Urology Interagency Coordinating Committee (UICC)

Friday, June 3, 2016
9:00 a.m. - 12:00 p.m.
6707 Democracy Blvd. Room 7050 (701), Bethesda, MD

Meeting Minutes

Welcome and Introductions
Rob Star, M.D.
National Institute of Diabetes and Digestive and Kidney Diseases

Dr. Star welcomed participants to the 1st interagency coordinating committee for this year. This committee is used to share information, issues, problems, insights, solutions, and initiatives among the different HHS agencies regarding urology.

Health Issues for Women in Deployment
Elspeth Cameron Ritchie, MD, MPH
Col(ret) U.S. Army
Professor of Psychiatry, USHS

Dr. Ritchie began her talk by listing her credentials as an experienced military professional and also by describing her numerous publications on Women's Health Issues, including a book "Women At War", which was published in June 2015. Dr. Ritchie noted that her presentation will focus on women in war and some of the issues, including urinary tract infections. Dr. Ritchie outlined her discussion by noting 5 areas that are special issues for female service members: reproductive (pregnancy, breastfeeding), musculoskeletal (stress fractures), deployment health (UTIs, dehydration, menstruation), psychological reactions (evacuations from theatre for PTSD), and sexual assault. Dr. Ritchie noted that the term garrison refers to the collective term for a body of troops stationed in a particular location, mostly to use as a home base versus being stationed in the field.

Within reproductive issues women face challenges such as pregnancy (garrison) during physical training, deployment, and exposure to toxins; beast-feeding (garrison, field) which entails maintenance of breast feeding and exposure to petroleum products; and motherhood (garrison, field, deployment, combat). Women encounter physical obstacles when they have had caesarean sections and are required to adhere to physical

maintenance routines such as sit-ups. Dr. Ritchie also noted that there was a high rate of unintended pregnancy and the military now encourages long-term contraceptives. Women also face challenges in musculoskeletal issues from having to wear heavy personal equipment such as body armor and Kevlar helmets and are required to wear this gear regardless of personal strength and stature. Often times, women are faced with recovery times up to 6 months stemming from injuries in basic training and there is attrition from armed services due to mental health and stress fractures.

Deployment health within the military is also very specialized for women as there are many considerations such as genito-urinary issues. For example, women routinely experience a lack of clean bathrooms and filthy portapots, bombs by the side of the road which cause safety issues for women who go into the woods for privacy, and lastly, fluid restriction to avoid urination which results in dehydration. Menstruation is a large concern for women as they charged with trying to regulate their monthly period or deciding to suppress it by using long term contraception, which can postpone menstruation for months at a time.

While women in deployment face many issues, women in combat are forced to adapt to ever-changing environments and are put through rigorous daily challenges such as wearing heavy armor while also managing stressful situations in the field as well as at home. Issues at home include marital issues, children, care for aging parents. While men also share these considerations, research shows that oftentimes, women take responsibility for this care, even when deployed or in a combat role.

Dr. Ritchie discussed the minimal role of mental health research in women; studies show that, although men and women showed essentially equal rates in posttraumatic stress disorder (PSTD), most mental health advisory teams focus on men. Unlike many other diagnoses that go untreated in deployed women, PTSD is considered more "acceptable" and is often treated before any other diagnoses. Dr. Ritchie noted a number of PTSD therapies: pharmacotherapy, psychotherapy, combined approaches (both), and complementary and alternative medicine. Among the different PTSD therapies, pharmacotherapies remain challenging for patients due to side effects which include weight gain and erectile dysfunction (amongst other sexual side effects). The good news is that new and innovative therapies such as acupuncture, yoga, and canine therapy, are emerging.

As with other conditions, PTSD is often diagnosed with substance use, depression and physical injuries with associated pain (including traumatic brain injury). There is very little literature about wounded female warriors and how injuries sustained during time served affect body image, sexual activity, motherhood, and hormones. In addition to PTSD, a major challenge for women in the military is sexual assault. In many of these cases there is alcohol involved during social parties and in others, it is often the result of a lack of strong leadership (leaders ignore warning signs, leader involved in behavior). In some cases, environmental situations such as remote locations and secluded areas lend themselves to predatory activities on women.

In summary, Dr. Ritchie concluded that more attention needs to be paid to issues of female productive and urogenital health; for female veterans, motherhood is a major issue; and sexual health should not be disregarded as a point of evaluation and/or concern. For more information, please visit: www.bordeninstitute.army.mil.

