[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's Director of Podcasting.

[00:00:13] On this episode, we welcome Mahyar Kashani, MD. Dr. Kashani is the Director of Male Sexual Health and an Assistant Professor of Urology at the Mount Sinai South Nassau Hospital. In his practice, Dr. Kashani offers treatments for urological disorders, particularly the diagnosis and management of prostate cancer.

[00:00:32] He also counsels and treats patients with the after effects of prostate cancer, which can include erectile dysfunction. His practice allows him to change the lives of patients in an area that many are reluctant or unwilling to discuss. We're honored to welcome Dr. Mahyar Kashani to the show.

[00:00:49] Dr. Mahyar Kashani, welcome to Road to Resilience.

[00:00:56] **Mahyar Kashani:** Hello. Thank you so much for having me. Looking forward to having a good conversation today.

[00:00:59] **Stephen Calabria:** Me too. Now, in the context of men's health, what does resilience mean to you?

[00:01:07] **Mahyar Kashani:** That's a great question. And men's health comes in the form of many different diagnoses, let's say in the urology world.

[00:01:15] Resilience can come in the form of someone who is interested in having children and fertility and maybe is dealing with an issue where they're unable to have children yet. They get worked up, get evaluated, go through all the necessary processes to have kids, because I think that's super important and that can be defined as resilience.

[00:01:37] People who suffer with certain cancers such as prostate and bladder cancer who deal with an array of different issues, sexual issues, body image issues, just on top of the cancer who fight through that. I think that's resilience.

[00:01:52] And I think just trying to live a day to day normal life, dealing with very common issues like erectile dysfunction and Peyronie's disease being able to power through and see a provider and speak about these issues I think that all Is defined as resilience, in my book.

[00:02:09] **Stephen Calabria:** Amen to that. You study and treat specifically men's health, things related to men's health, why is it important for men to see their urologist and when?

[00:02:19] **Mahyar Kashani:** It's important for men to see a urologist for an array of different issues. There are issues that all men have to deal with, such as prostate cancer screening. They have to see a urologist or at least a primary care provider to do yearly PSA checks, which is a blood test to assess your prostate cancer risk, as well as an examination and focused history.

[00:02:48] Men are at increased risk of developing prostate cancer after a certain age, and it's important to have that conversation with your doctor or urologist. There are different guidelines that come from different organizations, both here and abroad.

[00:03:04] I would say at least at age 45, unless you have any other risk factors, being from a minority group, or having a strong family history, at least at age 45 you should get your yearly PSA checked. That's really important.

[00:03:19] In addition, men do seek out a urologist for other issues such as erectile dysfunction, infertility, kidney stones, urinary tract infections, issues urinating, as well as other things that may come about from other procedures or diagnoses that you will get from other providers as well.

[00:03:39] **Stephen Calabria:** One of the things you mentioned you study and treat is prostate cancer. What are the risk factors associated with prostate cancer?

[00:03:48] **Mahyar Kashani:** So, prostate cancer is a very common diagnosis. Studies show that one out of seven men will be diagnosed with prostate cancer, but prostate cancer does not come in the same flavor for everyone.

[00:04:02] There are different types of prostate cancer. And that's the important thing is that you get diagnosed appropriately and early. We always, like with any part of the body, that the cancer be diagnosed when it's still in the organ of its origin and not beyond.

[00:04:17] So, as we discussed, a PSA blood test is great way to be screened for that and if your PSA is elevated or starts to get elevated, that's when we sort of work you up, see if you need to get any additional imaging, any blood work and potentially proceed with a prostate biopsy.

[00:04:34] In terms of family history, if your dad, your brother, your uncle, anyone in your immediate family has prostate cancer, there is a higher risk of developing prostate cancer as well. So for those patients, we do sometimes ask them to get PSA screens done earlier.

[00:04:48] And if you are from, let's say, a minority group that has a higher predisposition for prostate cancer, such as African American or Afro Caribbean, sometimes we do screen them starting at age 40 as well. But that again is a conversation that should definitely be had with you and your urologist.

[00:05:03] **Stephen Calabria:** From a resilience standpoint, prostate cancer is a huge problem in America. You mentioned one in seven men will have a diagnosis of prostate cancer at some point in America. Could you paint a picture for us of just what the landscape looks like when it comes to fighting prostate cancer and what patients should know?

