

<https://doi.org/10.32604/cju.2026.086225>

LEGENDS IN UROLOGY

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Pioneer, Advocate, and Transformative Leader in Urologic Nursing

Over the past five decades, I have built a career rooted in clinical excellence, grounded in evidence-based practice, and driven by a commitment to improving the lives of patients with urinary incontinence (UI), overactive bladder (OAB) and pelvic floor disorders. I have worked across care settings and disciplines to elevate the role of advanced practice providers (APPs) in urology and to champion behavioral and non-surgical treatments that prioritize patient dignity and autonomy.

Early Roots and Influences

I grew up in a large, competitive family in western Pennsylvania—number six of eight children—just south of Pittsburgh. Raised in the Catholic school system, I learned discipline and accountability early. The nuns who taught me instilled a drive for excellence and a deep sense of responsibility—values that continue to guide my work.

After graduating high school in 1972, I moved to Philadelphia to attend the diploma nursing program at the Hospital of the University of Pennsylvania—one of the oldest and most rigorous in the country at the time. That program launched my lifelong journey in nursing.

My first position was in a surgical unit at Pennsylvania Hospital, where I was introduced to urology through Dr. Terrence Malloy's pioneering work in gender-affirming surgery. This was 1975, and I vividly remember my initial confusion when taking a history on a woman with male genitalia who was undergoing gender-affirming surgery. That experience opened my eyes to the complexity, sensitivity, and humanity of urologic care.

In 1977, I moved to Albert Einstein Medical Center to care for kidney transplant patients and quickly recognized a critical gap in care coordination. I proposed establishing a transplant coordinator role to Dr. Aaron Bannett, who supported my vision—and I became Einstein's first transplant coordinator. In this role, I traveled with surgical teams to procure kidneys from donors, often supporting Spanish-speaking patients in Puerto Rico and the Dominican Republic. I also taught surgical residents key anatomical distinctions, including how to identify and remove lymph nodes and the spleen for tissue typing, while serving as first assist in the OR.

I vividly recall reading the earliest reports of young gay men presenting with pneumocystis carinii pneumonia—so familiar to us in immunosuppressed transplant patients—before HIV/AIDS had even been named. During this time, I was also raising my infant daughter and completing my BSN at La Salle University, often bringing her with me to anatomy lectures and hospital rounds.

Embracing Urology and Continence Care

In 1984, I made the difficult decision to leave transplant work and pursue my MSN at the University of Pennsylvania. During my nurse practitioner training, Dr. Larry Solish invited me to join his private urology practice, where he had recently launched a women’s continence clinic. It quickly became clear to me that surgery alone was not enough to address the needs of many patients who continued to experience incontinence or developed new symptoms such as urgency and frequency. I saw an opportunity for nursing to make a meaningful impact through less invasive, patient-centered approaches.

I became increasingly fascinated by non-surgical behavioral interventions—such as bladder training, urge suppression, pelvic floor muscle strengthening, biofeedback and electrical stimulation—and began seeking out specialized training. I found these conservative, non-surgical treatments to be remarkably effective and am deeply grateful to Larry Solish for introducing me to continence care and setting me on this path.

My early training came from NIH researchers such as Drs. Kathryn Burgio, Kathleen McCormick and Bernie Engel, and later, I pursued further study internationally in Europe and Asia. Kathy Burgio, a behavioral psychologist, became both a mentor and a research collaborator. Her pioneering work on behavioral treatments for UI significantly influenced my clinical practice and research, and I’ve incorporated her findings throughout my career. My contributions in this area were later recognized by an award from the University of Pennsylvania School of Nursing Alumni Association for advancing continence care through non-surgical, behavioral approaches.

At the time, behavioral treatments were virtually absent from both nursing and medical curricula. I had to teach myself these techniques and actively sought guidance from thought leaders such as nurse researcher Dr. Jean Wyman, who remains a mentor, and urogynecologist Andy Fantl, both of whom were conducting foundational research in bladder training. I also connected with nurse experts like Pat Burns and Thelma Wells who emphasized the importance of integrating biofeedback into pelvic floor muscle rehabilitation, and Drs. Carolyn Sampsel, Janis Miller, and Lisa Kane Low, whose research on pelvic floor muscle exercises in women informed the development of evidence-based prevention and treatment strategies for UI. Additionally, I collaborated with Drs. Joyce Collings and Mary Palmer, who played a critical role in helping me refine my research skills in nursing home and home care settings.

