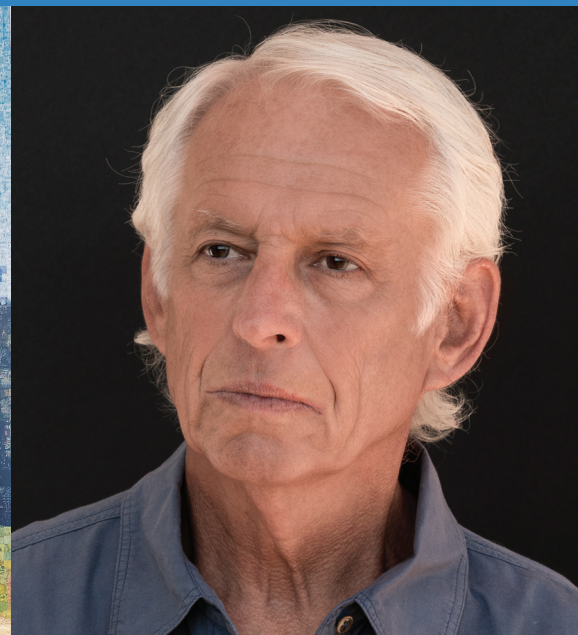




# UCLA UROLOGY

UPDATE



Dr. Richard M. Ehrlich, UCLA Urology professor emeritus, has built a successful second career as a fine-art photographer. Among Dr. Ehrlich's recent work is a portrait of Powell Library, one of UCLA's original buildings, reconstructed with 3,000 slides from the collection of the UCLA Department of Art History.

## Embracing the Art in Medicine: UCLA Urology's Creative Side

**H**is photographs are featured in 19 museums around the world, including the permanent collections of the Smithsonian National Museum of American History, Los Angeles County Museum of Art, UCLA Hammer Museum and George Eastman House, to name a few.

He was the first to gain permission to photograph the Holocaust archives in Bad Arolsen, Germany – visits that resulted in a powerful series of photographs held in the permanent collections of the United States Holocaust Memorial Museum, Yad Vashem in Jerusalem, and seven other museums in the U.S., Paris and Berlin.

And while building a career as a successful fine-art photographer, Richard M. Ehrlich has kept the day job he's had for the last four decades.

Dr. Ehrlich continues to see patients as a UCLA Urology professor emeritus, but in recent years he has devoted increasing amounts of time to his second passion. "I've always been extremely serious about being a physician," Dr. Ehrlich says. "But being able to pursue something very different and to become passionate about something other than medicine has been very rewarding."

Photography was a major childhood interest for

*continued on page 2*

### FALL 2016

VOL. 27 | NO. 4

Alumni Profile	p4
Healthy at Every Age	p4
Letter from the Chair	p5
Donor Spotlight	p6
Kudos	p6
New Residents	p7
The Men's Clinic at UCLA	p8





Above: Los Angeles artist JonMarc Edwards was commissioned by UCLA Urology chair Dr. Mark S. Litwin to create the provocative TRUTH (center), a three-dimensional piece that hangs in a public space. Right: Michael Palladino, lead architect for the Edie & Lew Wasserman Building, home since 2014 to the UCLA Institute of Urologic Oncology, created a light-filled structure designed to elevate spirits and inspire a sense of comfort for patients and families.

*continued from cover*

Dr. Ehrlich, but other than occasional operating-room shots, he mostly put it aside as he focused on his urology practice. In the early 2000s he decided to make fine-art photography a serious endeavor. He reached out to a number of well-regarded photographers and spent time learning their craft. “But there’s nothing like going out and doing it yourself,” he says. “You just take a lot of poor photographs until you realize what’s happening, and you grow.”

That he did. Among Dr. Ehrlich’s recent projects, Face - The Music is a photographic series that captures the emotions of 41 famous musical artists listening to the music of their choosing. The photos

will be exhibited in New York and in two shows in Los Angeles, including at the Grammy Museum; the project has also been published as a book, by Steidl. Dr. Ehrlich also helped to design the art program for UCLA’s new Luskin Conference Center, which will showcase 17 of the UCLA urologist’s works, including an 18-foot triptych of UCLA’s iconic Royce Hall.

