JOHN AND FELECIA CAIN CENTER FOR BLADDER HEALTH

The Cain Bladder Center NEWSLETTER

Volume 5 | February 2025

UTSouthwestern Medical Center
Cain Center for Bladder Health

The John and Felecia Cain Center for Bladder Health: What a year it's been!

As the Cain Bladder Center (CBC) approaches its one-year anniversary, we are reflecting on how far we've come in a relatively short period of time. Our success is measured not only by quality of care but also by provider and patient experience, morale, relationships, and trust. Looking to the future, we will continue to strive to optimize quality, access, and cost of care.

IN THE SPOTLIGHT!

Monica Villagomez , Senior Grants & Contracts Specialist



Born and raised in Dallas, Monica has been employed by UTSW in the Urology Department since 2002. She assists faculty and staff by facilitating grant submissions, contracts, and data and material transfer agreements. Additionally, Monica communicates with the Sponsored Programs Administration and Principal Investigators to ensure grant requirements are known and completed.

Find us here: West Campus Building 3, Fourth Floor
2001 Inwood Road, Dallas, TX 75390

"To truly improve the patient experience, we must understand the patient journey from the patient's perspective."

- Jason A. Wolf, President of The Beryl Institute

Check out our website ...



Coming soon: A helpful ***News*** section with information on patient care, teaching, and research will be updated regularly on the CBC website.

Expanding frontiers ...

We will have a large CBC contingent attending the annual Society of Urodynamics, Female Pelvic Medicine, and Urogenital Reconstruction (SUFU) conference in California.



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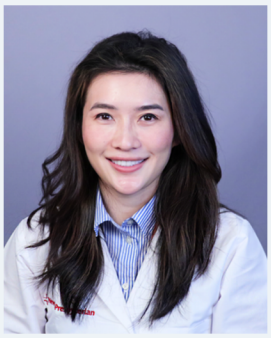
What's new and exciting at the Cain Bladder Center?

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Cain Center for Bladder Health

Our Felecia Cain Fellows



CHRISSY HERFORTH, M.D.



CHRISTINA SZE, M.D.

... and their research interests

Dr. Herforth is making progress on her thesis, which is focused on pelvic organ prolapse in women undergoing bladder removal for invasive cancer. Meanwhile, she has been updating a database on women receiving an injectable bulking agent to correct mixed urinary incontinence. Dr. Herforth will be presenting her research at the annual SUFU conference. **Dr. Sze** will also present four posters at the SUFU conference. Her current projects include: comparing electronic and paper voiding diaries and predictors of medication failure in those with urgency incontinence and a surgeon survey on sacrocolpopexy.

We look forward to welcoming four medical students in 2025 for research electives!



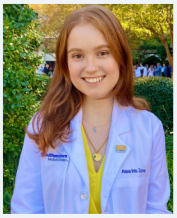
Star Okolie



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Alea Zone

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RESEARCH CORNER

Bringing science to clinical investigation and clinical investigation to clinical practice

Are there biological markers we could measure to more efficiently diagnose recurrent UTI (rUTI)?

Currently, the "gold standard" method for accurately diagnosing UTI is by urine culture. However, this process requires 48-72 hours, and waiting for the results can further increase discomfort, so faster methods of diagnosis are desired. During a UTI, the number of inflammatory molecules increases. Thus, Dr. Nicole De Nisco and colleagues evaluated and identified several inflammatory molecules in the urine that may offer diagnostic insight.

Systematic review determines most popular and informative survey tools for stress urinary incontinence (SUI) surgical outcomes.

Dr. Zimmern and his team assessed the many validated patient survey instruments used for SUI and published a global literature review of the tools used over the past five years. They found that the five most favored survey instruments shared these four critical characteristics: incontinence, severity, impact on quality of life, and surgical outcomes. These most preferred were short and translated into several languages.

Speaking of biomarkers ... could molecules tell us about rUTI prognosis?

The De Nisco Laboratory also established a urinary lipid profile that suggests active rUTI. These authors also evaluated time-to-relapse data to identify another molecule, called deoxycholic acid, and proposed this is a novel prognostic indicator for rUTI recurrence.

We continue to seek funding opportunities for our research

Several National Institutes of Health (NIH) randomized controlled trial proposals have been submitted on the role of D-mannose and Hiprex on bladder fulguration to eradicate chronic sites of infections and on engineered living materials (ELMs) to deliver probiotics and "good bacteria" inside the bladder.

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Would you like to take an active role in science and to improve our understanding of therapies for UTIs and overactive bladder?

CONSIDER ENROLLING IN A CLINICAL TRIAL TODAY!

Currently experiencing a UTI?

- Do you want to benefit women's health and help us better understand how the urogenital bacterial environment changes over time?
- Four compensated visits total. No pricks or sticks. Age 55 years or older.

Call 214-645-8787

Can D-mannose stave off UTI?

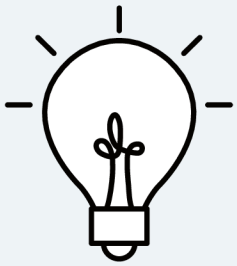
- Evidence suggests it can, and we want to better understand this potential preventive measure!
- If you suffer from recurrent UTIs and want to try this supplement, join this randomized controlled trial today.

Call 214-645-8787

Revi for Overactive Bladder

- Identified as effective and safe, the Revi system appears valuable for those with urge urinary incontinence.
- Join us in further exploring the power of this therapy.

Call 214-645-8789



Patient Testimonial

"Thank you for helping me get my life back. For three years, my daily life with chronic bladder pain has felt like carrying a heavy bag of rocks everywhere I go. My biggest wish for three years has been to be pain-free. I am so glad I did not give up. Thank you for your commitment to women's health, and all the excellent work the CBC is doing to advance research and treatment options, and changing so many lives. I am forever grateful for your help and care."

Help us help you.

Please consider supporting our research efforts by contacting Tanner Garrett:

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