

**Ask the doctor 11-09**

Q: We are getting questions about radiation prostatitis. Who should we ask for answers about that, a urologist or oncologist? Is there a standard treatment?

A: Usually a Urologist would be helpful. Symptoms of urinary frequency and sometimes pain can occur after radiation therapy for prostate cancer. If they occur after external beam therapy, they usually resolve in a few weeks to months after the end of therapy. They can last longer if they occur from transperineal seed implantation. It is important to measure the volume of urine left in the bladder after voiding to make sure there is not urinary retention. . A urine culture should be sent to rule out infection. Medications such as alpha blockers are usually helpful. Medications to shrink the prostate may also be helpful.

Q: I have suffered from prostatitis for ten years. The infection however was never in the form of pus; it was blood in the urine and semen. This condition comes back about every six months. I would like to know why blood and not pus was in my prostate gland. Or is it coming from my bladder? I am sixty eight years old.

A: If there is blood in the urine, you need to have an evaluation including an x-ray of the bladder and kidneys and a look inside the bladder, or cystoscopy. This can tell you if there is a source of the blood from the bladder. It is unusual to have pus coming from the prostate unless there is a severe infection. . There can be blood in the semen from inflammation.

Q: Have you heard of many men getting rid of this complaint (prostatitis) or am I stuck with it forever?

A: The majority of patients that I see eventually get better. It usually gets better over a period of months. Symptoms tend to get better, then flare, get better and flare; as it resolves, the time between flares get progressively longer and the severity of the flares gets less severe.

Q: Why would anything wrong with my prostate make a burning and itching feeling at the head of my penis?

A: Our current understanding of what we call "prostatitis" is that of pain in the pelvic region which may or may not involve the prostate. Pain at the tip of the penis may indicate spasm of the pelvic floor or bladder. It may also indicate neuropathy, or problems with the nerves which we commonly see.

Answers by DR. Mike Pontari. Submit questions to Prostatitis Foundation and not Dr. Pontari.

Urologic Diseases Dictionary Index

This dictionary defines words that are often used when people talk or write about urologic diseases. It is designed for people who have urologic diseases and their families and friends.

The words are listed in alphabetical order. Some words have many meanings; only those meanings that relate to urologic diseases are included. Words that appear in bold italic are defined elsewhere in the dictionary. A term will refer the reader to another definition only when the second definition gives additional information about a topic that is directly related to the first term.

This information is not a substitute for a visit to your doctor. Talk to a health professional if you have a urologic problem.

See- <http://www.kidney.niddk.nih.gov/kudiseases/pubs/udictionary/index.htm>

UDA Online: Information on the Impact of Urologic Diseases

Description: Researchers at UCLA launched a new web site to help inform the public about the impact of urologic diseases on the American people. Part of the Urologic Diseases in America (UDA) project, UDA Online seeks to increase the general understanding of the burden of urologic diseases in both human and financial terms and includes conference presentations on UDA findings and a list of publications developed through the many collaborative analyses that the project supports. UDA is sponsored by the National Institute of

Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health. Public Site Features Customizable Data Charts and Information related to the NIH-sponsored Urologic Diseases in America Project at UCLA. See: www.udaonline.net

For Immediate Release: Thursday, September 24, 2009

NIH ANNOUNCES 115 AWARDS TO ENCOURAGE HIGH-RISK RESEARCH AND INNOVATION

Recovery Act Funds Contribute To Increase

The National Institutes of Health (NIH) announced today that it is awarding \$348 million to encourage investigators to explore bold ideas that have the potential to catapult fields forward and speed the translation of research into improved health.

The full complement of awards is granted under three innovative research programs supported by the NIH Common Fund's Roadmap for Medical Research: the NIH Director's Transformative R01 (T-R01) Awards, Pioneer Awards, and New Innovator Awards. The Common Fund, enacted into law by Congress through the 2006 NIH Reform Act, supports cross-cutting, trans-NIH programs with a particular emphasis on innovation and risk taking. A portion of these New Innovator Awards is also supported by funding from the American Recovery and Reinvestment Act.

"The appeal of the Pioneer, New Innovator, and now the T-R01 programs, is that investigators are encouraged to challenge the status quo with innovative ideas, while being given the necessary resources to test them," said NIH Director Francis S. Collins, M.D., Ph.D. "The fact that we continue to receive such strong proposals for funding through the programs reflects the wealth of creative ideas in science today."

Accelerating the current pace of discovery through the support of highly innovative research is an ongoing effort at the NIH, but the NIH Director's T-R01 Program is new this year. Named for the standard investigator-initiated research project that the NIH supports, the R01, the T-R01s provide a new opportunity for scientists that is unmatched by any other NIH program. Since no budget cap is imposed and preliminary results are not required, scientists are free to propose new, bold ideas

that may require significant resources to pursue. They are also given the flexibility to work in large, complex teams if the complexity of the research problem demands it.

