

FP Essentials

Call for Authors – May 2025

Common Male Genitourinary Issues

We are seeking an author or author group to write an edition of *FP Essentials* on the topic of common male genitourinary issues. This edition will cover four topics:

1. Chronic Pelvic Pain Syndrome
2. Benign Prostatic Hyperplasia and Overactive Bladder
3. Family Planning in Men
4. Prostate Cancer Screening and Treatment

The main text of the manuscript should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each, plus an abstract of approximately 200 words for each section. In addition, there should be key practice recommendations, a maximum of 15 tables/figures total, and up to 200 references to provide support for all recommendations and factual statements in the manuscript. References must be numbered sequentially by section, with each new section starting over at “1.”

This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references provided here include information that should be considered in preparation of this edition of *FP Essentials*. However, these should be used only as a starting point in identifying the most current guidelines and references to include in the edition.

Needs Assessment

Family physicians encounter many men with genitourinary and urologic complaints. Medical schools and family medicine residencies often provide inadequate teaching and exposure to these concerns, prompting “quick referrals” to urology and endocrinology for evaluation and treatment. Surveys of family physicians and residents consistently identify gaps in knowledge and confidence in managing common men’s health issues, including chronic pelvic pain syndrome, benign prostatic hyperplasia, overactive bladder, family planning in men, and prostate cancer screening. This edition of *FP Essentials* will provide family physicians with the most current and evidence-based approaches to diagnosis and management of these important conditions. The topics in this monograph focus on medical conditions of the male reproductive system. Most of the literature for these conditions are based on studies and guidelines that use the term “men,” implying sex (persons assigned male at birth and/or having male sex organs). Unless explicitly stated, the term “men” in this writing therefore includes both cisgender men and other patients with similar reproductive organs. The authors should use a similar statement or one of their choosing, to clarify any references to sex and/or gender.

Section 1: Chronic Pelvic Pain Syndrome

Example Case

BO is a 34-year-old with no significant past medical or orthopedic history who presents with a several-year history of chronic intermittent pelvic pain. He has been married and sexually monogamous for over a decade. Most days per week he experiences pain after ejaculation, occasional groin or penile pain that radiates to his bilateral testicles, and pain on urination. He has never had a urinary tract infection; he and his partner have never had a sexually transmitted infection.

Key Questions to Consider

Definitions, Epidemiology, and Pathophysiology

- How are chronic pelvic pain syndrome (CPPS) and chronic prostatitis (CP) defined? How are they similar and how are they different?
- What is the prevalence and economic burden of CPPS/CP?
- What is the etiology and pathophysiology of CPPS/CP?

Clinical Presentation and Diagnosis

- What is the differential diagnosis of CPPS/CP?
- What are the common medical comorbidities associated with CPPS/CP?
- What are the current evidence-based and cost-effective diagnostic strategies for the patient with suspected CPPS/CP? Can the diagnosis be made accurately via clinical assessment alone?
- What clinical decision tools have proven efficacy in guiding clinicians to make an accurate diagnosis of CPPS/CP?
- What is the relationship between premature ejaculation and CPPS/CP?
- What is the relationship between the gut microbiome and CPPS/CP?

Treatment

- What are the current evidence-based pharmacologic and nonpharmacologic treatment strategies for the patient with CPPS/CP?
- How effective are antibiotics, anti-inflammatories, and alpha blockers in the treatment of CPPS/CP? When should they be prescribed and for how long?
- What is the UPOINT (Urinary, Psychosocial, Organ Specific, Infectious, Neurological/systemic, and Tenderness of skeletal muscles) system, and how can it help to guide treatment of CPPS/CP?
- How effective are dietary and lifestyle interventions, cognitive behavioral therapy, supplements and herbs, antioxidants, biofeedback, acupuncture, pelvic floor physical therapy, and osteopathic manipulative treatments in the management of CPPS/CP?

Prognosis

- What is the prognosis of the patient with CPPS/CP?
- What are the long-term risks of CPPS/CP? Is there any association with the development of prostate cancer?