[00:05:23] **Mahyar Kashani:** Absolutely. So prostate cancer is very challenging for patients. As any cancer would be, it often involves treatments that could lead to a variety of side effects such as sexual dysfunction, urinary dysfunction, and just the psychological difficulties in comprehending or realizing you have cancer.

[00:05:46] Now, to walk you through how that works. When patients are screened, if something looks suspicious, we often do an additional workup that can include a biopsy and often include something called an MRI of your prostate.

[00:06:03] Here, we're able to get an idea of the landscape of your prostate internally and use it as a guide to biopsy an area that looks concerning. If someone is diagnosed with prostate cancer, the next step is discussions of treatment.

[00:06:18] Now, if your prostate cancer is localized, meaning it's only involved in the prostate, then the gold standard of treatment is usually surgery, which is called a radical prostatectomy, where we remove the prostate, the seminal vesicles, and the local lymph nodes in the area, or radiation therapy, which comes in a variety of different forms where we radiate the prostate, cells in the hopes of destroying the prostate cancer cells in that area.

[00:06:44] Now, depending on the type of disease you have, there are also patients who get diagnosed with very low grade, low stage prostate cancer,

which we could put them on what we call active surveillance, which we monitor them and check for them, check them.

[00:06:56] and screen to see if anything changes or if we can continue to watch. The reason being, some of these procedures that we do often have side effects. And studies have shown that if you put someone on active surveillance and wait until their cancer seems to progress or things change before treating them, there's actually no difference in outcomes, but you save those few years.

[00:07:19] Of side effects that may be seen with some of the procedures such as radiation or surgery. Now, many men feel hesitant or scared to see a urologist or to be screened for prostate cancer because one of the forms of examination that we do during these screenings is a rectal examination. Now, many men are nervous about having a provider, whether it be male or female, do a rectal examination on them.

[00:07:46] And I've seen personally in my own experience where men feel that it is. maybe not manly or a little bit uncomfortable to have that done. So they disregard it. And the problem is we find that patients who could have been screened and could have been treated earlier and cured or managed can sometimes be delayed because they don't go and get checked.

[00:08:05] So I encourage everyone to at least get a PSA blood test. And to be evaluated to see what your risk is for developing things like prostate cancer.

[00:08:12] **Stephen Calabria:** To that point, as far as there being something of a stigma among certain men, as far as getting screened, do we see the same numbers in other developed Western nations?

[00:08:24] **Mahyar Kashani:** So I don't know the statistics off the top of my head about screening, but the problem is, is that many different organizations, like I said, here in the U S or abroad have different screening protocols.

[00:08:38] And it's difficult to compare apples and oranges about who gets screened, how often somebody gets screened. But the key is that we encourage people just like a colonoscopy, just like a mammogram and women.

[00:08:51] To get that screening process done and at least once a year, just so that we can them monitored. And again, if we catch something to catch it early and treat it and potentially cure it.

[00:09:03] **Stephen Calabria:** Now switching gears here and to our listeners, I swear this is related, but let's talk about erectile dysfunction. What does the term even mean? And again, what are the risk factors?

[00:09:15] **Mahyar Kashani:** Absolutely. So prostate cancer treatment, unfortunately. is almost synonymous with erectile dysfunction. Erectile dysfunction is the inability to attain or maintain an erection suitable for sexual intercourse. Now that can mean different things for different people.

[00:09:32] In the context of prostate cancer, some of the treatments that we provide, radiation therapy or surgical intervention, often lead to erectile dysfunction. Studies show that anywhere from 25, even up to 50 percent of patients receiving radiation therapy will develop some form of erectile dysfunction after their treatment.

[00:09:50] And patients upward of 85 percent will develop erectile dysfunction after prostate cancer surgery. Now, we've come a long way from doing what we call open prostatectomies, where we make a large incision and remove the tumor. remove the tumor via that incision. Now we do majority of surgeries are done robotically.

[00:10:11] So here we're able to use the da Vinci robot and which sees the planes at 10 times magnification, allows us to take the prostate out and spare some of the nerves that overlie the prostate on the inside.

[00:10:26] Now, anatomically speaking, like I said, the nerves that help for erection, erections, or can lead to rectal dysfunction. They run alongside the lateral portions of the prostate. And when you're doing these surgeries robotically, as long as the cancer is within the prostate and not pushing out onto the nerves, we can attempt what we call nerve sparing.

