

# DEPARTMENT *of* UROLOGY

UPDATE



## Advances in Bladder Cancer Treatment Improve Patients' Lives

When Paul Heflin was diagnosed with bladder cancer, his doctor told him he faced major surgery to remove his bladder — and that, for the rest of his life, he would require a bag attached to his abdomen to carry urine that would drain through a specially created conduit.

When he went to the UCLA Department of Urology to see Robert Reiter, MD, MBA, for a second opinion, Mr. Heflin learned of another option. “Dr. Reiter told me he thought I was too young to have to wear a bag,” says Mr. Heflin, 68. “He said they could remove my bladder laparoscopically using a robot, then create an

artificial bladder and hook it up to the same pipes so that I wouldn’t need a bag.”

Mr. Heflin underwent the surgery last February — a robotic cystectomy performed by Dr. Reiter, professor of urology and microbiology; and the construction of a so-called neobladder by Mark S. Litwin, MD, MPH, professor of urology in the David Geffen School of Medicine at UCLA and of health services in the UCLA School of Public Health. Because it is far less invasive than open surgery, the robotic cystectomy resulted in a much speedier recovery, and with the new bladder created by Dr. Litwin using a portion of the patient’s intestines, Mr. Heflin was able to learn how to urinate through his own

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Robert Reiter, MD, MBA, is one of the UCLA urologists performing robotic cystectomies.

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## Cover Story

“We’re very good at detecting bladder cancer early and curing it with cystectomy. But it’s also important to think about the long-term survivorship experience of patients.”

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urethra — and he does not have to wear a bag to collect the urine outside his body.

Mr. Heflin is one of many bladder cancer patients benefiting from the department’s application of the latest techniques for bladder removal and reconstruction, including integration of medical and surgical care in the management of the disease.

Dr. Reiter and his colleague Peter Schulam, MD, PhD, associate professor and vice chair of urology, have performed robotic prostatectomies for approximately six years, and the advantages have become clear. In the minimally invasive procedure, a tiny camera is placed through a needle-sized hole in the patient’s body to obtain clear pictures; the surgeon sits in a console with a three-dimensional view inside the patient and the ability to control robotic arms that manipulate the tiny surgical tools inside the body, affording greater flexibility.

Two years ago, Drs. Reiter and Schulam began applying the technology to cystectomy (bladder removal). The advantages are similar. “There is significantly less blood loss because of

the enhanced visualization,” Dr. Schulam says, “and since the abdomen is open for a shorter period of time, patients are able to recover more rapidly.” Because the robotic technology can be extremely helpful for procedures in which the surgeon is working in a small space and performing suturing that requires fine motor control, Dr. Schulam notes, its use has been increasing in recent years.

For nearly two decades, the department has been constructing new bladders — neobladders — for bladder cancer patients following the removal. “We’re very good at detecting bladder cancer early and curing it with cystectomy,” Dr. Litwin says. “But it’s also important to think about the long-term survivorship experience of patients and to help them live their lives with as little disruption as possible. The challenge has been to improve the way we reconstruct the urinary tract.”

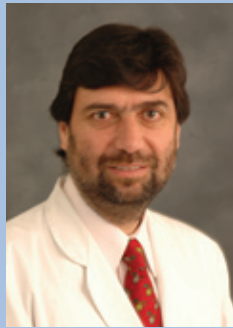
When the bladder — the storage vessel for the urine — is removed, the patient is left with two ureters (tubes that carry the urine down from the kidneys) dripping urine. So Dr. Litwin and other UCLA urologists use a segment of the patient’s intestine to create a balloon-shaped pouch where the urine can be stored until the patient is ready



to void. The ureters are sewn into the top, and the bottom of the pouch is sewn to the urethra — the canal through which the urine is discharged.

Although they are able to urinate the same way as before, patients with a neobladder must undergo a learning process. “They no longer experience the same sensation of a full bladder,” Dr. Litwin explains. “But the brain is amazing in its ability to rewire itself, and very quickly patients are able to learn what it feels like for that segment of intestine to be full with urine.” Unlike the original bladder, the neobladder isn’t a muscle that can squeeze, so patients learn to empty it by increasing pressure in the abdomen. “The great thing about the neobladder is that it keeps patients whole — their body image remains intact because they don’t have to wear an external appliance,” Dr. Litwin says.

