of Top Ten Advances in Urology.

**#8. Endoscopic urology.** The Greek term endon (meaning within) is the source for the term endourology. It is the operative manipulation of genitourinary structures within the body without incision. Nitze invented the first lighted cystoscope in 1877, and since this humble beginning, incredible technological strides have been made including miniaturization, flexible endoscopy, and video capabilities. Whereas laparoscopy is associated with a steep learning curve, endoscopy, with these newer instruments, is technically easier and ultimately safer for patients. My gratitude goes out to the inventors and manufacturers of all endoscopic equipments. You are tops with me.

**#7. Sildenafil.** How many products you know are the subject of late-night talk shows, water-cooler jokes, and the endorsement by a presidential candidate? This "pfunny" pill manufactured by a company with a "pfunny" name can restore

## Note from the Section Head

### BALANCE

At a time when there is a growing concern about the health of academic medical centers, it is reassuring that many academic urology programs are weathering the storm. For most, economic survival continues to come in the form of an increased workload. Evidence of the increased demand for service is found in the extraordinary number of job opportunities currently available in the State of Michigan and elsewhere for our graduating residents. The manpower concerns of several years ago have disappeared; now the worry may well be that there are too few urologists to meet the demand. Like everywhere else, we're becoming busier each year. This is a good problem, but nonetheless our support systems are stressed to their limits, resulting in unfortunate delays in patient access and service. Although academic centers historically are not known for efficiency of service delivery, improving the quality of patient services remains a top priority for U of M Urology in the next year.

The workload on our residents is expanding to the point that we are now concerned about a potential negative impact on their learning experience. We must ensure that "service" demands on residents do not interfere with educational demands. The addition of a rotation at the St. Joseph Community Hospital for greater TURP (transurethral resection of the prostate) experience strengthens our program and allows us to provide our residents with a superb surgical and outpatient experience. In Residency Review Committee lingo, the "variety and volume of surgical cases are sufficient" and in our opinion well balanced at the University of Michigan. The year of protected research time in the middle of our residency program also provides an excellent opportunity for residents to catch their breath and focus on educational issues. I am convinced that this year of research enhances the academic atmosphere of the entire Section in a special way. In September at the Biennial Nesbit Society Meeting, the residents who had just completed their research year (Brian Seifman, Stephanie Kielb, and Michael Rashid) gave outstanding presentations, summarizing their research data and experience. The breadth of their work covered advances in endoscopic urology (laser ablation of renal papilla to reduce stone recurrence) as well as the state-of-the-art molecular biology (enhancing sensitivity to chemotherapeutic agents via genetic recombination and characterization of cell survival mechanism). Regardless of their career outcome in the future, this research experience will enable them to critically evaluate published research data and thereby ultimately make them better urologists.

Without question, maintaining a healthy balance between patient service and resident/medical student education will be an ongoing challenge for academic urology programs. To remain fiscally viable, the volume of care must be kept at an unprecedented high level. However, the more work there is for faculty and residents, the less time for teaching and learning. The overall academic environment will remain positive only if we articulate and support our educational mission. At Michigan, we are walking this tightrope rather well.



A handwritten signature in black ink that reads "Jim Montie".

James E. Montie  
Head, Section of Urology  
Valassis Professor of Urologic Oncology

### Training Future Leaders in Clinical Research

The Section of Urology at the University of Michigan was recently awarded a Training Grant in Clinical Urology Research by the NIDDK. This Clinical Research Training Program is designed to prepare urologists for an independent career in clinical research. Jointly supported by the Section of Urology, Division of Hematology & Oncology, and the Department of Epidemiology & Biostatistics, this program offers two years of post-residency training to allow young physicians to acquire the skills necessary to conduct high quality clinical research. During the first year, the fellow will be exposed to formal training in biostatistics, epidemiology, and clinical study design, and during the second year, he/she will have an opportunity to apply these skills in a mentored setting. The available subspecialty areas of research include Urologic Oncology, Female and Neuro-Urology, Endourology, Sexual Dysfunction, and Infertility. The trainee will complete the requirements from the School of Public Health to obtain a MPH degree. For information and application, contact Dr. James E. Montie (Program Director).

