**UNIVERSITY OF PUBLIC SERVICE**
**DOCTORAL SCHOOL OF MILITARY ENGINEERING**

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# Military healthcare aspects of urological screening tests, particularly in urinary tract stones

Author's summary of the doctoral (PhD) dissertation

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## Table of Contents

## Introduction

One of the leading challenges of the 21st century, both for military medicine and civil medicine, are to explore and strengthen protective factors that could be an important role in the preservation and development of health, the prevention of health-damaging behaviours and chronic non-infective diseases. In the course of military engagement in crisis zones - whether peacekeeping or combating - military health professionals' primary task is to find, eliminate and combat against potential health-damaging factors due to changes in environmental conditions with the weapons of medicine. The actuality of the issue for the current Hungarian military doctors is that in recent years the number and activity of peace operations with Hungarian involvement have increased, in a geopolitical environment where our soldiers are serving in a climate other than our country, often under extreme climatic conditions. It is understandable, therefore, that the attention of domestic representatives of operational medicine is turning to research, diagnostic and therapeutic opportunities for medicine in climates and conditions different than Hungary

Since centuries, the major development in the world has had two major sectors. One is military activity and the other is health care. Only few inventions or discoveries are that cannot be directly or indirectly linked to military or medical needs or discoveries.

Over the centuries, during warfare, by the 21st century, manpower had been valued, from expendable soldiers to value to protect. Technological advances have made it possible to replace man in many places, and technology and military developments have made technical solutions increasingly reliable.

Today, we have arrived to the point where the man himself has the most uncertainties in modern warfare. The availability and reliability parameters of the machines have been improved to an extreme degree, and thanks to health improvements we have been able to significantly improve the availability indicators of manpower.

## Description of the problem

The preservation of human resources is high priority in the national interest. When people work in a highly hazardous aera such as the Army, maximising their performance and controlling and maintaining their health seems to be a fundamental requirement.

The concept of health is a changing, evolving concept. According to the traditional approach, health is the absence of the disease. (Healthy is one who is not sick...). At the same time, its approach and philosophy are completely contrary to the WHO definition, which, in the "Global strategy for health for all by the year 2000" (1979), set the ideal target state for health when it identified health as "full physical – mental and social well-being". This approach has resulted in a fundamental paradigm shift, but has not provided any guidance on practical use. Some of the parameters of "health" are well defined

and measurable. The values of the lab findings in the normal range we define, the average of biometric parameters, the negative results of imaging tests, and other well-defined measurable values indicate objectively the proper functioning of the body. However, a lot of factors cannot be determined, so Kincses's realistic definition, described in 2003, brings us closer to the definition: 'Health is the correspondence between the biological functioning of an individual and the biological functioning of the person, which can be accessed by age and gender and/or the biological functioning expected by society. The perception of health is based on the working of functions (abilities, limitations), the existence, nature of pain, and the mental processing (acceptance) of everything by the individual."; The health picture – and its subjective perception – varies from age to age and culture to culture, even depending on who and how examines a person.

The fundamental aim is to determine whether man is healthy. That is challenging for both military and civilian health systems. A healthy, complaint-free person's check-up is called health screening. During the development of modern medicine, healing was dismembered, due to a lot of specializations, the uniform approach was lost, and its design has not been successful in terms of screenings to this day. The main disadvantage of the relevant recommendations is that they are based on traditions, as a result of political agreements, decisions are not always made on the basis of clear evidence. Already some evidential screenings lose their prior priority as technology advances (e.g. chest X-rays), but their termination is so cumbersome and would require agreement between professions, so they remain in the programme.

It can be said that if unlimited material and human resources were available, we could find any disease. The aforementioned unlimited resource is not available, so we can only search for the available optimal point, which, moreover, is constantly changing due to changes in needs and opportunities. There is no known system that treats screening needs with a uniform method and makes the needs and results of different professions comparable.

The goal is very simple. Not to send unhealthy people on missions, just healthy people. All soldiers should be in good health and psychosocial condition. This expectation causes a huge challenge to military health, as the human body is not a fully known biological system, so the expected result is hampered by many unknown factors.