Discussion:

- From the FDA, Dr. Roger Widerman noted that research on women with PTSD had epigenetics changes. Some of this research indicates that predictions could be made about who may suffer from PTSD.
- HHS women's health office noted collaborative efforts with a woman at Veteran's Affairs (VA) who is the Director of the Caregiving Programming. There are challenges with women who have TBI exhibiting aggression. VA is treating is as abusive rather than a symptom of caregiver stress.
- Dr. Hoshizaki asked about change in social structure for returning combat veterans who don't have family support. Loss of cohesion can lead to risk for suicide. SAMHSA is trying to implement civilian programs to help returning veterans assimilate.
- Dr. Bavendam asked Dr. Ritchie if uro genital issues are being considered now and if women who are currently serving being studied. Dr. Ritchie responded that the DoD Health Affairs is charged with uro genital issues. The challenge is that these individuals are already taxed with very busy in positions. Current research on female service members is limited to sexual assault.
- Dr. Gossett asked if medical records available to returning soldiers? Dr. Ritchie noted that yes, electronic health records are available now that the military has transitioned.
- Also, Dr. Ritchie noted that Ft. Jackson has a long history of study in female populations.

Women's Urologic Health

Update on Prevention of Lower Urinary Tract Symptoms Research Consortium (PLUS)
Tamara G. Bavendam, MD, MS
National Institute of Diabetes and Digestive and Kidney Diseases
Discussion:

- FDA Roger noted that the key would be to find evidence of UTI in a specific population. Putting a dollar value on this would be helpful. Hovering? Wearing cotton underwear? Prove behaviorial and environmental determinants and changes are more important than biology.
- HHS women's health agreed with monetization. Industry of incontinence products would be a potential collaborator. Urban planning; the western consortium have done studies showing retired ppl are moving closes to national parkland. Smaller communities will start to build based on this migration out. Senior population need to be accommodated within the parks. Look at prevention in terms of that trend.

HHS is moving forward on the "small walking" initiative and would welcome collaboration.

Update on Congenitalism and Transitional Urology
Jenna Norton, MPH
Tamara G. Bavendam, MD, MS
National Institute of Diabetes and Digestive and Kidney Diseases

Discussion:

- FDA Roger noted that Medicaid being in CMS database. Can CMS do a study on this group and show where incremental costs occur. See where age 16-24 group monies being spent; benefits directors may be interested in cost savings measures.
- HHS Mary noted what was it that individuals were experiencing that caused the need? PCORI? What are there patient centered outcomes relevant to the patient? Look at transitions as a result…what are the costs of the system you have to step into? That might drive CMS?
- RS suggested a demonstration project for what happens to medical records from peds to adult transition. To improve longitudinal care.
- HHS mary suggested there may be data available in managed care orgs like humana, Kaiser, etc.

Agency Updates – Round Table

- Dr. Kirkali commented on the LURN network. LURN is in the 5th year of the first year funding cycle. Surveys and phenotyping is completed. Sensory testing is underway. One recall study is approved and will begin soon. Also, a biomarker pilot study. Urinary stone disease network is being established: one randomized clinical trial and one observational cohort study. A meeting will occur on Sept 22 and 23: how to help men with LUTS help themselves? This will be a meeting on self mgt.
- FDA Roger noted a very large project based on testerone replacement. Unknown testerone levels in older men and what are the symptoms of testerone deficiency in age group? The benefits of testerone replacement in this population? There is a possible link between CV and testerone replacement drugs? 11 companies with these drugs are tasked with creating protocol for testerone replacement therapy in this age group. This will address long term safety. Protocol development should occur within the next 1-2 years.
- Nancy Korrs noted that program content on the NIDDK website related to kidney and urologic disease.
- Dr. Mullins noted updates to the MAPP Network: two years into second project period. This will require deep phenotyping.
- HHS Mary mentioned two community based project: OWH gave me to HRSA to develop new circulum for alzheimers and dementia; this will also focus on caregiver population. Attention to health, well being and stresses of caregiving. Focus on urinary habits. CDC mall walking guide for older adults; moving guide off shelf and instill this in communities. Focus on lack of partic ipation b/c of urinary issues.

- Lisa. Nichd. Health disorders network includes urinary and fecal disorders. Competition for sites to enter 4th cycle has been completed. Participation in urinary projects will continue.
- Melissa DoD. Prostate cancer research. 2 programs: peer reviewed medical research program, IC, PKD, etc. three urology topics. All these applications have to be related to military personnel and their families. Bladder cancer added back to the peer reviewed cancer medical research program. 3 programs listed: spinal cord injury program related to bladder dysfunction. Tubular scholeris. MS research pathophysicology related to loss of bladder control.
- Marcelle NIA noted two highlights: upcoming meeting on American geriatric society called bedside to bench on UI. Oct 16-18 in n Bethesda. Federal invitees welcome. GEMSTAR program early medical and surgical specialists now has heavy urological presecent. Uses R03 mechanism. These are pilot studies or medicare analyses.