## My Millennial Top Ten Advances in Urology (Cont. from page 1)

erections to an impotent man, and it most assuredly deserves a spot in the Top Ten List. Sildenafil ("Viagra") has revolutionized the treatment of erectile dysfunction, replacing all the traditional remedies (such as rhinoceros horn). Over 260,000 physicians have written over 6,000,000 prescriptions for sildenafil since its approval by the FDA. Its dramatic success has spurred unprecedented public interest in erectile dysfunction and has thereby led to more research funding for the treatment of sexual dysfunction.



Reed Nesbit, MD

**#6. Anatomic radical prostatectomy.** Prostate cancer is now the most common form of malignancy in men. Despite the fact it is detected commonly in older men, almost 75% will die from it if left untreated. Although prostatectomy was considered the treatment of choice, this approach was viewed unfavorably by many due to high rates of complication (i.e., impotence and incontinence). In 1982, Patrick Walsh described the anatomy of the dorsal venous complex and neurovascular bundles, culminating in the development of anatomic nerve-sparing radical retropubic prostatectomy. Intraoperative blood loss dropped to acceptable levels. Risk of incontinence is now <10 %, and potency rates range from 50-90 %. It is now the most common operation performed for the treatment of prostate cancer and has supplanted transurethral resection of the prostate as the most common form of prostate surgery.

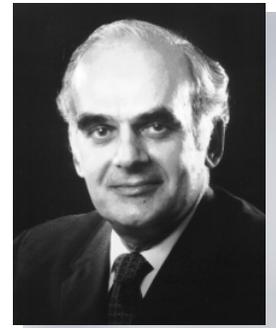
**#5. Treatment of testicular cancer.** If I had to have one solid tumor during my lifetime, this cancer would be the one I would wish for. Testicular cancer is now associated with an overall cure rate of >90%. This incredible success is partly due to the unique biology of testicular germ cell cancer, but it is also a direct result of the great advances in the diagnosis and surgical, medical, and radiation treatment of this cancer. The modern treatment of testicular cancer deserves to be in my Top Ten List. Without question, Lance Armstrong and Scott Hamilton would heartily agree.

**#4. Reed Nesbit.** He was born in Concord, California in 1898 and went to Stanford University where he received his medical degree in 1924. In 1925, he moved east to the University of Michigan Hospital in Ann Arbor to start his career in Urology. In just four years, he became the Head of the Section of Urology and remained there for 38 years. He authored over 160 scientific articles on a wide range of topics. He was most famous for describing his technique of transurethral resection of the prostate. He also described a simple method of penile straightening still referred to by his name. His true legacy, however, is based on the incredible accomplishments of the residents and faculty whom he mentored. He has trained more residents who subsequently went on to become departmental heads at leading academic centers

than any other. His residents have served as leaders and presidents of such societies as The American College of Surgeons and The American Urological Association. He was the consummate academic urologist.

**#3. Jack Lapides.** Unlike Reed Nesbit, who was an imposing figure, he was a man of small stature. But like Nesbit, he profoundly changed the field of urology. He challenged urological dogma and despite severe ridicule, his convictions eventually won over his fellow urologists and revolutionized the management of the lower urinary tract dysfunction. He employed a simple (yet elegant in concept) technique of clean intermittent catheterization (CIC), whereby patients with neurogenic bladders were rendered completely continent and infection-free. It was this observation that opened the door to safer and cheaper methods of managing neurogenic bladders. CIC also unlocked the door to the development of various continent urinary diversion techniques. The field of urology owes a debt of gratitude to Jack Lapides.

**#2. Prostate Specific Antigen (PSA).** This compound was first discovered in 1978 and was dubbed "p30" because it had a molecular weight of 31,000 dalton. In 1979, Wang isolated it and renamed it prostate specific antigen (PSA) because only one cell type, the epithelial cells of the prostate, produced this protein. Since 1979, there have been over 6,500 published articles regarding this compound. Elevations in PSA can be an indication of prostate infection, inflammation, benign enlargement, but certainly its greatest "use" has been for the detection of prostate cancer. There is no argument that PSA measurement is the single best way to monitor cancer recurrence following radical prostatectomy. To further improve PSA as a means of detecting prostate cancer, investigators have looked at measuring PSA density, PSA velocity, free/total PSA and age-specific PSA. It seems all my male patients know three numbers when it comes to their health status: blood pressure, cholesterol level, and PSA. Given the fact that prostate cancer is the single most common cancer in men, anything that improves our ability to detect cancer early and improve survival deserves to be ranked in the Top Ten Advances in Urology.