“I’ve done very well, but the commercial aspect interests me the least,” Dr. Ehrlich says. “Most of all I enjoy the ability to be creative, and to do something

very different from the practice of medicine.”

Two other members of the UCLA Urology team have found their own creative outlets through writing. During his UCLA Urology residency, Dr. Alan Kaplan wrote essays for the *Chicago Tribune* and Salon.com meant to provide readers a glimpse into the life of a busy resident. He also earned first prize in the annual essay contest held by the American College of Surgeons’ Resident and Associate Society for “Putting Patient Rankings into Perspective.”

“When you’re immersed in clinical care, particularly as a busy resident, you don’t really have a built-in outlet available to express certain emotions and sentiments,” Dr. Kaplan

says. “Writing is a great way to make sense of these experiences, and I have found it quite cathartic.” Now a UCLA Urology fellow, Dr. Kaplan has more recently turned to writing about health policy issues in an effort to add a physician’s perspective to the ongoing dialogue on important topics.

When Dr. Jeremy Blumberg was a UCLA Urology fellow in kidney transplantation, he wrote “The Perfect Match,” a reflective essay on the process of bringing donors and recipients together, for the

*“Most of all I enjoy the ability to be creative, and to do something very different from the practice of medicine.”*



*Journal of the American Medical Association (JAMA)*. Following the essay's publication he was contacted by people from all over the world, many thanking him for providing a perspective they hadn't thought about. Since the publication of his *JAMA* essay "Considering Life Before Lifestyle," many medical students and faculty from across the country have contacted Dr. Blumberg to let him know that his piece has become required reading in their medical schools.

"I've been very surprised to see the power these essays can have to influence people," says Dr. Blumberg, who is currently chief of urology at Harbor-UCLA Medical Center and assistant professor of urology at UCLA. "Knowing that I can affect people in this way has encouraged me to continue to write whenever I have something to say that I think is compelling. And from a personal standpoint, it can help you understand who you are a little better as well."

The Edie & Lew Wasserman Building, home to the UCLA Institute of Urologic Oncology (IUO), is an example of how designing patient-friendly buildings represents another kind of art – a form that, when well executed, can have a healing effect. The architects who designed the Wasserman building knew they wanted a structure with ample light. "In addition to meeting the program and technical demands, we designed the light-filled architecture of the Edie & Lew Wasserman Building to elevate the spirits and inspire a sense of comfort for patients and their families," says Michael Palladino, lead architect on the \$115.6 million project, which was designed by Richard Meier and Partners Architects and completed in 2014.

The project's site plan achieves a clearly oriented arrival experience that is enhanced with an integrated landscape design, Mr. Palladino explains. "Once inside the building," he continues, "patients and visitors benefit from naturally illuminated reception areas and elevator lobbies with unobstructed views of the surrounding gardens. Southern California daylight complements a warm material palette

of terracotta, terrazzo and wood, which our team carefully crafted to establish a rich and engaging architectural experience."

Inside the building, patients and staff also benefit from the display of artworks through a rotating exhibit from the Los Angeles County Museum of Art (LACMA). The exhibition was arranged by Dr. Rebecka Belldegrun, a trustee at LACMA, whose husband Dr. Arie Belldegrun is professor of urology at UCLA and director of the IUO. An ophthalmologist, businesswoman and philanthropist who founded Los Angeles-based BellCo Capital, LLC, and currently serves as the company's president and CEO, Dr. Belldegrun believes in the importance of art within the hospital as an uplifting element for staff and patients, and of the spirit of community it brings to have an association with a major institution such as LACMA.

*On passing glance, it appears foreign, like a collection of characters in an Asian alphabet, its components sparingly echoed in the surrounding painterly chaos. But if we stop and stare long enough, the word slowly emerges in a grand thematic crescendo.*

*And at the moment of epiphany, when truth finally articulates itself, the reflective material with which the artist chose to build the letters reminds us that our journey within has only just begun.*

TRUTH, the work described above by Dr. Mark S. Litwin, UCLA Urology chair, was created by JonMarc Edwards, a Los Angeles artist best known for art that transforms composed writing into pictographic landscapes. Dr. Litwin commissioned his longtime friend to complete the three-dimensional piece, which hangs in a public space.