[00:10:45] When you do nerve sparing, the hope is that those nerves aren't shocked or damaged, and that post operatively, the nerves will regain some function and not lead to as much erectile dysfunction.

[00:10:57] Now, because prostate cancer is often in older men. Let's say 50, 60, 70s, often erectile dysfunction is already knocking at the door. And so when we counsel patients, we let them know that their erection, erectile function will likely get worse after surgery, but it definitely won't get better to where they were before.

[00:11:17] So it's really important to understand that although again, radiation has less of a chance than surgery, it's something that will be experienced by the majority of patients. But the good news is, is that there are a lot of options for these patients after surgery or radiation.

[00:11:33] **Stephen Calabria:** You talked earlier about the reluctance of certain patients to undergo the screening and procedures for prostate cancer. Is ED, in your experience, one of the reasons why so many patients can be reluctant?

[00:11:50] **Mahyar Kashani:** I don't know if it plays a huge role in that screening process, but I absolutely have had experiences. where patients don't want to do anything because they are worried about being impotent. I can remember a time when a patient who was recently diagnosed with prostate cancer with his wife and his kids were also present in the room, who were a bit older.

[00:12:13] And he said, I would rather die than lose my ability to have sex. And in some people, the ability to have an erection and to provide for their partner is a big component of their identity. And the idea that this may be lost even in the process of treating cancer may deter them from actually doing anything.

[00:12:33] But to me, I think that we again, like I said, have a lot of treatment options available to these patients. And what has been new to us in a lot of the urology world is we do a multi sort of specialty discussion, meaning we will encourage patients who are planning to have a prostatectomy or radiation, see a sexual dysfunction doctor like myself to discuss these options.

[00:12:58] So they know that they're available so they can potentially prepare themselves, learn what's out there so that they know that, hey, once I finished my cancer treatment and things are okay, I can discuss with a urologist about pills, about injections, about implants so that these patients don't feel as hesitant to undergo these procedures and know that there is a light at the end of the tunnel after these treatments are completed.

[00:13:21] **Stephen Calabria:** Well, let's talk about that a little more. There is to your point something of a stigma around ED and I imagine it can complicate treatment even further when patients are either receiving treatment or after they've completed treatment. How do you navigate that during and after treatment?

[00:13:41] **Mahyar Kashani:** So, first and foremost, you always want to know how erections were before. If a patient is having, let's say, 10 erections before,

then there's a higher chance, with nerve sparing, that they'll have good erections afterwards.

[00:13:55] If there are patients who are not having great erections, even on medications before, and we counseled them that, hey, your erections might not be as great afterwards, and we'd have to go towards a little bit more of a invasive maneuver or invasive intervention to have erections.

[00:14:13] So, the real important sort of keyword is penile rehabilitation, rehabbing of the penis. Now, different people will use different things to help or encourage erectile function after these procedures.

[00:14:27] So, usually, most patients have tried some oral pills. These are things like Viagra, Cialis, Levitra. These are called phosphodesterase 5 inhibitors. They inhibit the signal that the body sends down to the penis to shut off an erection. So you basically tell the penis, have it, keep it.

[00:14:46] With patients who have prostate cancer surgery, for example, their main issue is nerve damage. The nerve that supplies the penis the erection, that gives the signal to get an erection can be damaged, can be shocked, and sometimes pills alone aren't enough to get the ball rolling.

[00:15:04] To take a little global picture here, just erections in general, you need four things to have an erection. You need good arterial flow, meaning flow in. You need low venous flow, meaning the blood that goes in stays in, nothing pushes out. You need to have a good nerve function, meaning a stimulation either from the brain or physically to the penis.

[00:15:24] And you need to have good tissue elasticity, meaning the tissue has to be able to expand and contract. So after a prostatectomy, we tell patients that the nerves will be damaged. Most likely if it's not nerve sparing.

[00:15:37] So that's an issue that sometimes up to two, we'll take up to two years to, to come back to life. Another issue that we do see is that because the way the surgery is, and we have to remove the prostate and reconnect the bladder neck to the urethra, some men who walk out of surgery have penile shortening.

[00:15:54] They feel that the penis has lost a little bit of length and sometimes with that loss comes a little bit of a new curvature. So we tell patients as well to expect that sometimes the penis does not look the same after surgery.

[00:16:08] So you can imagine as a patient, this is really stressful, thinking that not only will it not work the way it used to be, but it's going to look different and feel different. And that's something that we always counsel patients on.