Jack Lapides, MD

**#1. Extracorporeal Shock Wave Lithotripsy (ESWL).** Sometimes the greatest discoveries are made through serendipitous settings. Such can be said for what I would consider the greatest advance in the field of Urology. Its germination began during an innocent cocktail party between a few urologists and engineers in 1972. One of the guests was an aeronautical engineer, who was commenting on how supersonic-speed aircrafts would develop pits in the fuselage due to shock waves. One of those listening (either a urologist or his spouse) wondered out loud whether shock waves might be able break

## Departing Faculty

**Harry P. Koo, MD**  
*Assistant Professor*

Dr. Koo came to the University of Michigan in 1995 following his pediatric urology fellowship at Children's Hospital of Philadelphia. During his time in Ann Arbor as an Assistant Professor, he was honored with the Silver Cystoscope Award for Excellence in Teaching in 1998. He enabled the expansion of the pediatric urology service by taking on clinical appointments in both Livonia and Oakwood while still managing a full time practice in Ann Arbor. Dr. and Mrs. Koo and their two children will move east where he has accepted a position as the Chief of Pediatric Urology at the Medical College of Virginia in Richmond.



**Harry P. Koo, MD**

## New Faculty Profile

**Cheryl T. Lee, MD**  
*Assistant Professor*

Dr. Lee completed her residency in urology at the University of Michigan in 1997. She then went on to a fellowship in urologic oncology at the Memorial Sloan Kettering Cancer Center in New York and has rejoined the University of Michigan Section of Urology as an Assistant Professor. In addition to her clinical practice, Dr. Lee will also direct the clinical bladder cancer research effort. Upcoming clinical trials will explore dendritic cell vaccine therapy in bladder cancer patients. She is a recipient of many honors and awards including the National Research Service Award presented by the National Cancer Institute.



**Cheryl T. Lee, MD**

## New Fellows Profile

**David B. Glazier, MD**

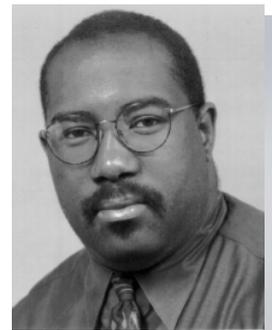
Dr. Glazier completed his urology residency at Robert Wood Johnson Medical School in New Brunswick, New Jersey this past year. He is currently working closely with Dr. Edward J. McGuire as a fellow in female urology and neurourology. Of his many honors and awards, Dr. Glazier received the Pfizer Scholar Award as a chief resident and also claimed First Prize in the New Jersey Section of the American College of Surgeons Surgical Manuscript Contest for the past two years with his focus on renal transplantation.



**David B. Glazier, MD**

**Willie Underwood, III, MS, MD**

Dr. Underwood joins us as a Robert Wood Johnson Clinical Scholar who will be working closely with Dr. John Wei in clinical research at the VA Medical Center in Ann Arbor. He completed his urology residency training at the University of Connecticut Health Center where he received the Minority Achievement Award for Excellence. He is currently an AUA urology representative as well as Chief for the Resident/Fellow Section of the American Medical Association. Dr. Underwood is interested in the decision making process for the treatment of localized prostate cancer and its racial variations.



**Willie Underwood, III, MS, MD**

## New Residents

### Bert T. Chen, MD

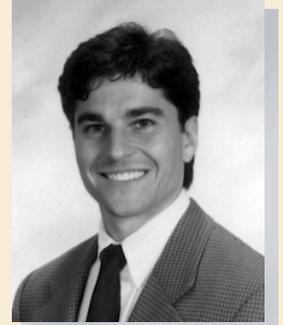
Dr. Chen received his MD degree from the Medical College of Georgia and earned his Bachelor of Science degree in Biology from Yale University. While in medical school, he received the Lange Medical Publications Student Award presented for academic achievement and excellence. He graduated as a member of the Alpha Omega Alpha Medical Society.



