

Bruce R. Gilbert,MD,PhD,PC Newsletter

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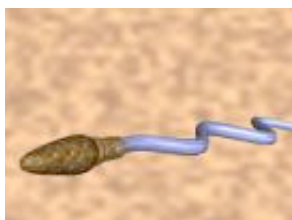
Greetings!

Welcome to a new edition of our Newsletter! Our continued goal is to provide a forum for discussing exciting new developments, office research protocols and answers to frequently asked questions in male fertility, male and female sexual function and complementary approaches for Urologic disease.

I appreciate all the great suggestions I continue to receive. Please e-mail me any questions, comments or suggestions for future topics.

The views expressed are our own and may not be appropriate for your particular situation. Please discuss all information with your physician. In addition, references given are for illustrative purposes only and also need to be evaluated by your treating physician to see if they are applicable. **"Chronic pain: It's time to think outside the box"**

Many men use banked sperm after cancer treatment



Testicular cancer, Hodgkin's lymphoma and leukemia account for the majority of cancers in young reproductive aged men. Most all of these men are cured of their disease with the use of modern multimodal therapies. Fertility issues therefore become the primary concern after treatment is completed.

A 14 year follow-up study in the March issue of Fertility and Sterility (M Meseguer et al,85:640,2006) followed 186 men who cryopreserved (banked) sperm prior to gonadotoxic therapy. Prior to therapy 98.9% produced sperm. Of those able to be evaluated 6 months after therapy 30% recovered normal sperm production, 10% had a decreased number of sperm, 20% had only rare (non motile) sperm and 40% had NO sperm in their ejaculate.

16.3% of these men eventually



An editorial by Anthony J. Schaeffer, M.D. and accompanying articles in the March issue of Urology Times

(www.UrologyTimes.com) provide a call to arms for all Physicians that treat chronic pelvic pain.

These articles discuss a new model being developed by Multidisciplinary groups which calls into question the "broken part" approach. The concept behind the new model is that "...all pain syndromes may share a common central pathway...".

"For Urologists" Dr. Schaeffer goes on to say, "...this new model changes how the problem of chronic pelvic pain is perceived, and eventually how it is managed. It may lead to goal directed therapy.....Now....we (should be) less concerned about a specific cause, as long as the Patient is satisfied with...treatment".

What is even more impressive is that many of the accompanying articles in this issue of Urology Times support a 'Holistic' approach to evaluation and treatment of urologic conditions. One such article in this issue cites a clinical trial (Ob & Gyn,

used their cryopreserved specimens. There was no difference in fertilization, cleavage or implantation rates from the control group.

The results of this study reinforce the growing body of evidence that sperm banking has a "favorable cost/ benefit" ratio and is the "strategy of choice" to preserve future fertility in men undergoing gonadotoxic therapy.

[...for information on Sperm Banking at New York Cryo](#)

106:138,2005) of 74 women with OAB (overactive bladder) in which there was a 30% decrease in urgency and frequency with Acupuncture which was similar to "...current medication without the side effects."

[Additional Information on Holistic Urology...](#) » **Testicular Tumor in an Aviator**



A 41 year old pilot, married and with children underwent an aviation medical examination to renew his second class certificate one year after completing treatment for of testicular cancer (mixed

germ cell, IIIA, normal AFP,hCG, LDH) with 4 cycles of chemotherapy followed by retroperitoneal lymph node dissection.

With metastatic cancer this airman was ineligible for medical certification under Title 14 (CFR's), revised Part 67 (113b,213b,313b) and the application was deferred to the FAA for disposition.

The airman was symptom free and without metastases 12 months after his treatment was completed. The FAA consultant oncologist reviewed the case and recommended special issuance for a second- class medical certificate. The airman was required to submit annual status reports including tumor markers and radiologic test results to demonstrate no evidence of metastasis

The primary aeromedical concerns for testicular tumors are the clinical effects of metastases, recurrence, and the treatment regimen that is chosen. Pulmonary and cardiovascular complications seen in these patients are of primary concern. Airmen with testicular cancers are medically disqualified for all flying classes. Upon completion of definitive treatment for testicular cancer and being symptom free for at least one year in cases without metastases, or three years for metastasized cases, the airman may seek consideration for a special issuance from the FAA.

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