[00:16:21] So they know that, Hey, this is a possibility. And that they understand that we can do things afterwards to help. So, like I said, those medications are great and we do often give patients that medicine to start with. If it doesn't work, then we usually think, Bring them in for something called a duplex ultrasound and penile injection.

[00:16:42] What that encompasses is we use a small dose of a medicine, that is injected into the side of the penis with a very small needle to help induce an erection. It causes dilation of the artery inside the penis.

[00:16:54] When we do that, it's usually in conjunction with an ultrasound of the penis to evaluate the inner workings to see, is there something in the penis that is causing erectile dysfunction beyond the nerve damage.

[00:17:04] Are your arteries not dilating? Are you not getting enough blood flow? Do you have new plaques, calcifications, anything in there that looks abnormal that's leading to your symptoms? So, if we find no issue and you have good response with the medicine, many patients will use the medicine.

[00:17:20] The good thing about the medicine is you can use it while your nerves continue to heal, while you're on the other medicine, the Cialis or Viagra, and that'll help give you some time to see if the nerves come back.

[00:17:33] Now, if the nerves don't come back, if you already started with poor erections and you're still sexually active, the next option is a penile implant. A penile implant is a surgical prosthetic that we put inside of the penis to help give you an erection.

[00:17:49] It usually comes in the form of a three piece, a pump that sits in your scrotum, cylinders that sit inside the penis, and a reservoir, a sack of fluid, that will actually sit under your muscle belly.

[00:18:00] We do that through a small incision between the penoscrotal junction on the lower part of your penis, between the penis and the scrotum, and we're able to put the whole device in there, and patients are very happy and very satisfied because they often go from being completely impotent to having a working penis.

[00:18:18] Everything is hidden, everything is on the inside. Patients can get an erection on demand for as long as they want. It's reliable. You can still become spontaneous.

[00:18:27] So it's a very good option in those patients who undergo treatment, especially if they're younger and are still wanting to be sexually active with their wives, with their partners, and it's something that we definitely do discuss before because, again, we want to make sure that patients do understand that, hey, there are options after your treatment of cancer.

[00:18:47] **Stephen Calabria:** In addition to the physiological problems and treatments you talked about, I also imagine this treatment comes with significant psychological challenges. Is psychological treatment a part of your process? And if so, what are some of the most common findings?

[00:19:04] **Mahyar Kashani:** Absolutely. Absolutely. When you think about the diagnosis of any cancer, there are significant psychological side effects. The constant reminder that I have cancer, the idea that I might need surgery, the idea that I might die from this cancer.

[00:19:22] It puts a lot of things into perspective, and especially with prostate cancer, given that a majority of treatments do have sexual side effects, a lot of those side effects do play a big psychological role and have psychological consequences.

[00:19:38] The quality of sexual intimacy in patients can change. Their everyday interactions with the opposite sex or same sex, depending on their preference, can change. How much they fantasize, sexual imagery that they have and they think about will change.

[00:19:54] Their perception of masculinity, of what is a man, am I a man, will change. And, we often have that discussion and talk that, hey, life sometimes throws a little curveball to you and you have to change the way you look at the situation.

[00:20:11] And I really think that that understanding and trying to flip the script instead of saying, Oh, now I can't do this. Or now I can't do that. I try to encourage them to say, look, this is a new way to do it. We're going to do things in a different way, but you're still going to be able to perform.

[00:20:28] You're still going to be able to be there for your partner. And it's, it is definitely something that we see and maybe isn't in the spotlight or maybe isn't.

[00:20:38] The center of a discussion when we're having these talks and something I heard a long time ago that I really like or not that I really like that I've heard a term that I think really encompasses what we, what this whole talk is about is suffering in silence.

[00:20:53] Men suffer in silence with erectile dysfunction, especially men with prostate cancer. It is a side effect. It is very common and men feel shy talking about it. Even without prostate cancer, men don't want to talk about it. They feel like it's taboo. It's difficult. So it plays a huge psychological role.

[00:21:13] We've had patients who we've seen who have developed prostate cancer, who have not only urinary issues, which we can also discuss, which can be difficult to manage post operatively, but they have the erectile dysfunction.

[00:21:28] And every day they go about their lives thinking about ED. And it's something that I think we don't emphasize enough and that we don't push enough for patients to ask them, how are your erections?