*Bert T. Chen, MD*

### David A. Taub, MD

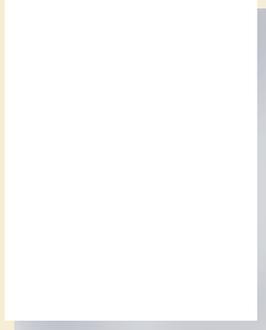
Dr. Taub received his MD degree from Wayne State University School of Medicine and earned his Bachelor of Science degree in biopsychology from the University of Michigan with Class Honors. He graduated as a member of the Alpha Omega Alpha Medical Society.



*David A. Taub, MD*

### Craig J. Kozler, MD

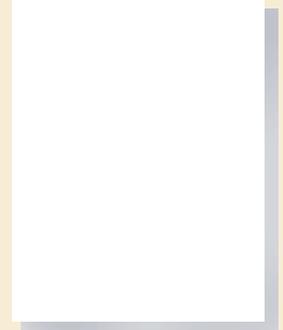
Dr. Kozler received his MD degree from Michigan State University and earned his Master of Science degree from Indiana State University in Marriage and Family Therapy. He has been the recipient of many honors and awards including the Golden Apple Award for resident teaching excellence from the University of Louisville where he did his surgical internship. He was an active member of medical student leadership where he served as a student representative for the Alumni Board of Directors and the American Association of Medical Colleges.



*Craig J. Kozler, MD*

### Brian M. Yoder, MD

Dr. Yoder received his MD degree from the University of Michigan Medical School and earned his Bachelor of Science degree in Industrial and Systems Engineering from Ohio University where he graduated Cum Laude. Prior to medical school, he was a project and industrial engineer for EDS Inc./AT Kearney Management Consulting.



*Brian M. Yoder, MD*

## My Millennial Top Ten Advances in Urology (cont. from page 3)

up kidney stones. This spawned a partnership between the engineers at Dornier and the urologists at Munich University. In 1980, the first human prototype lithotripter (dubbed the HM-1) was successfully tested, and in 1984 the first commercial lithotripter was marketed. Almost overnight, the surgical management of stone disease changed radically and permanently. The extracorporeal shock wave lithotripsy, commonly referred to as ESWL, has replaced one of the most commonly performed surgeries - open stone extraction. It is the penultimate in minimally invasive surgery. For that reason, ESWL is tops on my list.

So, there you have it. Without question, these persons, inventions, and techniques have dramatically changed the field of urology. You may criticize me for some key omissions, but as I stated earlier, "experts" aren't always right. I encourage you to feel free and create your own.



From left to right: Douglas A. Canning, MD; William G. Reiner, MD; Steven J. Skoog, MD; Anthony J. Casale, MD.

## Visiting Professors

In June, Sections of Urology and Pediatric Surgery invited Dr. W. Hardy Hendren, Robert E. Gross Professor of Pediatric Surgery and the Emeritus Chief of Surgery Department at the Harvard Children's Hospital. He gave a memorable lecture entitled, "Management of cloacal malformations: experience with 200 cases."

In July, the 4th Annual Pediatric Urology Duckett Lectureship was held. This year's event featured key note speaker, Dr. Steve Skoog, Chief of Pediatric Urology at the Oregon Health Science Center, who presented the lecture entitled, "Intersex dilemma: is there a shift in paradigm?" Other speakers included, Dr. Douglas Canning, Chief of Pediatric Urology at the Children's Hospital of Philadelphia, Dr. Anthony Casale,

Dr. Hendren-not mailed to me

W. Hardy Hendren, MD

Associate Professor of Pediatric Urology at the Indiana University School of Medicine, and Dr. William Reiner, Associate Professor of Child and Adolescent Psychiatry at the Johns Hopkins Hospital. The lectures provided a provocative forum to re-examine the current status of gender identity in intersex patients.

Dr. Friedhelm Schreiter from Hamburg, Germany visited Ann Arbor in October and updated us on his vast experience in using the artificial urinary sphincter. In addition to his lecture, "Trials and tribulations of Artificial Urinary Sphincter," he graciously performed two sphincter placement procedures.