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Section 2: Benign Prostatic Hyperplasia and Overactive Bladder

Example Case

JZ is a 33-year-old who presents with complaints of urinary frequency, urgency, and sensation of incomplete emptying of the bladder. He denies fevers, chills, flank pain, and dysuria, and has not had pyuria or hematuria. He drinks 2 cups of caffeinated coffee and 1 energy drink daily, and drinks water throughout the day. He states that his symptoms are negatively impacting his life; he avoids long car rides and has to interrupt work meetings to urinate. In the office, he has an unremarkable physical examination, a negative urinalysis, and his bladder post void residual volume is 5 mL.

Key Questions to Consider

Definitions, Epidemiology, and Pathophysiology

- How are benign prostatic hyperplasia (BPH) and overactive bladder (OAB) defined?
- How is a diagnosis of OAB distinguished from a diagnosis of lower urinary tract symptoms (LUTS)?
- How are they similar and different, and how do they overlap?
- What are the prevalence of BPH and OAB? What impact does age have on prevalence and diagnosis rates?
- What factors predispose patients to the development and progression of these conditions?
- What are the etiology and pathophysiology of BPH and OAB?
- What are the commonly associated medical comorbidities in patients with these conditions?

Clinical Presentation and Diagnosis

- What are the common clinical presentations of patients with BPH and OAB? What is the differential diagnosis in patients who present with these symptoms and conditions?
- What are the current evidence-based and cost-effective diagnostic strategies for patients with BPH and OAB? When should a digital rectal examination be performed? When and how should bladder post-void residual volume be measured?
- Is there benefit to using severity scoring systems, like the International Prostate Symptom Score (IPSS)?
- What are the roles of cystoscopy, urodynamics, and imaging (including prostate ultrasound and magnetic resonance imaging) in the diagnosis or evaluation of BPH and OAB?
- When should prostate cancer be considered in the differential diagnosis of the patient with suspected BPH or OAB? Which patients with suspected BPH or OAB should undergo prostate-specific antigen (PSA) testing? What factors can temporarily increase PSA results?
- How do various sleep patterns affect LUTS due to BPH and OAB?

Treatment and Monitoring

- What are the current evidence-based treatment strategies for BPH and OAB?
- How do the 5-alpha reductase inhibitors affect PSA? Why is it important to check PSA before starting 5-alpha reductase inhibitors?
- What are the potential complications of untreated BPH and OAB? When is watchful waiting reasonable and when is treatment necessary?

- What dietary and lifestyle modifications are effective in the treatment of BPH and OAB? What is the role of limiting fluid intake and bladder irritants such as caffeine in patients with LUTS?
- What are the current procedural and surgical treatment options for BPH and OAB? When should they be offered, and what are their respective risks and benefits?
- Are there any complementary and alternative medicine options that have proven benefit in the prevention and treatment of BPH? What is the role of hypnotherapy? What is the role of pelvic floor physical therapy?
- What medications or supplements may worsen BPH and OAB?
- When should a patient with BPH or OAB be referred to a urologist?

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Section 3: Family Planning in Men

Example Case

PR is a 25-year-old who presents with his female partner so that they may both discuss reversible contraception options. His partner has been intolerant of female contraception options due to adverse effects and risks of thromboembolism, and they are inquiring about novel reversible contraception options for men.

Key Questions to Consider

Reversible Contraception

- What options currently exist for reversible male hormonal contraception?
- What are the best shared decision-making strategies to educate men on male contraception options?
- What do epidemiological and statistical models demonstrate with regard to potential for male engagement in reversible hormonal contraception?
- What data exist on the female viewpoint of reversible male hormonal contraception?
- What is the pathophysiology behind reversible male hormonal contraception? What are the mechanisms of action?
- Which men are not ideal or safe candidates for reversible male hormonal contraception?
- What medical conditions and socioeconomic factors affect who are candidates for reversible male hormonal contraception?
- What are the implications for male contraception in marginalized populations?
- What monitoring studies should men undergo when taking reversible male hormonal contraception?