"We wanted this to be not just nice to look at, but also something that would incorporate multiple levels of meaning so that patients who choose to look more closely will have

something to think about, perhaps as a distraction from any anxiety they feel," Mr. Edwards explains. "Using compressed text gives it an abstract appearance at first glance, but when you look a bit longer and break the code, you see that it's legible. The big 'truth' is a mirrored piece of sculpture embedded onto the canvas, so that patients can see their own reflection and contemplate what truth means to them."

Truth is the foundation on which the doctor-patient relationship is built, Mr. Edwards notes. Seeking truth is also central to the core mission of an academic medical center – striving to unravel the secrets of health and disease and working with trainees to build their skills, as well as serving individuals and populations in interpreting signs and symptoms while dissecting evidence to identify the right course of treatment.

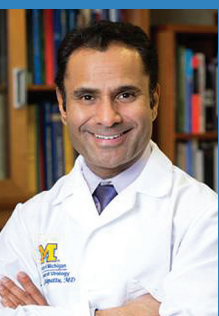
"Art has the potential to take people away from the everyday," Mr. Edwards says. "It can empower them with information and broaden their perspective."

*"Art has the potential to take people away from the everyday. It can empower them with information and broaden their perspective."*

And the notion that art, in its many forms, has a place in a urology department is strongly held by Dr. Litwin. "Amid the ever-quicken pace of post-modern American life, words and letters often

stream past in meaningless bytes, devoid of the inherent purpose of language," he says. "This diminishes us. But JonMarc Edwards offers a solution. His sophisticated and engaging work captures our attention and demands that we pause to reconstruct fundamental concepts that are the building blocks of emotion, interaction and intimacy. In medicine, where we not only seek to heal but also to develop relationships with patients and their families, these concepts are at the heart of our work."

## Ganesh S. Palapattu, MD



It's been more than 13 years since Dr. Ganesh S. Palapattu completed his UCLA Urology residency training, but on the road to his current position as professor and chief of urologic oncology at the University of Michigan, he hasn't forgotten the place or the people who launched his career.

"I was profoundly influenced to pursue academic urology, and more specifically urologic oncology, through my experience at UCLA," Dr. Palapattu says. "I had outstanding mentors who provided a template for how to build a career that was focused on the day-to-day activity of helping people in the clinic and operating room, while at the same time focusing on research activities that aim to help generations of patients through impactful discoveries."

In addition to heading one of the nation's largest urologic oncology divisions, Dr. Palapattu has a clinical practice focused on prostate and kidney cancer, along with a translational research laboratory funded by the National Institutes of Health and focused on prostate cancer. "The goal of our lab is to eliminate suffering from prostate cancer. Forever," he says. To achieve this, his group is looking at the role of platelets in how prostate cancers become aggressive; the role of altered metabolism in prostate cancer cells, including how this promotes treatment resistance; the role of immune cells as possible forms of therapy for advanced prostate cancer; and how the tumor micro-environment contributes to prostate cancer progression.

When teaching residents, fellows and medical students, Dr. Palapattu stresses that "we're not fighting against cancer; we're fighting for the patient," and that patients need to be actively engaged in discussions about treatment. "We treat patients, not diseases," he says.

Dr. Palapattu calls his UCLA Urology training the most important experience of his professional life, and notes that some of the most enduring lessons came from absorbing the examples set by his faculty mentors. "There's a lot to be learned by the student who is aware, and it doesn't have to be from a blackboard. You see how your teachers conduct themselves – how they act with patients and families, how they interact with you and with each other," Dr. Palapattu says.

"Training at UCLA was something special. It's where I learned that while I might not cure cancer, someone I train could. The opportunity to work with others who might make major discoveries is a reminder that we are all a part of something much larger than ourselves. Many of the leaders in our field over the past 30 years have walked through the halls of UCLA as trainees or faculty. I'm grateful to be part of that tradition."