This year, the NIH is granting 115 NIH Director's High-Risk Research Awards: 42 T-R01 Awards, 18 Pioneer Awards, and 55 New Innovator Awards for early-stage investigators.

The NIH expects to make competing awards of \$30 million to T-R01 awardees, \$13.5 million to Pioneer awardees, and approximately \$131 million to New Innovators in Fiscal Year 2009. The total funding provided to this competing cohort over a five-year period is estimated to be \$348 million. The New Innovator total includes \$23 million in funds through the Recovery Act.

This year's awards make the largest number of Pioneer and New Innovator awards in the programs' history. Investigators funded via the 2004 cohort, the first year of the Pioneer Awards, have completed their projects. Details on the progress made by these awardees are available at <http://nihroadmap.nih.gov/pioneer/Profiles04/index.aspx>.

The NIH Common Fund encourages collaboration and supports a series of exceptionally high impact, trans-NIH programs known collectively as the NIH Roadmap for Medical Research. The NIH Director's Transformative R01, Pioneer, and New Innovator Award programs are part of the NIH Roadmap. They are funded through the Common Fund and managed by the NIH Office of the Director and the National Institute of General Medical Sciences, respectively. The Roadmap is a series of initiatives designed to pursue major opportunities and gaps in biomedical research that no single NIH institute could tackle alone, but that the agency as a whole can address to make the biggest impact possible on the progress of medical research. Additional information about the NIH Roadmap can be found at www.nihroadmap.nih.gov.

Abbreviated by Prostatitis Foundation for space limitations.

We wish to thank the Google Foundation for awarding the Prostatitis Foundation an educational grant in the form of free advertising

Prostatitis Foundation History

The Prostatitis Foundation was chartered in October of 1995 as a 501 (3) non-profit.

The mission statement called for us to inform the public about the prevalence of prostatitis and promote research to find a cause and cure. The officers and directors were unpaid volunteers and remain so today. It all began as the result of a sci.med newsgroup for prostatitis discussion started by Dr Bradley Hennenfent.

The webpage www.prostatitis.org was the first effort to reach out and inform the general public of prostatitis symptoms, research possibilities and research centers who were accepting patients.

As an advocacy group we were able to testify before the House Appropriations Subcommittee on Health and Human Services. Funds that committee provided

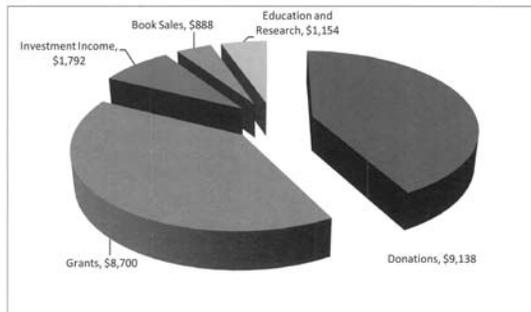
The Prostatitis Foundation thanks Farr Labs LLC. for their support of this newsletter and our webpage. They are the makers of ProstaQ for Chronic Prostatitis. For more information visit ProstaQ.com or call 877-284-3976.

the NIH have sponsored two five year clinical trials and research groups to date and one was extended a year. To date there is no universal cure for all prostatitis. It seems to be a hit and miss search that keeps some patients going from doctor to doctor. In the enclosed letter you will see that the NIH has not given up and are reorganizing for further research efforts and clinical trials. We will assist them.

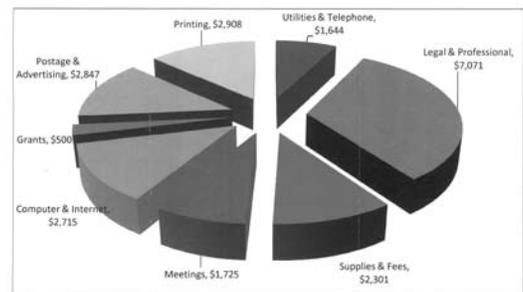
The Prostatitis Foundation, like all charitable foundations, is experiencing reductions in donations. We are determined to see the cause and cure of prostatitis found and will adjust to the times and the resources available. Times are difficult for many families and we understand that. We thank all of you for your past support and ask for any help you may give us at the end of the year.

We are enclosing charts to show the income and expenses for the year 2008.

2008 Revenues - \$ 21,672



2008 Expenses - \$ 21,711



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Enclosed is my tax deductible gift to support The Prostatitis Foundation, 1063 30th Street, Smithshire, Illinois 61478.

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