



# UCLA UROLOGY

UPDATE



## New Outlook for Kidney Cancer

As recently as 2005, patients with advanced kidney cancer could be offered only one FDA-approved treatment – a drug so toxic it required hospitalization, and was effective in only a small percentage of patients.

In the seven years since, seven new drugs have been approved. Known as targeted therapies, they not only shrink or slow the growth of the tumor, but they can be taken on an outpatient basis with far fewer side effects. Other promising agents for all stages of the disease are currently in clinical trials, including one just being launched with the potential to act as a vaccine against kidney cancer – turning the patient’s immune system against the tumor cells.

Arguably no group has contributed as much to these advances as the UCLA Kidney Cancer Program. Laboratory research that helped to lay the foundation for the seven new drugs was conducted at UCLA, and all of the drugs were tested at UCLA in clinical trials (for more on the UCLA Kidney Cancer Clinical Trials Program, see the article on page 5). That will also be the case for the new cancer vaccine, the result of more than a decade of research that began in UCLA Kidney

Cancer Program laboratories (see the article on page 4). Beyond the new drug therapies, the program has developed new surgical approaches for patients with complicated and advanced kidney cancer and minimally invasive surgical techniques for earlier disease stages. The UCLA Integrated Staging System, used all over the world to predict patient survival, is changing the way the disease is being treated in its earlier stages.

The UCLA Kidney Cancer Program was established in 1989 by Arie Beldegrun, MD, a pioneer in the field who had previously developed new kidney cancer treatments as part of the surgery branch of the National Cancer Institute. Dr. Beldegrun, who continues to serve as surgical director, designed a program unlike most others in its comprehensive approach – with strengths in basic research, translational research, clinical

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trials and patient care. The program, now under the auspices of the UCLA Institute of Urologic Oncology (see the article on page 6), which Dr. Belldgrun directs, brings together urologic surgeons, medical oncologists, radiation oncologists, pathologists and

for treating what is known as a small renal mass. “Not every one of these is an aggressive cancer,” he says. “For those that aren’t, we can spare the patient major surgery through either active surveillance, in which we follow the patient closely, or through non-surgical treatments.” These non-surgical approaches include cryosurgery, in which the tumor is frozen; and radiofrequency ablation, which directs energy toward small cancers. To help determine whether the tumor is in fact aggressive, Dr. Belldgrun and colleagues have been leaders in the effort to develop biomarkers – molecular indicators that help to differentiate tumor activity.

For patients with larger tumors, Dr. Belldgrun’s group has studied and now offers certain patients robotically assisted partial nephrectomy – removing the piece of the kidney affected by the cancer rather than the entire organ, much like a lumpectomy for breast cancer (see the article about Dr. Jim C. Hu on page 8). The surgical team is also a leader in performing highly complex kidney cancer operations, such as on tumors that have migrated to the heart, requiring bypass surgery.

Even with improved diagnostic techniques, approximately one in four patients with kidney cancer is diagnosed at an advanced stage. Of those diagnosed with earlier-stage disease, roughly 40 percent will experience a recurrence. For both sets of patients, effective medical therapies are needed – and the UCLA Kidney Cancer Program’s role in bringing new drugs to fruition through laboratory research and clinical trials has been pivotal.

“The foundation for this program is the preclinical laboratory research to understand genetic changes driving the development and progression of kidney cancer,” says Fairouz Kabbinavar, MD, professor of medicine and the program’s medical director, as well as holder of the Henry Alvin and Carrie L. Meinhardt Endowed Chair in Kidney Cancer Research. “That knowledge allows us to test new targeted-therapy drugs in a preclinical setting, which helps us to design clinical trials that can benefit the patient.”

For many years, Dr. Kabbinavar notes, kidney cancer was believed to be resistant to drug therapy. Through the 1990s and early 2000s the only approved treatment was Interleukin-2, which was so toxic it required ICU treatment in a specialized center. Just 20 percent of patients responded to the drug, and only about 7 percent experienced long-term remissions. Today, Dr. Kabbinavar says, kidney cancer is known to be not just a single disease but a variety of subtypes, each of which responds to different treatment approaches. That understanding has fueled the development of targeted therapies, based on the specific biology of the cancer type.



Arie Belldgrun, MD (right), who established the UCLA Kidney Cancer Program in 1989 and now serves as director of the UCLA Institute of Urologic Oncology, with Michael Stifelman, MD (left), chief of urology, director of minimally invasive urology and director of robotic surgery at NYU Langone Medical Center. Dr. Stifelman, a world-renowned expert in robotically assisted surgery, was a guest speaker at the annual UCLA State-of-the-Art Urology meeting in March 2012. He spent the day with UCLA Urology faculty and urologic oncology fellows, performing two robotically assisted laparoscopic partial nephrectomies.

other experts, all available to the patient in a single visit. But it’s not only UCLA patients who benefit. The program has generated more than 150 peer-reviewed publications as well as textbooks and book chapters that are used to teach students, residents and fellows, and to educate patients. Dozens of researchers have been trained, including those who now run kidney cancer programs in major academic centers throughout the United States, Europe, Asia and South America.

