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Fresh Meadows, New York 11366
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Forest Hills

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Hills, New York 11375
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Forest Hills - Pediatric Urology

112-05 Queens Boulevard Forest
Hills, New York 11375
718-224-2644



Meet the Chief of Urology at NewYork-Presbyterian Queens

*Gerald J. Wang, MD FACS, Chief of Urology
NewYork-Presbyterian Queens*

Dr. Wang was appointed Chief of Urology at NewYork-Presbyterian Queens in 2010. Dr. Wang received his bachelor of science degree from Yale University and his medical degree from Stanford University School of Medicine. He completed his surgical internship and urology residency, followed by a fellowship in urologic oncology at NewYork-Presbyterian/Weill Cornell Medical Center. As a fellowship-trained urologic oncologist, Dr. Wang specializes in the evaluation and treatment of cancers of the genitourinary tract, including cancers of the prostate, bladder, kidney, ureter, adrenal gland and testis. Additionally, Dr. Wang specializes in minimally invasive surgical techniques, including robotic and laparoscopic surgery, to manage both urologic cancers and complex reconstructive surgeries of the genitourinary tract.

In addition to his clinical duties, Dr. Wang is active in both research and education. His research interests focus on improving outcomes of minimally invasive surgical approaches for bladder and kidney cancer, and he was involved in early studies demonstrating the safety and efficacy of robotic surgery in the treatment of bladder cancer. Dr. Wang has authored numerous peer-reviewed publications in national and international journals, and he has received a number of awards for his work including the Ferdinand C. Valentine Research Fellowship from the New York Academy of Medicine for his research in bladder cancer. Dr. Wang has given numerous invited lectures both nationally and internationally.

Dr. Wang is active in the education and training of both urology residents and fellows. He serves as site director at NewYork-Presbyterian Queens for both the NewYork-Presbyterian/Weill Cornell urology residency and urologic oncology fellowship programs. As Chief of Urology at NewYork-Presbyterian Queens, Dr. Wang also has numerous site-specific leadership positions which include the Steering Committee for NewYork-Presbyterian Medical Group Queens, Perioperative Performance Improvement Committee, Quality Assurance and Peer Review Committee, and Chair of the Robotic Surgery Committee. Dr. Wang serves as a member of the Executive Board of the New York Section of the American Urological Association, and is a fellow of the American College of Surgeons.

Prostate Cancer Diagnosis, Screening, and Treatment

By Edward Moss, MD FACS and Gerald J. Wang, MD FACS

Prostate cancer is the most common non-skin cancer among men in the United States. The purpose of screening men for prostate cancer is to detect cancer earlier to provide greater chance for successful treatment and cure. However, many prostate cancers can be slow-growing, so the benefits of early detection must be weighed against the potential harms of treatment which can include urinary and sexual side effects. While there is some disagreement on the specifics of prostate cancer screening, the American Cancer Society recommends that men between the ages of 55 and 69 should discuss prostate cancer screening with their healthcare providers. Screening for prostate cancer includes a digital rectal examination of the prostate and a blood test to detect an increased amount of the protein, prostate-specific antigen (PSA). During a digital rectal examination the physician uses a gloved finger and feels for irregularities and hard areas in the prostate. The examination takes only one minute and no preparation is needed. Screening should be considered at age 50 for men of average risk of prostate cancer, age 45 for African-American men, and at age 40 for men who have a father or brother diagnosed with prostate cancer at age 65 or younger. Screening for prostate cancer is available at NewYork-Presbyterian Queens, 41-01 30th Avenue, Astoria, NY. Please call 718-520-0028 to schedule an appointment with Dr. Edward Moss to discuss a prostate cancer screening.