## Theme of research

During my military career, I have had the opportunity to observe closely the functioning of mission screenings and health systems. As a practising military and urologic specialist, I had the idea that i was sure that these tests should be carried out before the mission, are these really the maximum security that can be expected. During my duty in mission, it became apparent for me, that urological diseases, which were common in my professional experience, also occurred frequently in the mission,

but this was only a hunch at the time, i did not have numerical data. In several cases, it tought that with a more careful examination could have prevented some of the diseases experienced among the staff. In connection with the most common urological disease in the mission, which was stone disease, I launched a prospective study to confirm my suspicions. In the meantime, analysing the relevant parts of the military health systems, I have found areas that are not properly regulated, and by researching and developing them, we can get closer to the goal of not being the human the weakest part of the machine. This result can only be achieved with evidence-based results and modern risk assessment. I have identified areas that are not properly regulated and which could form the basis of my scientific research.

In both civil and military practice, the implementation of health screenings is based on a mix of traditions, policy considerations and professional evidence. Several diseases that has to be screened are not screened and screening for several diseases is considered obsolete. The regulation of the updating of test methods and diagnostic procedures is incomplete.

In urological professional practice, although there is a consensus on screening, there is no real legal regulation by law. The military health regulation does not concern urological studies, even though their regulation is would be necessary.

Looking at a specific urological disease (urinary tract stones), there is no screening recommendation in civil practice, due to the heterogeneity of the appropriate health background. From a military health point of view, this is a disease that significantly affects the combat value, but the incidence in mission (symptomatic and asymptomatic occurrence) is not adequately known. On this basis, we cannot properly and realistically consider the risks, in particular the need for pre-mission screening.

On the basis of the three areas listed above, I found that a well-used, simple mathematical model that includes both health and military aspects would help the determination of screening parameters and the needs for screening.

## Objectives of research

My primary objective is to make health screening clearer and better based on my research. If we can create a profession-specific recommendation that takes into account evidence-based data, missionary and individual risks, it can be a great help in re-designing screening tests. The screening procedure should include not only theoretical but also practical recommendations. On the basis of my research results, a screening model can be developed that takes into account not only the interests of the individual, but also the needs and expectations of the organisation employing him, in particular the planned exercise. I will not ignore military, health and financial needs. My aim is to prepare a screening model and recommendation that provides a simple yes-no answer and recommendation for professional-

cost-risk dimensions, not only for urological diseases, but also for diseases affecting other professions, if the appropriate parameters are known.

## Hypotheses of research

My research is based on the following hypotheses.

1. The screening system is based on traditions and the results of policy debates, so there are several areas requiring proactive testing in the system of health screenings for which the Hungarian Army does not have a requirement. I therefore wanted to demonstrate that could be created a screening system based on scientific evidence and risk analysis for the pre-mission urological test.
2. Since urological profession-specific screening does not appear in our military medical system and civilian urological recommendations can only be applied in military practice with modifications, I wanted to demonstrate that the establishment of a new health categorisation system could be used to match the needs of military availability, service resuptime and operational supply options.
3. On the basis of an analysis of the occurrence of urinary stones in the operational area, I wanted to prove, by processing my own test results, that the screening of the disease is important for the purposes of warability, it can be used for both prevention and treatment.
4. I wanted to prove that a mathematical model based on risk analysis could be created, based on my stone disease screening results in the mission, and that can take into account, the urological aspects, and military health expectations. Going forward, this risk analysis-based mathematical model can be extended and modularly expanded to reach more effective screening practices in all medical disciplines.

## Methods of research

My research methods were based on literature research and analysis through known and accessible scientific databases. I've examined the screening systems used in civilian and military practice. I have analysed the screening provisions used by NATO, the Hungarian Health Service and the Hungarian Army.

I examined the profession-specific urological recommendations for both military and civilian screenings under the current legislation in Hungary. In my research, I used the collection of Hungarian

legislation and accessible scientific databases. I examined the prevalence and incidence of urological diseases based on national and international literary data. I analyzed the urological screenings I found necessary from a health and military point of view.

I've narrowed down the disease-risk analysis to a specific urological disease, the urinary tract stones. I analyzed the types, symptoms of the stone disease and their impact on combat value. I showed the treatment options at different supply levels. I carried out research on the multi-national population of the UN mission in Cyprus to assess the incidence of stones by ultrasound examination, laboratory (urine test) and questionnaire testing methods performed by myself. In addition to the amount of liquid intake, I assessed the effects of the qualitative composition of each mineral water on stone formation.

I analyzed data from the test results of the first three chapters from a health and military point of view. I've examined which patients are currently screened to create the basis for risk analysis. I've defined a mathematical model to compare the risks of different pathologies for military personnel. Using my results in chapter three, I checked the functionality of the mathematical model. I showed the model's extension options from disease-based risk screening to study-based risk analysis.