In 1986, after becoming certified as an adult nurse practitioner, I co-founded *Golden Horizons*—a nurse-led independent practice, employing six fellow NPs, dedicated to continence care in long-term care settings. This innovative model was made possible by the Omnibus Budget Reconciliation Act, which enabled nurse practitioners to bill independently in nursing homes. Over the next 15 years, we expanded into home care and partnered with the Philadelphia Corporation on Aging to serve frail older adults who suffered from incontinence. Together, we launched health promotion programs such as *Dry Expectations* and *Bladder Fitness After 60*, which reached underserved, ethnically diverse older adults in urban communities—many of whom I visited personally during home assessments.

Managing frail elders with UI in their homes was both challenging and deeply rewarding. These experiences significantly shaped my evolving clinical skills and continue to ground my approach to patient care in dignity, accessibility, and evidence-based practice.

Academic Practice and Leadership

In 1998, after attending a lecture by Dr. Alan Wein, then Chief of Urology at the University of Pennsylvania, I approached him with a simple but direct proposal: “You need me in your practice.” He agreed. Two years later, I officially joined Penn Urology and helped establish the Penn Center for Continence and Pelvic Health. At that time, the integration of nurse practitioners into academic specialty practices was still relatively new, and there was some institutional uncertainty about how APPs could be utilized within a traditionally physician-centered model. Much of my success there can be attributed to Alan’s unwavering support and belief in my vision. I collaborated

closely with Dr. Eric Rovner, who was instrumental in helping define my role as a “continence NP” within a urology practice. It was a very sad day when Eric relocated to the South, but his early partnership had a lasting impact on my professional development.

At Penn, alongside my clinical practice, I developed orientation and mentoring programs for APPs, fostering future leaders such as Kristy Keyock and Adele Caruso. I standardized clinical protocols for the urology team, created patient discharge materials, and designed quality improvement (QI) tools. I served on hospital-wide committees to reduce catheter-associated urinary tract infections (CAUTIs) and led nurse-driven catheter removal initiatives that earned system-wide quality and safety awards in 2009. Recognized as the hospital’s go-to expert in urologic nursing care—particularly urinary catheters and related devices—I continued to advance my expertise, earning a post-master’s certificate in clinical education from the University of Pennsylvania and completing my Doctor of Nursing Practice at Thomas Jefferson University in 2011. In 2016, I was honored with the Penn Medicine Barbara A. Todd Leadership Award for my leadership and clinical contributions.

Research, Policy, and Global Impact

Alongside my clinical practice, I have dedicated decades to advancing research in voiding behavior and bladder dysfunction. My expertise centers on clinical trials and outcomes measurement for men and women with lower urinary tract symptoms (LUTS—specifically incontinence, overactive bladder (OAB), and pelvic floor disorders). I have served as principal or co-investigator on numerous NIH-funded studies through the National Institute on Aging, NICHD, NIDDK, and the Office of Research on Women’s Health, as well as VA-funded projects.

My research has focused on improving bladder health through conservative and behavioral treatments for incontinence, fall prevention through exercise and bladder training, and the management of interstitial cystitis. A SUNA Experienced Investigator Research Project Grant enabled a collaborate study with nursing colleagues in the UK and Penn Home Care to examine patient experiences with urinary catheters.

I have led multiple industry-sponsored studies on intermittent catheterization (IC), including the development of an online registry for individuals who self-catheterize. Additional clinical research includes work on urologic devices, OAB therapies, prostate cancer and continence-related products. One notable initiative was the design and evaluation of a patient-centered incontinence management program that combined phone-based behavioral counseling with the use of appropriate absorbent products.

I am deeply grateful to the many industry partners who have supported my research and contributed valuable insights throughout my career.

I have also contributed to several major NIH research networks, including the Pelvic Floor Disorders Network (PFDN), the Interstitial Cystitis Clinical Research Network (ICCRN), and the MAPP (Multidisciplinary Approach to the Study of Chronic Pelvic Pain) Research Network, which explored the connection between pelvic pain and brain function. In addition, I served as principal investigator on two NIH-funded, multi-center clinical trials focused on preventing UI and behavioral interventions for women. My work on group-based behavioral modification for women with urgency incontinence, published in *JAMA Internal Medicine*, earned the 2017 International Continence Society (ICS) Conservative Therapy Research Award.

