

The recognition of urologic disease is a primary care issue, whether we've known it or not

*When the facts change, I change my mind.
What do you do, sir?*

—Sir John Maynard Keynes

Over the years, we have both made some observations about urologic disease that we believe are significant:

- There is a substantial burden of urologic disease that is going undiagnosed, which means patients are needlessly suffering.
- The average primary care provider (PCP) has had little to no training in identifying and evaluating—let alone treating—urologic disease.
- A significant portion of patients with urologic complaints can and should be identified, evaluated, and initially treated in the primary care setting.

Taken together, these observations signal that there is a tremendous need for primary education in urologic disease—not just any education, but education that the PCP can apply in his or her everyday practice.

In this supplement we are challenging the concept that genitourinary complaints are solely the responsibility of the urologist. Although the urologist will always remain a crucial part of the health care team for patients with genitourinary disorders, identification of these disorders must start with the PCP. In recent years, knowledge of many of these urologic diseases has improved so that empiric treatment can be initiated without much more than focused symptom identification, precise physical examination, and directed laboratory testing.

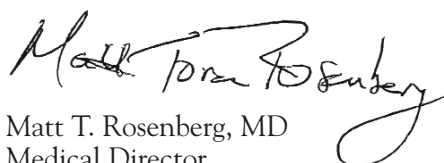
The opportunity to communicate how these changes can be integrated into primary care practice is the focus of this publication. The team approach has been enhanced by identifying those areas that require referral to the urologist. Hopefully the end result will be better care for the patient.

This supplement is unique in that it is written for primary care, *by* primary care. With the exception of coauthors on the malignancy screening and prostatitis articles, all of the authors of these papers are practicing PCPs. As they wrote their papers, and as we reviewed them, we all kept asking ourselves the same

key question: What does the average PCP need to know about this disease? This fundamental question guided our efforts to make this publication comprehensive yet practical enough to really help the busy PCP.

This project would not have been possible without the support of many people. The authors are experienced and dedicated primary care educators who understand how important it is to integrate urologic expertise into primary care. A special thank-you is extended by one of us (M.T.R.) to Dr. David Staskin, who has been a mentor since our years together in Boston. My love for medical education is directly related to his example and encouragement. Finally, this project could not have been possible without the efforts of Glenn Campbell and his staff at the *Cleveland Clinic Journal of Medicine*. A journal supplement on urologic disease for primary care, by primary care, has not been done before, but the *Journal* shared our belief that the time for it has come.

We hope you find this supplement both helpful and thought-provoking. Our aim is that some of the “pearls” shared in these pages will facilitate better care and improved quality of life for your patients. May you enjoy taking this educational journey as much as we have enjoyed preparing it.



Matt T. Rosenberg, MD
Medical Director
Mid-Michigan Health Centers
Jackson, MI



Milton M. Lakin, MD, FACP
Section Head, Medical Urology
Glickman Urological Institute
Cleveland Clinic
Cleveland, OH