Dr. Reiter believes it’s likely that, soon, the entire operation — not only the cystectomy, but also the bladder reconstruction — will be able to be done robotically. “Advances in our ability to perform robotic surgery and neobladder construction are leading to faster recovery, better outcomes and improved quality of life for bladder cancer patients,” he says.



## Alumni Spotlight

Humberto Chiang, MD, MBA

After receiving a medical degree from Catholic University of Chile, then completing his residency training in surgery and urology at the University of Chile, Humberto Chiang, MD, made the trek to UCLA to begin a fellowship in female urology, reconstructive surgery and urodynamics under the direction of Shlomo Raz, MD.

**“UCLA is a very well-known institution; for many urologists, it is a dream to be trained at UCLA,” Dr. Chiang says.** He chose his focus on female urology and reconstructive surgery because it was an emerging field of urology in Chile. “Patients suffering from these kinds of illnesses were missing the urological care they needed,” he notes.

**After refining his skills at UCLA, Dr. Chiang returned to Chile to make a contribution to patient care in his native country. He went on to build a successful and multifaceted career in medicine.** His successes include founding the urology departments at both Hospital Mutual de Seguridad, a facility specializing in treating accidents that occur on the job, and Teletón Chile, a hospital addressing the medical conditions of disabled children.

**While attending to his responsibilities at these facilities, Dr. Chiang worked for the Urology Department of Clínica Las Condes** — the most prestigious private hospital in Chile. At the Clínica Las Condes, Dr. Chiang served as academic director from 1998 to 2001; in 1999, he was awarded

the Medico del Año prize (“Doctor of the Year”) for outstanding service to the institution. Next, he served as dean of the Medical School at Andrés Bello University from 2001 to 2004, and as editor of *Revista Chilena de Urología* (Chilean Journal of Urology) from 2005 to 2007.

**Today, Dr. Chiang is head of the Urodynamics Unit at the Department of Urology of Clínica Las Condes and serves on the board of trustees for various institutions,** including Sociedad Chilena de Urologica, where he is also president of the female urology branch, and Fundación Teletón.

Dr. Chiang credits his mentor, Dr. Raz, with influencing his practice in many ways. “Dr. Raz shared his expertise in a very generous manner,” Dr. Chiang says. “He always encouraged his fellows to go beyond the established practices and find new ways to treat their patients’ problems. He is one of the most important leaders in the field of urology, urodynamics, female urology and reconstructive surgery. To have had the opportunity to work in his service at UCLA was to be in one of the very best programs in the world.”

## Donor Spotlight

**James H. Cavanaugh, PhD,** a leading figure in the nation’s pharmaceutical industry and on health policy issues, is recognized for his farsightedness and candor — attributes that have made him a top corporate and governmental executive and a valued adviser.

In addition to his industry experience as president of SmithKline & French Laboratories – U.S. (the pharmaceutical division of SmithKline Beckman Corporation), SmithKline Beckman’s clinical laboratory business and the pharmaceutical company Allergan International, Dr. Cavanaugh served as an adviser to three American presidents — Richard Nixon, Gerald Ford and

Ronald Reagan. Currently, Dr. Cavanaugh is managing partner of HealthCare Ventures, LLC in Princeton, New Jersey, which manages one of the largest venture capital funds devoted exclusively to healthcare. In his years there, Dr. Cavanaugh has been instrumental in starting more than a dozen companies.

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## UCLA-Coordinated National Study Exploring BPH Prevention



Drs. Mark S. Litwin (top) and Christopher Saigal (bottom) head an initiative that brings together top BPH investigators.

A supplemental federal grant awarded to the UCLA Department of Urology-based Urologic Diseases in America (UDA) project ([www.udaonline.net](http://www.udaonline.net)) will fund a large, nationally coordinated effort to study potential strategies for preventing the onset and progression of benign prostatic hyperplasia (BPH). BPH is a noncancerous condition that affects a substantial number of men in their 50s and beyond, in which the enlarged prostate causes urinary symptoms that can have significant quality of life impacts.

Under the direction of Mark S. Litwin, MD, MPH, professor of urology in the David Geffen School of Medicine at UCLA and of health services in the UCLA School of Public Health; and Christopher Saigal, MD, MPH, associate professor of urology, the initiative brings together top investigators in the field and funds their research in the behavioral strategies seen as the most promising for reducing BPH risk.