Friedhelm Schreiter, MD

## Biennial Nesbit Society Meeting

In September, the Biennial Nesbit Society Meeting was held at the Michigan League. This year's event was kicked off with the "Great Prostate Debate" at the Henry Ford Museum, followed by an all-day scientific session the next day. This event confirmed the depth and breadth of the far reaching impact that Michigan urology has provided over the years. The lectures covered a wide spectrum of topics including state-of-the-art advances in continence physiology, cancer biology, laparoscopic surgery, and historical journeys as well as Third World urology in volunteer services. After a wonderful evening of dinner and cocktails, the event was capped with a rousing victory by the Wolverines football team over the Rice Owls. Go Blue!

## New Grant Funding

### *Hormone Regulated Involution Signaled Through E-cadherin*

Sponsor: NIH-NIDDK  
Principal Investigator: Mark L. Day, PhD  
Project Period: 2000-2004  
Direct Annual Costs: \$150,000.00

### *Modulating Tolerance for Prostate Cancer Antigen Vaccines*

Sponsor: NIH  
Principal Investigator: Martin G. Sanda, MD  
Project Period: 2000-2004  
Direct Annual Costs: \$232,356.00

### *Training in Clinical Investigation in Urology*

Sponsor: NIH-NIDDK  
Program Director: James E. Montie, MD  
Project Period: 2000-2005  
Direct Annual Costs: \$73,762.00

### *Validation of cDNA Microarray-Derived Data*

Sponsor: University of Michigan Program in Bioinformatics Pilot Research Grant  
Principal Investigator: Jill A. Macoska, PhD  
Project Period: 2000-2001  
Direct Annual Costs: \$75,000.00

### *Development and Validation of a Standardized Incontinence Symptom Index*

Sponsor: University of Michigan Department of Surgery Research Grant  
Principal Investigator: John T. Wei, MD  
Project Period: 2000-2001  
Direct Annual Costs: \$23,924.00

## Publications

During the past six months, the Section of Urology faculty and residents have been very productive in terms of research and publications. Some of the noteworthy ones are:

**Bloom DA, Wan J, Koo HP.** Barometers and bladders: a primer on pressures. *Journal of Urology*. 163(3):697-704, 2000.

**Lange EM, Chen H, Brierley K, Perrone EE, Bock CH, Gillanders E, Ray ME, Cooney KA.** Linkage analysis of 153 prostate cancer families over a 30-cM region containing the putative susceptibility locus HPCX. *Clinical Cancer Research*. 5(12):4013-20, 1999.

**Vallorosi CJ, Day KC, Zhao X, Rashid MG, Rubin MA, Johnson KR, Wheelock MJ, Day ML.** Truncation of the beta-catenin binding domain of E-cadherin precedes epithelial apoptosis during prostate and mammary involution. *Journal of Biological Chemistry*. 275(5):3328-34, 2000.

**Macoska JA, Beheshti B, Rhim JS, Hukku B, Lehr J, Pienta KJ, Squire JA.** Genetic characterization of immortalized human prostate epithelial cell cultures. Evidence for structural rearrangements of chromosome 8 and i(8q) chromosome formation in primary tumor-derived cells. *Cancer Genetics & Cytogenetics*. 120(1):50-7, 2000.

**Marcovich R, Wojno KJ, Wei JT, Rubin MA, Montie JE, Sanda MG.** Bladder neck-sparing modification of radical prostatectomy adversely affects surgical margins in pathologic T3a prostate cancer. *Urology*. 55(6):904-8, 2000.

**Montie JE, Wei JT.** Artificial neural networks for prostate carcinoma risk assessment: An overview. *Cancer*. 88(12):2655-60, 2000.

**Ohl DA, Menge AC, Jarow JP.** Seminal vesicle aspiration in spinal cord injured men: insight into poor sperm quality. *Journal of Urology*. 162(6):2048-51, 1999.

**Wolf JS Jr., Marcovich R, Merion RM, Konnak JW.** Prospective, case matched comparison of hand assisted laparoscopic and open surgical live donor nephrectomy. *Journal of Urology*. 163(6):1650-3, 2000.

**Wolf JS Jr., Seifman BD, Montie JE.** Nephron sparing surgery for suspected malignancy: open surgery compared to laparoscopy with selective use of hand assistance. *Journal of Urology*. 163(6):1659-64, 2000.