[00:21:40] How do you feel? How can we make it better? And I think once that conversation gets opened up, patients feel a sense of relief. Somebody sees me, somebody acknowledges me, somebody hears that I have this problem.

[00:21:52] And then when we can get them on the fast track to doing injection therapy, taking medications, which are so easy to now find and so easy to get for compound pharmacies. They're no longer crazy expensive.

[00:22:03] And then ultimately, of course, an implant being another option, a good option, but obviously a different option with surgery. They get so relieved. They're so happy to have a discussion. And a lot of these patients who get treated, They give you a hug. They say, thank you very much.

[00:22:18] I feel like a man. They don't have to worry about it anymore. And, it's a real gift to be able to give a patient who's gone through so much, the gift of being able to get an erection, it feels very satisfying and it feels great to be able to provide that service every time.

[00:22:32] **Stephen Calabria:** Well, to your point about suffering in silence, too, there, I imagine, is a great deal of social pressure, just, especially from other men, you should be expected to be the strong, silent type, as you put it, to suffer in silence, you deal with your problems, nobody wants to hear about your problems, and you handle them on your own, and so I imagine in a lot of these conversations, it is a great unburdening for a lot of these patients.

[00:22:58] It's cathartic to finally talk to someone and not only talk to someone, but talk to someone who can empathize with what they're going through and offer solutions on how to counter it.

[00:23:09] **Mahyar Kashani:** Yeah, it's so interesting to me, the amount of men who just don't speak about it at all. And just to your point, again, we are supposed to be strong, silent. We are supposed to man up and just take it.

[00:23:26] And I understand the reason behind it and with social pressures and not having those conversations with your family or with your friends, because you're meant to be so strong.

[00:23:37] But I think the beautiful thing about having a conversation is with your urologist is I know what that feels like. I've seen people go through these problems. I understand the hardships that you got to go through the changes to your mind, to your body.

[00:23:51] And, I encourage you just have a conversation, find someone you connect with, find someone that'll sit down and have a conversation, have a consultation, see why you have the erectile dysfunction.

[00:24:03] Because sometimes guys who have erectile dysfunction at a young age, it could be a marker of some other issue somewhere else. So, these conversations should be had. And the beautiful thing is that there are more and more people making social awareness for other issues in medicine. It makes it much easier to have these conversations about prostate cancer.

[00:24:23] Things like No Shave November, where people grow their mustaches, mustaches out and post about it and raise money, makes people aware. Thankfully, there are a lot of people who do get prostate cancer and who preach, go get screened, go get checked.

[00:24:36] And it's a lot easier now to get patients in the door to get screened, and it's a part of their process as they get older, but still, it's really important to push that on patients to make sure that they get out there, talk to their urologist.

[00:24:51] Because, again, there are things here, there are treatments available, and nobody has to know, it's between you and your doctor. But it'll definitely make you feel better, and have a better quality of life, which is what we all really want at the end of the day.

[00:25:03] **Stephen Calabria:** You're right. It does seem that there is a great deal more attention being paid to this, but on the other hand, it also seems like it's an area currently without a true public champion. Are there any examples of positive role models in either of the areas of prostate health or ED?

[00:25:21] **Mahyar Kashani:** I wish there was. I know that, for example, Ryan Reynolds,if I'm not mistaken, recently did a video on YouTube where he went and did a colonoscopy and the percent of people going to get colonoscopies after that skyrocketed because people said, Hey, he's like us.

[00:25:41] He needs to get screened. He needs to get checked, and people did. Now, with prostate cancer, I think it would be a lot easier to have a face to champion that effort because screening for prostate cancer is not seen as being less manly. I think, as times have changed, it actually is more manly.

[00:26:02] You're taking care of yourself. You're going and making sure things are okay. And thankfully it has switched in terms of the stigma against getting checked. Although that still, again, is not ubiquitous everywhere. There are certain pockets of groups of people who are still a little hesitant.

[00:26:17] But in terms of erectile dysfunction, I think it's a big issue. Obviously, nobody is excited to walk on stage, walk in front of a camera, get on a mic and say, Hey, my name is John Smith and I've got erectile dysfunction.

[00:26:30] As things have progressed and people continue to develop these issues, such as erectile dysfunction. I hope that it becomes more of a easy conversation to be had. It's an easy conversation to have with a family member, to have with a friend, to have with a co worker, to even have with your urologist, the most important.