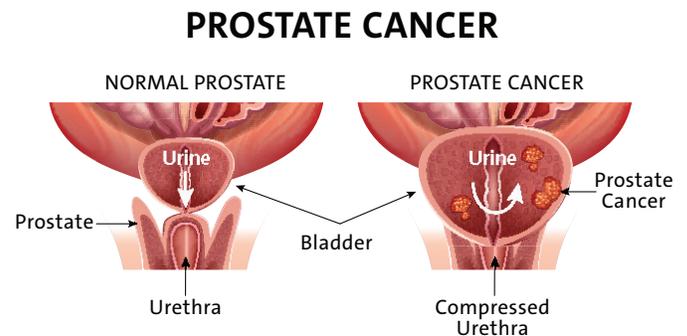
Diagnosing Prostate Cancer

The prostate is a walnut-sized gland in men that is located below the bladder and surrounds the urethra (urinary tube.) The prostate produces semen, the nutritional liquid for sperm. Cancer is caused by defects or errors in the division of cells in the prostate gland which turns them into abnormal cells called cancer (malignant) cells. Cancer cells grow faster than normal cells and in a disorganized manner, and as cancer becomes more advanced, it can enter the blood or lymph system and spread (metastasize.) The growth rate of cancer cells varies depending on the type of cancer and is thereby termed by its aggressiveness. Prostate cancer usually does not give warning signs in its early stages, and the purpose of screening for prostate cancer is to detect cancer earlier which can then lead to a higher probability of cure after definitive therapy. If a man has an elevated PSA blood test or an abnormal digital rectal examination of the prostate, a biopsy of the

prostate can be recommended. With recent improvements in technology, a prostate MRI is often performed prior to biopsy. If a suspicious area is seen on the MRI, an MRI- ultrasound fusion targeted biopsy can then be performed. Recent evidence has demonstrated that MRI-ultrasound fusion targeted biopsies have the potential to decrease detection of slower growing, insignificant prostate cancers, while also increasing the detection of more aggressive, clinically significant prostate cancers.

Treating Prostate Cancer

The best treatment for men diagnosed with prostate cancer depends on many factors, including the age and overall health of the patient, stage (extent of cancer), Gleason grade of the prostate cancer on biopsy, amount of cancer detected on biopsy, PSA value, and MRI results. The decision on a treatment plan should be based on an in-depth discussion between the patient and his urologist or oncologist. In general, treatment options include active surveillance, surgery, and radiation therapy. For men with low-risk, slow-growing disease, active surveillance is often the best treatment option. For men with intermediate to high-risk disease with at least a 10-year life expectancy, robotic surgery and radiation therapy are generally the most commonly recommended treatment options. Additional therapies such as cryotherapy (freezing), high-intensity focused ultrasound (HIFU), hormonal therapy, chemotherapy, and immunotherapy can be options and should be discussed with your urologist or oncologist.



Cutting Edge Technology Helps Detect Prostate Cancer

Traditionally, prostate cancer has been diagnosed by transrectal ultrasound-guided biopsy in which the prostate is systematically divided into approximately twelve regions and the urologist performs a single needle biopsy from each of the twelve regions using ultrasound guidance. With recent improvements in magnetic resonance imaging (MRI) technology, urologists are now able to perform targeted prostate biopsies in which suspicious areas seen on a prostate MRI can be specifically targeted for biopsy. An MRI provides a clearer, more accurate assessment of normal and abnormal prostate tissue as compared to a traditional transrectal ultrasound. By using this new technology to fuse MRI images with a real-time transrectal ultrasound, urologists are now able to target abnormal areas of the prostate for biopsy, rather than relying solely on a random sampling of the prostate as is done with traditional prostate biopsies without MRI fusion. A growing body of evidence has demonstrated that this technology, called MRI-ultrasound fusion targeted prostate biopsy, has the potential to improve the detection of more aggressive cancers, while simultaneously decreasing the detection of slower growing, clinically insignificant cancers (N Engl J Med 2018; 378:1767-1777).

At NewYork-Presbyterian Queens, we have been performing MRI-ultrasound fusion targeted prostate biopsies for our patients for several years. Similar to a traditional prostate biopsy, this procedure is performed by the urologist in the office under local anesthesia and typically takes no longer than ten to 15 minutes. This procedure is performed by Drs. Michael Amirian, David Green, and Gerald Wang.