## Testicular Cancer

*Urologic conditions affect people across the life spectrum. In each issue of the UCLA Urology Update we discuss a urologic condition and how it can be addressed.*

Testicular cancer is a disease affecting primarily young males – in the United States it is the most common solid tumor diagnosed in men between the ages of 15 and 34. Approximately 8,000 new cases are diagnosed each year, but fortunately when found and treated early, the prognosis is excellent, with a cure rate of higher than 95 percent.

Although there is no known cause of testicular cancer, several factors are known to raise a man's risk. These include an undescended testicle; congenital abnormalities involving the penis, testicles, or kidneys, as well as having a hernia in the groin area; having a brother or father who had testicular cancer; having previously been diagnosed with cancer in one testicle; and being Caucasian, particularly from Scandinavian descent. For the majority of men diagnosed with testicular cancer, though, there are no known risk factors.

Testicular cancer signs are usually found by the patient during a self-exam, but can also be found by a doctor in a routine physical. Signs and symptoms may include a painless lump, swelling, or heaviness in the scrotum; hardness in the testicle; enlargement of a testicle or a change in the way it feels; or testicular pain or discomfort. These symptoms should not be ignored, although many of them are not found to be testicular cancer after a doctor's exam. A doctor may want to perform blood tests or ultrasound to rule out other causes and determine whether cancer is present.

When a tumor is found, the testicle is removed to determine the type of cancer

cells that make up the tumor, and the tumor is staged to determine how far the cancer has spread. The recommended treatment generally depends on the type of cancer and stage at diagnosis. Treatment includes surgery to remove the affected testicle. After that is done, patients with the "seminoma" form of cancer may require additional chemotherapy or radiation therapy, or may simply be closely watched. Patients with other subtypes of testicular cancer may consider having lymph nodes surgically removed from the back of the abdomen through a procedure called retroperitoneal lymph node dissection, an area of great expertise at UCLA Urology. Removal of these lymph nodes can in some cases cause fertility problems, although a nerve-sparing surgical technique has the potential to avoid this result. Other men may choose chemotherapy or to be closely observed. Decisions on what to do after the testicle is removed are complicated and men with testicular cancer are well served to seek care at centers with a large amount of experience, such as UCLA. Some men choose to have testicular prostheses or artificial testicles in the scrotum to replace the one that was removed during surgery. A man with one testicle after surgery can still have normal erections and produce sperm.

UCLA Urology offers personalized care for testicular cancer patients through a program that is multidisciplinary, comprehensive and focuses on the whole patient. The program is directed by Dr. Mark S. Litwin, UCLA Urology professor and chair.

For more information, visit [www.uclaurology.com](http://www.uclaurology.com). To make an appointment, call (310) 794-7700.





# Letter from the Chair



*Medicine is a science,  
but it is also  
very much an art.*

A major part of a physician's work involves keeping up with the science and practicing what we refer to as evidence-based medicine – diagnosis and treatment that are guided, to the extent that it is possible, by studies on what is most effective. More than many professionals, doctors tend to be data-driven people. But the best doctors understand that patient care involves more than just science; it is also an art.

Our cover story this issue focuses on the importance of art in medicine as a healing tool for patients and a cathartic respite for practitioners. But we should not overlook the importance of the art of medicine and the need to excel at both the left-brain and right-brain aspects of what we do. It's true that our patients come to us in part for our medical knowledge and judgment. But if all we did was to spout facts about journal articles and clinical trials results, we would be doing them a disservice.

Medicine is a science, but it is also very much an art. It involves applying the science to individual cases and taking into account not just objective facts, but also a more holistic interpretation of what's right for the patient. That requires getting to know patients and their families, engaging with them, learning about their lives outside the doctors' offices, and understanding and appreciating their values and preferences. Objectively there may be a certain treatment that is deemed best for a certain disease, but we are treating patients, not diseases, and each patient is an individual – incapable of being characterized by any literature search.