In July, Drs. Litwin and Saigal led a conference at which a consensus was reached on four areas that will be studied: diet, physical activity, obesity and diabetes management. Researchers from across the nation are receiving UDA subcontracts to conduct research on specific aspects of these areas.

Previous studies suggest that modifying behaviors in the four areas identified at the conference can prevent the progression of BPH and other lower urinary tract symptoms, Dr. Litwin notes. “Various studies, for example, show that growth of the prostate can be inhibited by a number of dietary supplements, as well as by maintaining a balanced, low-fat diet,” he says. Similarly, Dr. Litwin notes that studies have indicated lower urinary tract symptoms improve as a result of increasing physical activity and, for people who are obese or diabetic, lowering body mass index and controlling glucose levels, respectively. But in

all of these cases, Dr. Litwin adds that the research has involved small studies.

With a cumulative budget of \$17 million, UDA was launched in 2001 by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health with an award to a UCLA and RAND research group led by Drs. Litwin and Saigal. The first phase of the project culminated in a 700-page, comprehensive analysis of the numbers of people affected, treatment patterns and economic cost for more than a dozen urologic conditions in children and adults.

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“Preventing BPH is the best outcome for patients as well as the best strategy for reducing costs.”

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BPH, in which the enlarged prostate squeezes or partially blocks the surrounding urethra — the tube that carries the urine from the bladder out of the body — is one of the most widespread urologic conditions in men. The UDA compendium estimated that direct and indirect private sector costs related to BPH treatment are \$3.9 billion. If the current UDA initiative succeeds in identifying lifestyle modification approaches that are ultimately proved effective in clinical trials, that cost could be reduced. “The strategies we are studying speak to the NIH’s interest in moving away from pharmacologic management of BPH, which has been the focus for the last 20 years, toward an emphasis on behaviors that can prevent the onset and progression of BPH,” Dr. Saigal says. “Preventing BPH is the best outcome for patients as well as the best strategy for reducing costs.”

## Donor Spotlight

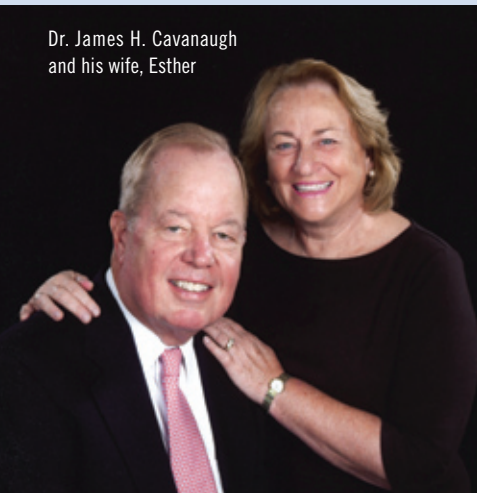
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His first contact with the UCLA Department of Urology was through Jean B. deKernion, MD, department chair, more than 10 years ago when Dr. Cavanaugh and his family lived on the East Coast but spent several months each year in Newport Beach. "I have always been totally impressed with the care Dr. deKernion has provided," Dr. Cavanaugh says. "He is an excellent physician, and the department does great work." Dr. Cavanaugh remains committed to the department as a donor and participates in the UCLA Specialized Program of Research Excellence (SPORE) in Prostate Cancer advocacy meetings.

Several years ago, Dr. deKernion spoke with Dr. Cavanaugh about the need for a pathologist to bridge a gap in the department's prostate cancer research capabilities. With his extensive and wide-ranging healthcare background, Dr. Cavanaugh could appreciate how such an individual would enhance the study of this widespread disease. He responded with a pledge of support that provided the funds necessary to attract a highly qualified candidate. This generous contribution was instrumental in recruiting Jiaoti Huang, MD, PhD, who is jointly appointed to the Department of Urology and the Department of Pathology and Laboratory Medicine; he started as professor less than a year ago. (Please see the Comings & Goings section for more information on Dr. Huang.)

Dr. deKernion and the department faculty are grateful for Dr. Cavanaugh's partnership and vision that have helped to make the exceptional recruitment of Dr. Huang possible. Dr. Cavanaugh ensures that his philanthropic legacy is steady and on course — a model of commitment for others.