[00:26:51] Because, we have so many treatments that are available and it hurts my soul when I see a patient who's been suffering for so long and says, I didn't know there's this and I didn't know there's that available.

[00:27:04] And I think that's the importance of finding a doctor who specializes in sexual dysfunction. And again, thankfully there are a bunch of us around who do the same thing. And, like I said, thank God a lot of these medications are very easy to find, compound pharmacies are available.

[00:27:18] So it's not like it used to be where each of these pills was a hundred dollars. Even in the short time where I've gone from training to being an attending, I remember seeing patients who couldn't afford the medicine because

they said, I have to put food on the table and now you can buy it from an online compound pharmacy for 15 bucks for three months worth of medication.

[00:27:37] So a lot of has changed, even in a short amount of time, but I hope one day someone could be like you said, a champion of erectile dysfunction just so people can know, hey, it happens, it's normal, and there are things we can do to fix it.

[00:27:52] **Stephen Calabria:** Let's tell some patient stories. Have there been any patients that have stuck out for you in their treatment journey through prostate cancer or ED as demonstrating resilience that you found inspiring?

[00:28:04] **Mahyar Kashani:** Absolutely. Absolutely. I remember a gentleman who we saw for erectile dysfunction, who had undergone a prostatectomy many years prior.

[00:28:19] And had been suffering with erectile dysfunction and was not interested in having any relations with his then wife. She unfortunately passed away and he got back on the horse. And was dating a new woman.

[00:28:36] And he was trying to get a new lease on life and was interested in potentially having an implant. He had just heard about it, saw it on YouTube. Didn't even know it existed at the time of his prostatectomy.

[00:28:49] He came in almost in tears about how he wants to be there, wants to be able to perform for his new partner. And we talked about an implant and injections. And ultimately he decided to go through with an implant.

[00:29:03] I remember when we had this conversation, he would tell me that all he thought about was his erectile dysfunction day and night, even when he didn't have that partner. And after his wife had passed, he felt like he wasn't a man. He felt like even if the opportunity arose, he was not ready. He could not be ready.

[00:29:23] And that stuck with me because you really don't realize, you don't think about the mental strain or the psychological impact or consequence. That has on a man's psyche when he's dealing with all these things of life, beyond just medical issues. So he ultimately went through with an implant.

[00:29:43] Everything went very well. And I remember seeing him at his three month appointment and he was so happy. He was just ecstatic and he hugged us

and he said, you don't know what you've done for me. You've changed my life. I am a new person.

[00:30:02] And to think that with a surgery, with consultation, with some discussion, you could change so much about a person or for a person. And it really stuck with me about how much, not only does erectile dysfunction really sit on a man's conscience, but also how much improving it can make them feel better. And I really always remember that patient.

[00:30:27] **Stephen Calabria:** Finally, let's talk about the doctor. What inspired you to specialize as a urologist in men's health? And what is it about the subject that moves you?

[00:30:38] **Mahyar Kashani:** So when I was looking for a field to potentially specialize in medical school, I was very fortunate that the urology department at SUNY Downstate in Brooklyn were very welcoming, very kind, and were incredibly supportive of their medical students.

[00:30:58] I was amazed at the procedures that we could do, robotic surgery, endoscopic surgery, open surgery, the support we could give patients, the help we could give them. And I was so happy to just do these cases and see these patients because they were so appreciative of our care.

[00:31:19] I then was able to see for the first time a penile implant. And I was blown away how a technology that was actually invented in 1973 has advanced so much and could, again, make someone go from completely impotent to fully functional.

[00:31:39] I began to explore the idea of doing a fellowship in men's health, specifically in fertility, difficulties in pregnancy. Men having children, Peyronie's disease, where there's an abnormal lump, bump, or curvature in the penis, and then, specifically, erectile dysfunction or sexual dysfunction.

[00:31:59] I saw the impact, for the first time, that these issues have on patients, have on men, and I thought that it would be a great niche, a great way to help my patients. So I ended up doing a fellowship at Lenox Hill Hospital in New York City under the guidance of Dr. Jean Francois Baroukim.

[00:32:23] And I was able to see firsthand the amount of help that we could give these patients. We could make them feel better. We could help them have children. We could discuss with them the taboo topics of my penis looks different.