## Honors & Awards

**Dr. James Montie** was elected as a member of the Board of Directors for the American Cancer Society. He was also elected a member of the American Association of Genitourinary Surgeons.

**Dr. Quentin Clemens**, who served as a female urology fellow between 1999-2000, was named the 2000 Pfizer Scholar in Urology for the University of Michigan.

**Dr. Jill Macoska** was elected to the Executive Committee of the Society for Basic Urologic Research (SBUR).

**Dr. John Wei** was awarded the Second Place for 1999 UROLOGY® Writing Competition for Residents and Fellows.



Quentin Clemens, MD

**Dr. Christopher Vallorosi**, a chief resident, was awarded the Young Investigator Award by the American Association of Cancer Research.

During the recent Michigan Urologic Society Resident Research Essay Contest, our residents fared very well:

Dr. Slade Spencer	First Clinical Prize
Dr. Brian Seifman	Second Clinical Prize
Dr. Robert Marcovich	Second Basic Research Prize
Dr. Stephanie Kielb	Honorable Mention, Clinical Research

## Urology Faculty

### **Clinical Faculty**

**James E. Montie, MD**  
Professor (Head)  
Specialty: Urologic Oncology

**David A. Bloom, MD**  
Professor  
Specialty: Pediatric Urology

**Joseph C. Cerny, MD**  
Professor  
Specialty: General Urology

**Gary J. Faerber, MD**  
Associate Professor  
Specialty: Endourology,  
Female Urology

**Cheryl T. Lee, MD**  
Assistant Professor  
Specialty: Urologic Oncology

**Edward J. McGuire, MD**  
Professor  
Specialty: Female Urology,  
Neurourology

**Dana A. Ohl, MD**  
Associate Professor  
Specialty: Infertility,  
Sexual Dysfunction

**John M. Park, MD**  
Assistant Professor  
Specialty: Pediatric Urology

**Martin G. Sanda, MD**  
Associate Professor  
Specialty: Urologic Oncology

**David C. Smith, MD**  
Associate Professor  
Specialty: Medical Oncology

**John T. Wei, MD**  
Assistant Professor  
Specialty: General Urology

**J. Stuart Wolf, MD**  
Associate Professor  
Specialty: Endourology,  
Urologic Laparoscopy

### **Research Faculty**

**Kathleen A. Cooney, MD**  
Associate Professor

**Mark L. Day, PhD**  
Assistant Professor

**Jill A. Macoska, PhD**  
Assistant Professor

**Kenneth T. Pienta, MD**  
Professor

**Mark A. Rubin, MD**  
Assistant Professor

**For comprehensive information** about the University of Michigan Section of Urology faculty, activities and facilities, visit our website at : <http://www.urology.med.umich.edu/index.html>

### **To schedule patient appointment**

734 936 7030

### **Section of Urology fax number**

734 936 9127

**Editors:** John and Helen Park and Mary Borgerson (734-615-3038 or [maryborg@umich.edu](mailto:maryborg@umich.edu))

**Design and production:** Judy Seling, Seling Design

**Executive Officers of the Health System:** Gilbert S. Omenn, M.D., Ph.D., executive vice president for medical affairs; Larry Warren, M.A., executive director, U-M Hospitals and Health Centers; Allen Lichter, M.D., dean, U-M Medical School.

**The Regents of the University:** David A. Brandon, Laurence B. Deitch, Daniel D. Horning, Olivia P. Maynard, Rebecca McGowan, Andrea Fischer Newman, S. Martin Taylor, Katherine E. White, Lee C. Bollinger, president. The University of Michigan is an equal opportunity/affirmative action employer. The University of Michigan Health System is committed to Total Quality. Produced by the Department of Public Relations and Marketing Communications, © 2000.

### **University of Michigan**

#### **Section of Urology**

A. Alfred Taubman Health Care Center  
Room 2325  
1500 East Medical Center Drive  
Ann Arbor, Michigan 48109-0330

Non-Profit Org.  
U.S. Postage  
PAID  
Ann Arbor, MI  
Permit # 144

this is what is leftover from the main article, it won't fit on page 3.