



CAIRIBU BPH RESEARCH INTEREST GROUP (BPH RIG)

CAIRIBU BPH KNOWLEDGE EXCHANGE



BPH RIG KNOWLEDGE EXCHANGE

AUGUST 12, 2026
7PM-8PM ET

Dr. Alex Glaser,
Endeavor Health



EXECUTIVE SUMMARY 8/12/2026

Goal: Facilitate knowledge exchange and spur collaborations in BPH research and adjacent fields

Summary

Modern Surgical Management of BPH and Implications for Translational Work

Modern BPH Management:

- Dr. Glaser discussed how **BPH is a universal condition affecting 80%-90% of the male population by the age of 70**. This high prevalence leads to a large economic burden.
- He noted that AUA guidelines recently changed to recommend starting with PDE-5 inhibitors, then determining procedural management based on prostate volume and ejaculatory preservation.
- Standard care begins with an evaluation to discuss the patient's history, conduct an exam, and perform urinalysis. **If there is minimal improvement, surgical intervention is discussed with the patient.**

Usefulness of Medications:

- The Medical Therapy of Prostatic Symptoms (MTOPS) trial demonstrated that combining finasteride and doxazosin provides the most symptom relief, although the improvement was only modestly more than placebos. (7.4 vs 4.9-point drop)
- Dr. Glaser discussed **a major problem clinicians encounter is that 66.7% of patients stop their alpha-blocker within 12 months and 47% of those abandon BPH drug therapy entirely.**

Current Urological Workforce Issues:

- Dr. Glaser highlighted that the existing disability burden is large and continuing to grow.
 - **In 2017, 2.4 million years were lived with disability from BPH, which was three times that of prostate cancer.**
- We have more procedural options than ever, but we cannot out-operate the problem.
 - 62% of U.S. counties do not have a practicing urologist and just 10% of counties in the U.S. hold 90% of the urology workforce.
 - The mean age of urologists is 55 years old.

Reshaping BPH Through Prevention:

- Dr. Glaser noted that prostate growth is hormonally driven and inevitable; but metabolic syndromes, inactivity, and adiposity are consistently linked to LUTS.
 - Physical activity can decrease LUTS by 19%; weight loss decreases LUTS from 35% to 22% post-operatively among bariatric surgery patients.
- Dr. Glaser mentioned the idea of using GLP-1s as a potential management strategy for LUTS/BPH.

Automation and Personalization of BPH Treatment:

- **Clinicians can stratify patients before treatment to predict if retention or surgery is the best option.**
 - Genetic and molecular risk scores along with inflammatory and metabolic phenotypes are proposed as potential predictors for therapy failure.
- Dr. Glaser introduced the **LURN SI-10** to use analogously to the IPSS. This questionnaire covers topics missed by the IPSS such as UII, SUI, PVD, and pain.
- Automated questionnaires can be used as post-procedure check-ins for patients to complete, which can flag failure risk factors and help with symptoms/complications without requiring clinic re-entry.
- Dr. Glaser raised the concept of **remote uroflowmetry through a phone app**, allowing patients to void in their own homes while running an app that will collect measurements that correlate with traditional uroflow.
 - He noted that this helps patients manage travel, avoids overscheduled clinics, and provides more accurate void data.

Modifying the Disease – Not just Symptoms:

- Old BPH models were based on androgen driven hormonal overgrowth, where the size of the prostate caused the symptoms.
- **New models suggest that as the prostate enlarges, the immune landscape changes.** A combination of inflammation, fibrosis, and proliferation contribute to LUTS.
 - With this, Dr. Glaser noted that candidate therapeutics include TNF antagonism, TREM2 macrophages, and antifibrotics.
- **Figuring out each patient's unique disease phenotype is an important next step in determining the proper targets.**

When Clinicians Should Intervene:

- The list of minimally invasive intervention options is expanding rapidly; some can be done in the office.
- Dr. Glaser stated that later intervention may be best if sexual preservation and the risk of incontinence are of importance to the patient.
- However, he recommended early intervention if the prostate is obstructing the bladder and causing functional decline and said that **research on immediate TURP shows better symptom improvement than waiting.**

Future Work of Scientists and Clinicians:

- Dr. Glaser suggested **prevention, automation, modification, and intervention** to promote the movement of BPH management from a reactive approach toward mechanistic and biomarker-based approach.
- High emphasis was placed on sharing cohorts and biorepositories, working on a non-invasive biomarker, having mechanism based multi-PI programs, and using standardized remote patient reported outcomes.

Summary

- Dr. Glaser ended by noting that BPH is a universal condition affecting nearly every aging male, causing a great burden on our economy and healthcare system.
- Current medications are modestly effective, but more than two-thirds of patients stop alpha-blockers within 1 year, and nearly half of those completely abandon BPH therapies.
- The urological workforce is aging and highly concentrated in a small percentage of the country, leaving it difficult for many patients to see urologists.
- Dr. Glaser advocated for treating comorbidities and using automated, personalized medicine as potential strategies to lessen office visits and directly target the unique disease phenotype.
- He ended his talk by encouraging collaboration to advance BPH research toward a mechanistic approach.

Alex Glaser, MD, is a urologist and Vice Chief of Urology at Endeavor Health. He specializes in endourology and the treatment of benign prostatic hyperplasia (BPH). He uses advanced techniques including Aquablation and robotic-assisted surgery to provide precise, minimally invasive care. An NIH-funded surgeon-scientist and investigator with the LURN network, Dr. Glaser leads two R01 grants in BPH research. As Director of Urology Research and a clinical associate professor at the University of Chicago, he works to advance surgical innovation and improve outcomes for patients with urologic conditions.