As physicians, our ultimate goal must be to help each patient find his or her own truth. When patients face decisions about treatment for a condition, our job is to help them reach a conclusion about what will serve them. And when we aren't treating patients, we are helping them achieve a quality of life that is best for them. That requires getting to know patients and their families, learning about their lives, and cultivating relationships built on trust. For that we rely not on data, but on our humanity. That is the art of medicine.

❖ **Mark S. Litwin, MD, MPH**  
*Professor and Chair, UCLA Urology*



## Hal and Maribeth Borthwick



**H**al Borthwick's PSA had been gradually inching upward for years. When it got above 4 ng/mL, his urologist suggested it was time for a biopsy to see if he had prostate cancer. Mr. Borthwick didn't object, but he also did some research and spoke with Dr. Carol J. Bennett, a member of the UCLA Urology faculty with whom he served on a school board. Dr. Bennett told Mr. Borthwick about a relatively new program, headed by her UCLA Urology colleague Dr. Leonard S. Marks, that was revolutionizing the way prostate biopsies were performed.

Approximately 230,000 cases of prostate cancer are diagnosed in the U.S. each year, but for decades the technique used for diagnosis has been the "blind" biopsy, in which tissue samples are taken from the entire prostate in

the hopes of locating a piece of the tumor. Since 2009, Dr. Marks has worked with UCLA radiology, pathology and biomedical engineering colleagues to develop a new system that has proven to be more accurate.

The targeted biopsy uses magnetic resonance imaging to identify suspicious areas of the prostate, then fuses the findings with real-time ultrasound in a device known as the Artemis. This not only allows the urologists to target a specific area for the biopsy; for patients found to have prostate cancer, it also enables them to return to the same area over time to determine how fast the cancer is growing – a critical tool for patients who choose "active surveillance" over treatment, given the significant side effects of surgery and the fact that many prostate cancers will not be lethal. The next horizon for Dr. Marks and colleagues is to treat the tumors they identify focally – targeting only the tumor for treatment, while leaving healthy prostate tissue untouched.

In Mr. Borthwick's case, the targeted biopsy performed by Dr. Marks provided a level of assurance that the blind biopsy couldn't: There was no cancer. In addition to being relieved, Mr. Borthwick and his wife Maribeth were impressed. "It was obvious that this imaging system was a new world not only for diagnosis of prostate cancer, but that inevitably it will also lead to new and better targeted treatment options," Mr. Borthwick says. "So when asked, I was happy to support Lenny's program." Since 2013, the Borthwicks have donated \$150,000 to UCLA Urology to bolster the work of Dr. Marks and his team.

"Hal and Maribeth are intelligent and caring people who understand the mission of our program and its potential to help other people," Dr. Marks says. "They were among the first to support our work, and their philanthropy has made a huge difference in helping this program gain worldwide stature."

# Kudos

**Andrew Lenis, MD**, UCLA Urology resident, was a recipient of the 2016 American Urological Association (AUA) Urologic Oncology Symposium travel award for the AUA's 2016 annual meeting in San Diego. He was an author on "Association between number of endoscopic resections and utilization of Bacillus Calmette-Guérin for high-grade, non-muscle invasive bladder cancer," published in the journal *Clinical Genitourinary Cancer* and featured in *UroToday*.

**Leonard S. Marks, MD**, UCLA Urology professor, co-authored "Focal laser ablation of prostate cancer: Phase I clinical trial," which appeared on the cover of the July issue of *Journal of Urology*.

**Christopher Saigal, MD, MPH**, UCLA Urology professor and vice chair, participated in the National Quality Forum's Surgical Quality Measures Steering Committee in August as a committee member.