Currently, I serve as a principal investigator for the NIH-funded, multi-site Prevention of Lower Urinary Tract Symptoms (PLUS) Research Consortium. PLUS has been a central focus of my research and interdisciplinary collaboration. This includes work with esteemed colleagues such as Dr. Ariana Smith, and the broader PENN+PLUS team: Dr. Amanda Berry (Children’s Hospital of Philadelphia), Dr. Terri Lipman (UPenn School of Nursing), Andrea Bilger (UPenn Mixed Methods) and Dr. Heather Klusaritz (UPenn Community and Public Health Initiatives), as well as Drs. Jean Wyman and Kris Talley (University of Minnesota), and Dr. Ann Stapleton (University of Washington).

I am also honored to serve as the data safety officer for Dr. Camille Vaughan’s NIH/NUA multi-site randomized controlled trial focused on reducing nocturia and improving insomnia in older Veterans.

Finally, my research continues to be strengthened through close collaboration with my urogynecology colleagues—Drs. Lily Arya, Heidi Harvie, and Uduak Andy—whose expertise has been invaluable in refining my clinical and research approaches to pelvic floor dysfunction in women.

Policy and National Leadership

Beyond research, I have played a significant role in shaping national clinical practice and health policy. I served on the FDA’s Medical Devices Advisory Panel and co-chaired the Agency for Health Care Policy and Research (AHCPR) Clinical Practice Guideline Update on Urinary Incontinence in Adults: Acute and Chronic Management (1993–1996). This landmark federal guideline helped establish evidence-based standards for the evaluation and management of urinary incontinence and remains one of the most influential policy initiatives of my career.

My committee work has spanned both national and international efforts. I’ve served as a panelist and co-chair for several U.S. Department of Health and Human Services Clinical Practice Guideline panels, and held advisory roles with the National Association for Continence and the Interstitial Cystitis Association. My expertise has been sought by the FDA, NIH, ANA, AHRQ, CMS, and various state health departments to support guideline development, technical expert panels, and health policy initiatives focused on incontinence, catheter-associated infections, and long-term care.

I chaired the Continence Promotion and Prevention Committees for the International Consultation on Incontinence (ICI) across three consecutive cycles and co-chaired the 2018 ICS Annual Meeting in Philadelphia with Dr. Alan Wein.

Currently, I contribute to AHRQ’s INTUIT-PC initiative, which aims to enhance non-surgical management of UI in primary care—further reflecting my commitment to evidence-based practice and policy advancement in continence care.

Global Impact and Cultural Understanding

Internationally, I served as Chair of the ICS Continence Promotion Committee, leading global awareness initiatives such as the ICS Public Forum and Worldwide Continence Day. In the early 1990s, Dr. Ananias Diokno—then Chair of Urology at Beaumont in Michigan—invited me to join a group of urologists, including Gabe Haas, on international urology lecture tours starting in Japan. Every two years, we traveled to various Asian countries, where I presented on conservative approaches to incontinence and erectile dysfunction management.

As the only female clinician—and the only nurse—in the group, I often encountered cultural resistance. In Japan, for example, I was told, “We do not have that problem here,” when I lectured on erectile dysfunction, and, “We do not have a nurse like you here,” when I presented on conservative treatments for incontinence. These experiences were formative, deepening my understanding of cross-cultural differences in healthcare delivery and the global variation in nursing roles.

Years later, Dr. Diokno invited me to serve as a co-investigator on a study of group behavioral treatment for women with urgency incontinence, further solidifying our collaborative relationship and expanding my research focus.

In 1994, I was invited by the Hong Kong Health Authority—and later by the Chinese Health Authority—to develop a urologic nurse training curriculum with my Asian nursing colleague, To Hoi-chu. I have returned to the region multiple times, most recently just before the COVID-19 pandemic, to witness program’s growth and help expand it into mainland China. This work laid the foundation for continence nursing across the country—an achievement I am proud to have helped shape and support.