Dr. James H. Cavanaugh and his wife, Esther



# Kudos

**Bernard M. Churchill, MD**, Judith and Robert Winston Chair in Pediatric Urology and founding director of the Clark-Morrison Children's Urological Center at UCLA, was named 2009 Urology Medal recipient by the American Academy of Pediatrics Section of Urology. The Urology Medal is the most prestigious honor awarded by the American Academy of Pediatrics. It is given to an individual who has made outstanding contributions to the field of pediatric urology throughout his or her career. Dr. Churchill received the award in October at the AAP National Conference and Exhibition.

**Mark S. Litwin, MD, MPH**, professor of urology and public health, received the 2009 Leonard Tow Award for Humanism in Medicine from the David Geffen School of Medicine at UCLA. In presenting the award at the medical students' white coat ceremony on August 7, Dean Gerald Levey commended Dr. Litwin for demonstrating compassion and empathy in the delivery of care to patients, serving as a role model for students and colleagues, and demonstrating cultural sensitivity in working with diverse ethnic and religious backgrounds. The award is funded by a grant from the Healthcare Foundation of New Jersey and the Arnold P. Gold Foundation.

**Jeffrey C. Bassett, MD**, received a Jonsson Comprehensive Cancer Center research fellowship award for his 2009-10 research year with Dr. Christopher Saigal, associate professor of urology. Dr. Bassett will be studying the use of smoking cessation interventions in individuals who have been newly diagnosed with bladder cancer. He will also be surveying their attitudes and beliefs concerning the relationship between smoking and bladder cancer.

**Christopher Saigal, MD, MPH**, associate professor of urology, received a \$1.6 million grant from the National Cancer Institute to study "Conjoint Analysis: Overcoming Obstacles to Routine Patient Preference Assessment in Men with Prostate Cancer." The study, funded through 2014, is focused on finding ways to improve decision making in men with prostate cancer.

**Dana Scott, MD**, founded the Health Education Learning Project (H.E.L.P.) two years ago. H.E.L.P. is a nonprofit organization designed to increase the number of underrepresented minority physicians and scientists. "I realized that most minority children have little or no contact with doctors in the inner city," Dr. Scott explains. She created the organization to provide a network of support for youths pursuing the medical and science professions, including scholarships for aspiring physicians. "The motivation is to give the children exposure to the profession so that they can fulfill their dreams," she says.

**Jeffrey Veale, MD**, director of the UCLA Kidney Transplantation Exchange Program and assistant professor of surgery in the Department of Urology, was awarded the 2009 Graduate of the Last Decade from the University of Calgary for his work in helping to pioneer kidney transplantation chains. A kidney chain enables donors who do not match their intended recipient to exchange their kidney with another pair(s) in a similar situation. Dr. Veale and his team performed the first transcontinental transplantation chain in the United States.

**Shlomo Raz, MD**, professor of urology and co-director of the Division of Female Urology, Reconstructive Surgery and Urodynamics, received the coveted Ferdinand C. Valentine Award in Urology by the New York Academy of Medicine's Section on Urology in a ceremony in March. The award is given to a person who has significantly advanced the science and art of urology.

Special kudos are extended to the recipients of American Cancer Society awards. **Dr. Jonathan Bergman** was awarded an ACS grant for \$48,000 for his fellowship project on Hospice Use by Men Dying of Prostate Cancer, and **Dr. Karim Chamie** was awarded a \$94,000 grant for Quality of Care for Patients with Bladder Cancer. Dr. Chamie began a postdoctoral fellowship at UCLA in July. These important projects will add significant new health policy and outcomes data, and they are a credit to the UCLA Department of Urology.

# Clinical Trials Update

Discovering New Ways to Care

The UCLA Department of Urology is committed to ongoing research in a quest to develop new treatments and cures for all urologic conditions. Our team has been instrumental in making major breakthroughs in the areas of:

- Prostate cancer, prostatitis and BPH (benign prostatic hyperplasia) treatments
- Kidney cancer and transplantation
- Male infertility and sexual dysfunction
- Pelvic medicine, incontinence and reconstructive surgery

### FEATURED CLINICAL TRIAL: HIGH INTENSITY FOCUSED ULTRASOUND

- *Prostate Cancer*, PI: **Leonard S. Marks, MD** — A study using high intensity focused ultrasound (HIFU) for the treatment of locally recurrent prostate cancer. HIFU is an exacting technique that aims sound waves at prostate tissue, rapidly increasing tissue temperature, which destroys the cancerous lesions. To qualify for this trial, a patient will have recurrent prostate cancer after already having received treatment using external beam radiation therapy. Several thousand HIFU treatments have been performed in other countries, but the treatment is currently considered investigational in the United States. This study is part of an FDA-approved clinical trial. (Pharmaceutical company: Focus Surgery, Inc.)