## Conclusions

1. The implementation of health screenings is based on a mix of traditions, policy aspects and professional evidence in both the civil and military practice. Several diseases to be screened are not screened and screening for several diseases is considered obsolete. The regulation of the updating the test methods and diagnostic procedures is incomplete. Therefore, I reviewed the entire health screening medical system of the Hungarian Civil and Hungarian Army. Having established that there is no civilian or military recommendations for a pre-mission urological suitability test, I have defined the principles of a new screening system, based on scientific evidence and risk analysis. I examined the Hungarian literature on civilian and military screenings. I found that there is no recommendation for missionary introductory urological screening. I have shown that it is necessary to review the screening system, to rethink its regulation. It is important to harmonise and re-plan screening programmes in different professions on the basis of common criteria. I have revealed that there is a lack of a single risk analysis model, one of the foundations for developing which is the use of my above results. It is necessary to review the screening system and rethink its control. It is important to harmonise and re-control screening programmes in different professions on the basis of common criteria. I have revealed that there is a lack of a single risk analysis model, one of the foundations for developing which is the use of my above results.

2. Inurological practice, although there is consensus on screening, there is no real legal regulation on the need for and implementation of them – so I have defined the creation of a niche as my scientific task. National health legislation does not concern urological studies, which would also be necessary

from a health safety point of view. On the basis of these assumptions, I examined the legal background of the mission screening exercise of the Hungarian Army and, in order to address its shortcomings, I have created a health categorization system that makes military availability and use from service fit, and takes into account the possibilities of supply in the field of operations. Based on the results of my research, in order to achieve maximum safety, I have proposed the test protocol include a complete urological examination, which consists of the following parts:

- anamesis, including family history
- physical examination, including external genitalia examinations
- digital rectal examination (RDE) - male only
- ultrasound examination of the kidneys, bladder (this can be replaced by an abdominal ultrasound examination by a radiologist)
- urine test (rapid test) - is currently part of the screening
- PSA lab test (male)

I made these suggestions on the basis of everyday urological practice and experience. The examinations have been present in military healthcare system at Role-4 level, and I intend to make this practice a part of proactive screening, so that preventing health damage in screened cases in operational medicine.

3. Looking at a specific urological disease (urinary tract stones), which is not recommended for screening in civilian practice, military health practice change would be necessary due to its reducing effects on significant combat value. The civilian health system (and the military at Role-4 level) has the infrastructure to manage it, so it is not worth screening among the civilian population. From a military health point of view, however, this is a disease that significantly affects combat value, the missionary symptomatic and asymptomatic occurrence data is not adequately known. On this basis, we cannot properly and realistically consider the risks, in particular the need for pre-mission screening. To justify my hypothesis, I carried out my own investigation and research on the multi-national professional staff of the UN mission in Cyprus between 19 May 2013 and 25 May 2013. Based on my test results, I found that the incidence of the disease is five times higher than in domestic conditions and that the incidence of stones is related to the time is spent in the mission (proportionally) and to fluid consumption (in reverse). On the basis of the results, I consider my hypothesis that a higher proportion of stone forming occurs in the mission than expected, and that due to the risk of a reduction in combat value, it is necessary to screen. I have demonstrated that such an increase in risk needs the screening of stones, which significantly reduces the risk of a reduction the combat value from a sudden health attack. I proposed expanding missionary training with the topic of fluid consumption-exposure and solar radiation. My

suggestions also included the requirement of a daily minimum liquid consumption limit in tropical, subtropical conditions. Based on my research, I considered it necessary and recommended the screening of urinary tract stones before a mission.

4. Based on my previous hypothesis, I planned a well-used, simple mathematical model that takes into account both health and military aspects would facilitate the determination of screening parameters and the need for screening. Using as a base the long-term gold standard for cervical cancer screening and developed in every detail, I created a mathematical model based on risk analysis for urinary tract stones. In this, I used correction factors (multipliers) to show how to make risk assessment more sensitive. I have demonstrated the functioning and good risk assessment of the model by using my research results with stone disease. I have shown that the model can be used for mission risk assessment of any disease, simple and widely. With the new risk analysis model, I have demonstrated that pre-mission abdominal ultrasound scans provide meaningful information for several medical aspects, identifying risk factors and thus serving to reduce risk. In view of all this, I recommended (first in the Hungarian army health system) that abdominal ultrasound examination to be included in the mandatory examinations of mission screening. Furthermore, I have recommended that a risk assessment calculated the basis of the mathematical model should be taken into account in decision-making when determining the need for screening.