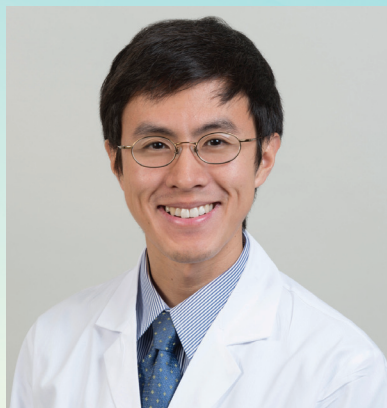
**UCLA Urology's kidney transplant team** established a new record on July 26 when it performed seven kidney transplants in 24 hours, as well as three donor nephrectomies. The operations were performed by Drs. Jeremy Blumberg, Arnold Chin, Nicholas Cowan, H. Albin Gritsch, and Jeffrey Veale, and were also a credit to the kidney transplant and operating room staff.

UCLA's hospitals have been recognized on the Honor Roll of *U.S. News & World Report's* "Best Hospitals 2016-17," and **UCLA Urology** ranked No. 3 nationally. UCLA is ranked No. 1 in Los Angeles, No. 1 in California, and No. 5 in the nation. For the 27th consecutive year, UCLA was named "Best in the West." The Best Hospitals Honor Roll highlights medical centers that placed in the top tier in at least six of the 16 specialties in which *U.S. News* ranks hospitals.



# INTRODUCING...

*The new UCLA Urology residents:*



## Ryan Chuang, MD

### Medical School

David Geffen School of Medicine at UCLA

### Areas of Interest

Urologic Oncology; Cancer Genomics

### Why UCLA Urology

"As a UCLA medical student, I found unparalleled mentorship and support in the urology faculty. From a clinical standpoint, the urology residency program involves not only a top-notch academic referral center, but also broad clinical training with a markedly diverse patient population at the affiliate sites."



## Patrick Lec, MD

### Medical School

The Warren Alpert Medical School of Brown University

### Areas of Interest

Pediatrics and Reconstruction; Minimally Invasive Surgery; Urologic Oncology

### Why UCLA Urology

"I saw during my away rotation at UCLA how dedicated the department and its people are to advancing the field of urology. I'm excited to explore UCLA's opportunities for research and mentorship, and am looking forward to getting to work."



## Neil Mendhiratta, MD

### Medical School

NYU School of Medicine

### Areas of Interest

Urologic Oncology; Imaging Applications to the Diagnosis and Management of Urologic Diseases

### Why UCLA Urology

"For me the appeal of UCLA was the broad spectrum of urologic diseases I would be exposed to as a resident, the breadth and experience of the faculty, and the opportunity to develop my skills as a researcher during the lab year."



## Erika Wood, MD, MPH

### Medical School

The University of Texas Health Science Center at Houston McGovern

### Areas of Interest

Urologic Oncology; Surgical Quality Improvement; Ethical Issues Relating to End-of-Life Care

### Why UCLA Urology

"The outstanding faculty, diverse patient population and rich surgical experience make UCLA the best place to get urology training. The culture of the program is one that demands excellence from its residents – holding them to the highest surgical and academic standards, while also promoting independent learning and scholarship. The next leaders in the field come from UCLA, and I am thrilled to be joining this diverse family of trainees."





David Geffen  
School of Medicine

**UCLA** Health

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U C L A



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

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



# The Men's Clinic at UCLA

## Did You Know?

As summer turns to fall, here are five healthy strategies to keep in mind:

1. Get outside – 15 minutes a day for fair-skinned men will get you the vitamin D you need from the sun's rays without damaging your skin.
2. Watch the alcohol – it dehydrates you. When the weather is hot, make sure you're drinking a full glass of water for every alcoholic drink you consume. Also, remember that 70 percent of water-related injuries involve alcohol.
3. Ramp up in the bedroom – a recent study in a sexual medicine journal finds that our interest in sex peaks in the hotter months. Ride that wave!
4. Hit the farmer's market – the fresher the fruits and vegetables you consume, the higher the antioxidant levels and phytonutrients.

5. Plan ahead – be prepared for the inevitable metabolic slowdown that happens in the fall and winter. Start tapering down the calories you consume in mid-September.

*The Men's Clinic at UCLA, a comprehensive, multidisciplinary health and wellness center located in Santa Monica, is now open and seeing patients. For more information or to make an appointment, call (310) 794-7700.*



## UPDATE

Fall 2016 | VOL. 27 | NO. 4

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