The benefits for patients have been significant. When asked about the impact of this technology for his patients, Dr. Wang states that, ***“the goal of contemporary prostate cancer detection is to find the balance between minimizing detection of slow-growing, clinically insignificant cancer that may not affect a man’s life, while simultaneously maximizing the detection of aggressive, clinically significant cancer in healthy men who need treatment. With our substantial experience with MRI-ultrasound fusion technology, we have found that this new technology enables us to get closer and closer to this ideal balance.”***

For further information about this procedure please call Drs. Amirian, Green, and Wang at 718-303-3720.





Ask the Urologist

Frequent Questions Discussed In the Exam Room

Edward Moss, MD, FACS
New York-Presbyterian Queens

“ I am 62 years old and notice I pass urine slower than I did a few years ago. I also go to the bathroom more often during the day and night. Do I have an enlarged prostate? ”

Every man's prostate grows and sometimes the growth partially or completely blocks the urine tube (urethra) that passes through the prostate. Your urologist may perform a number of diagnostic tests, including testing your urine for infection, a bladder sonogram to measure if you are emptying your bladder completely, and cystoscopy. Medications can be used to improve urination by relaxing and widening the prostatic urethra, as well as to decrease the size of the prostate. It is important to realize that your urinary complaints can be due to issues related to both the prostate and the urinary bladder. An enlarged prostate, also known as benign prostatic hyperplasia (BPH) can make it more difficult for the bladder to empty. The bladder itself can also become diseased over time and contribute to urinary symptoms such as urinary frequency and urgency. Complications of an enlarged prostate include incomplete bladder emptying, bladder weakness and stones, urinary tract infections, leakage of urine (incontinence), renal insufficiency (damage to the kidneys), hematuria (blood in the urine), and the inability to urinate.

“ I recently went to the emergency room because of really bad back pain. They did tests, hooked me up to an IV, provided me with pain medication, and a few hours later I passed a urinary tract stone. Why did this happen and how can I prevent another trip to the hospital? ”

Urinary tract stones (nephrolithiasis) can be formed due to dehydration, certain diets, digestive diseases, or medical conditions such as gout. They can also be hereditary. Urinary tract stones form when there are excessive crystals of calcium, oxalate or uric acid in the urine, or a lack of substances to prevent these crystals from sticking together. You should see your physician and have testing and diagnostic procedures completed including a urine test, blood test, and renal sonogram or computerized axial tomography (CAT) scan of the urinary tract. The stone should be analyzed by a laboratory to determine the composition makeup e.g., calcium, uric acid or cysteine.

To prevent forming another stone you should increase the amount of water you drink daily to at least six to eight ounces and decrease the amount of salt, oxalate and animal protein in your diet.

“ I am 30 years old and was recently treated for a urinary tract infection (UTI). I had burning when urinating and felt like I had to go to the bathroom every half hour. My doctor prescribed an antibiotic and I was feeling better in a few days. Why did I get a UTI and how can I prevent another one? ”

UTIs are more common in women than men because women have a shorter urethra that is located just above the vagina and anus. The urethra is a tube that connects the urinary bladder to the urinary meatus. A UTI is often times limited to the bladder but can travel to one of the two kidneys (pyelonephritis.) To reduce your risk of another infection, drink more water, urinate more often especially after sexual relations, and wipe from front to back. It is recommended that sexual relations not be resumed for several days after completing the antibiotics.

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Urology News is published two times a year. Your comments, letters, and questions are welcome and can be mailed to Edward Moss, MD, FACS or Gerald J. Wang, MD, FACS at New York-Presbyterian Queens, 56-45 Main Street, Suite WLL300, Flushing, NY 11355.

This publication provides general urologic information. Any medical related urologic issues should be discussed with a urologist.

Helpful Ways to Improve Urologic Health

1. Have your blood pressure (BP) checked at least once a year. If you take medication to lower your blood pressure, have your BP checked at least every four months. The kidneys also contribute to your overall blood pressure, so abnormalities and diseases of the kidneys can contribute to high blood pressure.
2. To prevent the formation of urinary stones, increase your fluid intake to achieve a daily urine output of at least two quarts. Citrus fruits and juices (lemon and orange) can help to prevent urinary stone formation.
3. Decrease your animal protein intake. A diet with increased fruits and vegetables and a decrease in sodium decreases your risk of stone formation.