Public Education and Writing

I am a prolific writer and presenter, with over 100 scientific papers, book chapters, and articles focused on incontinence assessment, treatment, and bladder management. My academic contributions include co-authoring the chapter on conservative treatments in *Campbell's-Walsh-Wein Urology*, and authoring several books for both professional and public audiences: *The Urinary Incontinence Sourcebook*; *Managing and Treating Urinary Incontinence* (1st and 2nd editions); *Overcoming Overactive Bladder*; and *Fast Facts: Bladder Disorders*. In 2002, the first edition of *Managing and Treating Urinary Incontinence* was awarded the *American Journal of Nursing Gerontologic Nursing Book of the Year*.

My work has been featured in major media outlets including *The Philadelphia Inquirer*, *O Magazine*, *Prevention*, *Ladies' Home Journal*, *USA Today*, and *The New York Times*. For more than a decade, I have contributed to professional and public education through digital platforms including UroToday, Grand Rounds in Urology, and Urology Health. Through lectures, podcasts, webinars, articles, and patient education resources, I have worked to translate evidence-based continence and pelvic health research into practical information for healthcare professionals, patients, and caregivers worldwide.

Recognition and Legacy

Over the course of my career, I have been honored to receive numerous national awards and professional recognitions reflecting my contributions to urologic nursing, continence care, research, education, and leadership. In 1994, I was inducted as a Fellow of the American Academy of Nursing (FAAN), one of the profession's highest honors. In 1996, I received the President's Trophy from the Society of Urologic Nursing & Associates (SUNA) in recognition of outstanding contributions to the specialty of urologic nursing, and I was honored with this distinction again in 2014.

Additional recognitions include the SUNA Past Presidents' Lectureship Award in 2000 for my presentation, "Overactive Bladder: Combining Drug Therapy and Behavior Modification;" the inaugural Continence Care Champion Award from the National Association For Continence in 2002; the Distinguished Alumni Award from La Salle University School of Nursing and Health Sciences in 2007 and from the Alumni Association of the Hospital of the University of Pennsylvania School of Nursing in 2011.

Most recently, in 2024, I was inducted as a Fellow of the Academy of Urologic Nurses and Associates (FAUNA), recognizing a lifetime of leadership, scholarship, mentorship, and service to the specialty of urologic nursing.

I currently serve as an Associate Editor for *Neurourology & Urodynamics*. These honors reflect my lifelong commitment to advancing urologic nursing and interdisciplinary care.

Around 2010, I met Gina Carithers, who became both a mentor and dear friend. She introduced me to the growing world of virtual education through UroToday, where we collaborated on educational programs, articles, webinars, and resources focused on urologic conditions, continence care and catheter-associated urinary tract infections. More recently, Dr. David Crawford has supported my continued work through Grand Rounds in Urology, allowing me to expand educational outreach to clinicians, patients, and caregivers around the world. I currently serve as Chief Clinical Officer of Urology Health, an innovative digital health company focused on improving access to evidence-based care for individuals with UI, OAB, and bladder and pelvic conditions. Working with founder and urogynecologist Dr. Stuart Hart and a multidisciplinary team of experts, I help guide clinical strategy, clinician education, and the integration of conservative therapies into technology-enabled models of care. This role allows me to continue advancing patient-centered continence care while helping shape the future delivery of urologic health services.

Personal Gratitude

Throughout my career, I've been fortunate to learn from and collaborate with remarkable mentors and colleagues who have shaped my professional journey and personal growth. While I've mentioned a few here, there are many more whose guidance and partnership I continue to carry with me.

Above all, I thank my husband, Michael—my greatest and most enduring supporter—and our three daughters, who have accompanied me across countries and continents. With patience, humor, and unwavering love, they've sat through more bladder lectures than they ever imagined—and never once complained. Their support has been the foundation of everything I've been able to do.

Conclusion

Looking back, I am proud of the patients I've helped, the teams I've led, the research I've advanced, and the clinicians I've had the privilege to mentor. Urology is a field that touches some of the most personal and vulnerable aspects of human health, and it has been my life's work to ensure those needs are met with empathy, expertise, and innovation.

I remain deeply committed to the four pillars of advanced practice—clinical care, education, leadership, and research—and to shaping the future of urologic nursing through each of them. It is a profound honor to be recognized among the legends of urology.

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