**New scientific findings:**

1. I have reviewed the entire health screening medical system of the Hungarian civil helthcare and Hungarian Army. Having established that there is no civilian or military recommendation for a pre-mission urological suitability test, I have defined the principles of a new screening system based on scientific evidence and risk analysis.
2. I have examined the legal background of the mission screening exercise of the Hungarian Army and, in order to address its shortcomings, I have created a health categorization system that depends of military availability and useable to fit the possibilities of supply in the field operations.
3. At the UN mission in Cyprus, I performed an ultrasonic screening test with my own hands on several national military personnel to detect urinary tract stones. Based on my test results, I found that the incidence of the disease is five times more than domestic conditions, and that the incidence of stones is related to the time spent in the mission and the consumption of fluids.

4. Using as a base the long-looking and developed gold standard for cervical cancer screening in every detail, I created a risk analysis-based mathematical model for the other diseases. I confirmed the verification of the model by the results obtained by the examination of urinary stones. Using correction factors (multipliers), I demonstrated how to make risk assessment more sensitive. On the other hand, that pre-mission abdominal ultrasound scans can provide more information that lowers risk factors for several medical disciplines.

**Recommendations, suggestions:**

My first scientific result can be used by the Hungarian Army in the following areas by achieving the following expected benefits:

- Based on my analyses, a screening system based on a risk-outcome approach can be developed.
- Based on my results, the health risk in the mission may be reduced, the necessary missionary health equipment can be defined, which can lead to a reduction in costs, weight and human resources.

My second scientific result is suitable for forward-looking practical use in civilian and military terms, such as integrating simple and inexpensive urological screening into the mission screening system. This can also be as an example for other professions in linking the benefits of civil-military practice.

My third scientific result opens up a new perspective for research into lifestyle and nutritional parameters in missionary conditions, and I propose further scientific development of the missionary staff's concept of education and information. Based on my scientific record, I recommend screening the mission staff for stone disease.

My fourth scientific achievement goes well beyond the framework of the urological profession, and my novel approach calls for a paradigm shift that will allow us to further develop preventive medicine across the wider spectrum, with greater safety and a more cost-effective. It makes it easy to compare different diseases from a risk point of view, using them cross-professions to help to plan screening tests for health, risk and material.

**CV**

**Name: Dr. Zsolt Szepesváry Jenő** (born 17 July 1976 in Budapest)

**Occupation:** urologist specialist, consultant, head of department

**Language knowledge:**

- English - Intermediate
- German - Basic

**Diploma:**

1995-2001 **Semmelweis** Medical University, Faculty of Medicine, Cum Laude

(Diploma No: 345/2001)

**Specialisation:**

2007 **European Board of Urology** (no. 5892)

2008 **National urology examination** (National Examination Committee, No 35/2008)

**Jobs:**

2001-2003 Central Trainee, Semmelweis University, Budapest

2003-2007 Urologist candidate, contract soldier, Hungarian Central Military Hospital, Budapest

2007-2010 Urology professional, adjunct, Lieutenant, Hungarian Central Military Hospital, Budapest, Department of Urology

2009-2010 adjunct, Captain, UN Peacekeeping Mission, Cyprus, Hungarian Contingent Force Medical Officer

2010-2011 Siófok Hospital-Clinic, Department of Surgery, Department of Urology, adjunct

2012-2017 Petz Aladár County Teaching Hospital, Department of Urology, Győr, consultant

2017- Petz Aladár County Teaching Hospital, Urology Department, Győr, consultant, head of department

**Memberships:**

2001- Hungarian Medical Chamber, member

2003- Hungarian Society of Urologists, member

2004- European Board of Urology, member

2015- Hungarian Society of Urologists, Board Member

2020- Member of the Urology Department of the Medical Professional College

**Scientific activity:**

- Author/co-author of 12 peer-reviewed publications in national and international scientific journals
- 29 lecture authors/co-authors at national and foreign congresses
  regular participation in national and international congresses and professional training courses.
- Regular laparoscopic surgery instructor at the Urology Clinic of Semmelweis University

**Area of interest:**

- Minimal invasive urological surgery and developing effective teaching techniques
- Effective oncological treatment of urinary tract tumours
- Minimal invasive treatment of urinary stones
- Medical, technological and mathematical modelling

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