### KIDNEY CANCER

- *Kidney Cancer*, PI: **Allan Pantuck, MD, MS, FACS** — A study of post-surgery therapy for patients at high risk for recurrence of kidney cancer. (Pharmaceutical company: Pfizer)

- *Kidney Cancer*, PI: **Fairooz Kabbinavar, MD** — A study to compare Pazopanib with Sunitinib in treating patients with renal cell cancer. (Pharmaceutical company: GSK)

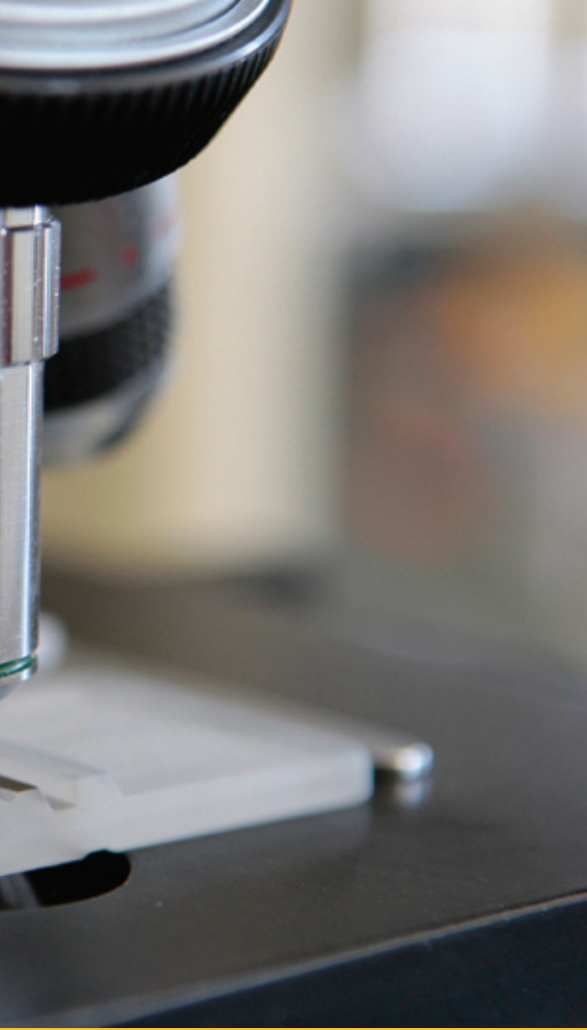
- *Kidney Cancer*, PI: **Fairooz Kabbinavar, MD** — An investigation to see whether Axitinib can keep cancer from growing for a longer period of time than Sorafenib. (Pharmaceutical company: Pfizer)

### KIDNEY TRANSPLANTATION

- *Kidney Transplantation*, PI: **H. Albin Gritsch, MD** — A study to evaluate new methods of monitoring the immune system in patients following renal transplantation. The goal is to detect rejection at an early stage, before the new kidney is severely injured. These new techniques may reduce the need for biopsy of the kidney and may allow for less immunosuppression in some patients.

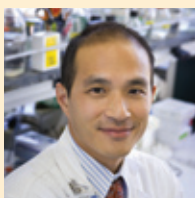
### PROSTATE CANCER AND DISORDERS

- *Prostate Cancer*, PI: **Allan Pantuck, MD, MS, FACS** — A study examining the use of



# Comings & Goings

The UCLA Department of Urology is proud to introduce the newest members of its faculty:



**Arnold I. Chin, MD, PhD**, assistant professor of urology, completed his MD, PhD, and urology residency training program at UCLA

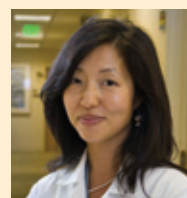
and joined the department in July. His clinical interests include urologic oncology, with an emphasis on bladder cancer. He performs open, laparoscopic and robotically assisted surgery for bladder, prostate and renal malignancies. He has been honored with the Guy Dalla Riva Award from the Department of Urology (2008) as well as the Longmire Surgical Society's Surgical Research Prize (2009), among others.