Vasectomy

- How often do men choose vasectomy for contraception? Is the prevalence increasing or decreasing, and what factors contribute to this trend?
- Describe the current procedures for vasectomy (consider a figure).
- When should postvasectomy semen analysis be performed? How can compliance be improved?
- What is the vasectomy failure rate?
- What are common complications of vasectomy?
- How successful is vasectomy reversal? Does insurance cover it?

Male Infertility

- How is male infertility diagnosed?
- What are the most common causes of male infertility?
- How does age affect male fertility?
- Are there genetic or environmental etiologies that can contribute to male infertility?
- What are the current treatment options and cost comparison?
- Are there long-term psychological effects on men struggling with infertility?

Fertility Preservation

- What are the current options for fertility preservation in men and when are they indicated?
- How effective is sperm cryopreservation?

- When should fertility preservation be considered in men undergoing treatments (such as cancer treatments) that could affect fertility?
- What are ethical considerations around adolescent fertility preservation in those whose future fertility may be impaired due to illnesses such as cancer?
- How do social determinants of health affect fertility preservation?

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Section 4: Prostate Cancer Screening and Treatment

Example Case

ZA is a 48-year-old with a history of hypertension, prediabetes, and generalized anxiety disorder who presents for his yearly health maintenance examination. His father was diagnosed with Gleason score 3+4=7 prostate cancer at age 73, and his brother was diagnosed with Gleason score 3+3=6 prostate cancer at age 66. He is inquiring about his risks of developing prostate cancer, and when he should start screening.

Key Questions to Consider

Epidemiology and Prevention

- What is the epidemiology of prostate cancer? How has this changed over the last decades? How does the prevalence vary in the United States and worldwide?
- What impact does advancing age have on the development of prostate cancer?
- Which risk factors are associated with its development?
- Are there any complementary and alternative medicine treatments, or dietary factors, that have proven benefit in the prevention of prostate cancer? Are there dietary factors that increase risk of development of prostate cancer?

Clinical Presentation and Diagnosis

- What is the prostate-specific antigen (PSA) test? What are its sensitivity, specificity, and negative and positive predictive values? What can cause a false-positive elevation in PSA?
- What are the current screening guidelines for prostate cancer (eg, US Preventive Services Task Force, American Urological Association, American Cancer Society)? Why do we have conflicting recommendations from different medical associations?
- Is screening for prostate cancer cost-effective? Does it result in higher survival rates or lower rates of advanced prostate cancer? Does screening impact morbidity and mortality?
- How should clinicians use shared decision-making to best educate their patients when discussing prostate cancer screening? What are the limitations of screening based on shared decision-making? Which men should not be screened for prostate cancer?
- What tests other than total PSA have been proposed for prostate cancer screening (eg, free PSA, free/total PSA ratio, bioavailable PSA, p2PSA, Prostate Health Index, 4Kscore)? Please include cost of testing.
- What is the role of urine biomarkers, such as PCA3 and TMPRSS2-ERG? What are the benefits and limitations of these approaches, and what are their current and potential future roles in prostate cancer screening and diagnosis?
- What is the role, if any, for digital rectal examination in prostate cancer screening and diagnosis?
- What do current guidelines recommend for managing previously abnormal PSA values?
- What is the role of imaging studies, including ultrasound and magnetic resonance imaging, in screening and diagnosis of prostate cancer?
- What are the indications for prostate biopsy, and what protocols are currently recommended? How do the transperineal and transrectal approaches differ? What is the role of magnetic resonance image-guided “fusion” prostate biopsy? What are the complications and morbidity of prostate biopsy?

Treatment

- Once prostate cancer is diagnosed, what is the current staging paradigm?
- What are the current evidence-based treatment recommendations for prostate cancer based upon stage at presentation?
- How effective is manual lymphatic drainage treatment in preventing complications?
- Which patients can be managed without hospital admission? What are indications for admission?
- When should a patient with these conditions be referred to a lymphedema specialist?

Prognosis

- What are the short- and long-term prognoses of men diagnosed with prostate cancer based upon staging?
- What PSA value is worrisome, and how does that depend on the prior treatment received?
- What are the morbidity and mortality risks and how are they influenced by social determinants of health?

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