[00:32:38] My penis looks weird. Why does my penis do this? How come I can't do that? And sit down and actually get to have these taboo conversations, which I enjoy. I like the idea of being able to sit with a patient and give them a comfort. When some people can't even sit down and have that talk.

[00:32:54] I feel very fortunate that I'm able to have those conversations with my patients. I feel incredibly grateful and honored that they share these very intimate, sensitive topics with me, and that we work together to create a plan for them, to help them, to guide them.

[00:33:09] It truly makes me happy and it makes me content being here and working late nights and long weekends and long hours because I get to help my patients.

[00:33:18] So I think once you find that specialty or find your calling, you know. And I know for sure that men's sexual health was my calling. And I'm so honored that I get to do that here at outside myself at South Nassau.

[00:33:32] **Stephen Calabria:** What advice would you give to other young professionals in healthcare about which career track might be the best fit for them?

[00:33:39] **Mahyar Kashani:** I think that's a great question. So, medicine is a difficult road. I don't think that it's for everyone. I think that it takes a certain amount of resilience. It takes a lot of grit. A lot of hard work and determination. And I think the beauty is that we get to see what we do every day. You get to help patients.

[00:34:02] When you see someone in the office, in the emergency room, in the operating room, it is often the worst day of their life. It is a Tuesday for you, but it's the worst day of their life for them. And although you're tired, although you're hungry, although maybe you haven't done what you needed to do that day, you're there.

[00:34:22] You get to treat patients, you get to help them, and you get to make a meaningful impact in the life of someone else. As a future doctor or someone who's interested in medicine, I think that it takes a, it's a calling. You have to know that that's what you want to do.

[00:34:37] But you want to be able to wake up in the morning and sacrifice a little bit of yourself every day for other people. And it's a great honor and it's a great privilege. Medicine has been around for a long time.

[00:34:50] I'm not the clearly not the first and I won't be the last doctor and medicine has come a long way. There are a lot of advances. It's unbelievable what we're able to do now that we weren't able to do maybe even 10 or 15 years ago.

[00:35:02] So I think that when it comes to resilience, you have to have it. You have to focus on what you want, you have to focus on what your goals are and be ready for the ride. We have amazing support. You have to be thankful for your nurses, your staff, all the people who are working with you.

[00:35:20] But I think it's important to reach out to those people who are above you. Your peers, people you speak to, ask them questions. We're open. We're happy to help. And ultimately, if you decide this is what you want to do, jump right in. Take a cannonball in the deep end because it's worth it.

[00:35:39] **Stephen Calabria:** If men suspect they may suffer from prostate cancer and or erectile dysfunction, what should they do?

[00:35:46] **Mahyar Kashani:** If you suspect that you have erectile dysfunction, you should definitely have a conversation with your primary care doctor or your urologist. Now, the issue with your primary care doctor is that they have so much to go over.

[00:36:02] Often men who have erectile dysfunction will have a lot of other comorbidities, meaning other medical problems. Erectile dysfunction is often an issue with your artery. It's a vascular issue. So that can be associated with high blood pressure, obesity, high cholesterol, diabetes.

[00:36:19] So, those are very important things that have to be managed and sometimes erectile dysfunction doesn't get covered in those visits. But if you're concerned or think you have it, you definitely should have a conversation with them or ask to be referred to a urologist.

[00:36:34] Easily we can start you on oral medications to see how you feel and again there are different ways to take these medications, different doses, and that's a conversation you can have.

[00:36:44] If you suspect you have prostate cancer, meaning your PSA might be elevated, or someone tells you that they feel an abnormal nodule or something on a rectal examination, then you should definitely see a urologist to be evaluated and see.

[00:36:59] The biggest regret that I've seen in patients is that they delay being screened or delay being treated because we can often manage or even cure patients if their prostate cancer is found early. So it's really important that you If you have any suspicion to go see your urologist and be evaluated.

[00:37:19] **Stephen Calabria:** Dr. Mahyar Kashani, thank you so much for being on Road to Resilience, sir.

[00:37:24] **Mahyar Kashani:** Thank you so much. Really appreciate it.

[00:37:26] **Stephen Calabria:** Thanks again to Dr. Mahyar Kashani for coming on the show. That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

[00:37:39] Want to get in touch with the show or suggest an idea for a future episode? Email us at podcasts at mountsinai. org.

[00:37:46] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here in Mount Sinai, thanks for listening, and we'll catch you next time.

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