**David A. Haake, MD**, holds a joint appointment as professor of medicine and urology in residence at the David Geffen School of Medicine at UCLA, and is an infectious diseases specialist with the Veterans Affairs Greater Los Angeles Healthcare System. Dr. Haake, as part of a group of academic and industry leaders, received a five-year, \$3.2 million award from the National Institutes of Health to help rapidly diagnose and treat urinary tract infections — the most common cause of hospital-associated infection in the United States.

**Leonard S. Marks, MD**, professor of urology, maintained a private practice in West Los Angeles before joining the Department of Urology full time in 2009. He is the founding medical director of the Urological Sciences Research Foundation. Dr. Marks was a research fellow at Cedars-Sinai Medical Center and a postdoctoral research scholar at UCLA's David Geffen School of Medicine. He completed his urology residency at

UCLA, where he was a lecturer in urology in 1978, and then entered private practice. Among his honors, Dr. Marks has received an American Foundation for Urologic Diseases scholarship award and a Prostate Cancer Foundation research award. His current research interests include prostate markers, imaging and minimally invasive treatments.

**Jiaoti Huang, MD, PhD**, professor of urology and director of urologic pathology and genitourinary pathology in the Department of Urology and professor of surgical pathology in the Department of Pathology and Laboratory Medicine, is playing an integral part in the Department of Urology's prostate cancer research efforts as an investigator in the UCLA Specialized Program of Research Excellence (SPORE) in Prostate Cancer. Dr. Huang was recruited thanks to a generous gift by Dr. and Mrs. James H. Cavanaugh (see Donor Spotlight on page 3).



**Ja-Hong Kim, MD**, assistant professor in the Department of Urology's Division of Pelvic Medicine and Reconstructive Surgery, completed

her MD at Baylor College of Medicine, her urology residency training at Cleveland Clinic, and her pelvic medicine and reconstructive surgery fellowship at UCLA before joining the Department of Urology faculty in July. Her clinical areas of interest include voiding dysfunction, vaginal prolapse and genitourinary reconstruction. She performs pelvic floor reconstruction and laparoscopic, robotically assisted surgery.

CB7630 and prednisone in patients with prostate cancer who are chemotherapy naive. The purpose of the study is to determine the clinical benefit and safety of abiraterone acetate and prednisone in comparison to placebo and prednisone. The study will also determine how abiraterone is broken down by the body when given along with prednisone. (Pharmaceutical company: Cougar Biotechnology)

- *Prostate Cancer*, PI: **Matthew Rettig, MD** — A study to evaluate the use of a cancer drug (ZD4054) versus placebo in nonmetastatic hormone-resistant prostate cancer patients. (Pharmaceutical company: Astra Zeneca)

For more information about eligibility requirements and participating in these or other UCLA Urology clinical trials, please contact Nazy Zomorodian, MSN, CUNP, at (310) 794-7704, or go to [www.urology.ucla.edu](http://www.urology.ucla.edu) and click on the "Clinical Trials" link.



*U.S. News & World Report's*  
Best Hospital Survey ranks  
UCLA as the No. 3 hospital  
and UCLA Urology as the No. 4  
department in the country.



UCLA Medical Group ranks as one  
of California's top-performing  
physician organizations.



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## An Opportunity to Make Tax-Free Gifts from Your IRA!

The IRA Charitable Rollover created under the Pension Protection Act of 2006 has been extended through the end of 2009. Donors who are 70 years of age or older may make a charitable gift from a traditional or Roth Individual Retirement Account (IRA) of up to \$100,000 per year tax free. To qualify for the IRA Charitable Rollover, the donor must direct the IRA manager to transfer funds directly to The UCLA Foundation. At press time, the IRA Charitable Rollover option is set to expire on December 31, 2009. Acting now can ensure that you gain maximum benefits from this opportunity. For more information, please contact the UCLA Office of Planned and Major Gifts by calling (310) 794-2334 or (800) 737-UCLA or emailing [giftplanning@support.ucla.edu](mailto:giftplanning@support.ucla.edu), or visit [www.giftplanning.ucla.edu](http://www.giftplanning.ucla.edu).

## Give Now. Here's How.

Contributions to the Department of Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can learn more about how to support the Department of Urology by logging on to [www.urology.ucla.edu](http://www.urology.ucla.edu) and clicking on the "How You Can Help" link on the left-hand side of the webpage. Please call (310) 267-1855 if you have any questions about making a gift to UCLA Urology.

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