For patients diagnosed with early-stage kidney cancer, the program’s surgical team has helped to usher in a new era of treatment using minimally invasive and robotic-assisted technologies. “This enables us to remove complicated cancers of the kidney in a minimally invasive fashion,” Dr. Belldgrun explains. “There is less pain and a much faster recovery and return to normal activity.” The program is also advancing preclinical testing of non-invasive technologies such as high-intensity focused ultrasound, a highly precise technique in which energy is used to heat and destroy the cancer.

As improved imaging techniques reveal more cases of kidney cancer in earlier stages, doctors are faced with new questions on how best to manage very small tumors. Dr. Belldgrun was part of an American Urological Association panel that issued guidelines

*“We now understand [kidney cancer] to be a disease that can be treated successfully, even at the advanced stage.”*

*–Fairouz Kabbinavar, MD*



Dr. Kabbinavar was a pioneer in one of the major targeted therapy approaches – going after the blood supply that enables tumors to thrive. Five of the FDA-approved drugs follow this strategy of targeting the vascular endothelial growth factor (VEGF) pathway. Dr. Kabbinavar and colleagues have also played a key role in the development of the other two recently approved drugs; these aim at the mammalian target of rapamycin (mTOR) pathway, which has been found to drive growth of certain kidney cancers. All of the recently approved kidney cancer drugs went through clinical trials at UCLA, giving patients access years before they became available to the general public.

“With targeted therapy we can offer treatment for patients that is personalized to their disease,” says Dr. Kabbinavar. The challenge, now that there are multiple potentially effective drugs to choose from, is to determine the best sequence for each patient – something Dr. Kabbinavar’s group is currently studying. Research is also under way to see whether these drugs can be effective in earlier-stage disease – for example, as a strategy to prevent recurrence after surgery. In addition, Dr. Kabbinavar’s team is pursuing other pathways that sustain kidney cancer growth and thus could serve as new targets for drug development.

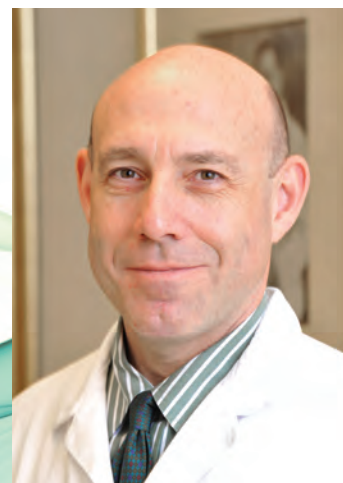
“From a one-trick pony until 2005, suddenly we have many options, and this has changed the way we look at kidney cancer,” Dr. Kabbinavar says. “We now understand it to be a disease that can be treated successfully, even at the advanced stage. Now we are focused on developing new treatments that are even more effective.”

## UDA Compendium

Urologic Diseases in America (UDA), a landmark project led by UCLA Urology and RAND researchers to quantify the immense demographic and economic burden of urologic diseases on the American public, has released a new compendium, *Urologic Diseases in America 2012*. Updating and expanding on the 2007 compendium, the latest edition documents the prevalence, treatment patterns and economic impact of nearly 40 urologic conditions afflicting children and adults. The 2012 compendium is available online in an interactive format that allows users to produce personalized tables and graphs.

In addition to the groundbreaking UDA compendium, the UDA project, funded by the National Institute of Diabetes and Digestive and Kidney Diseases, has supported young and established researchers in the production of more than 70 publications that together have been cited more than 1,200 times. Many of these publications come from the UDA Requests for Individual Research Proposals, which invite research proposals from individual researchers for projects using UDA datasets. For more information on UDA or to explore the interactive UDA compendium, please visit [www.udaonline.net](http://www.udaonline.net).

# Letter from the Chair



When it comes to saving and improving the lives of patients with urologic conditions, UCLA Urology has few equals. As a site for mentoring the young urologists who will become tomorrow’s leaders, few programs are as sought after as ours. For research leading to exciting new therapies for urologic disorders, or a better understanding of the quality-of-life and cost impacts of these conditions and their treatments, the world looks to urology’s Wizards of Westwood.

And yet, as important as it is to strive for excellence in research, education and patient care within the confines of UCLA’s Westwood campus and medical center, it is not enough. A central part of our mission involves going outside of Westwood to optimize urologic health. That’s what drove UCLA Urology to open Frank Clark Urology–Santa Monica: a commitment to bringing the most advanced treatment for adult urologic conditions directly to the community. In this issue (page 5), you will learn that we have significantly expanded our Santa Monica practice by adding new outstanding faculty members and introducing minimally invasive, robotic-assisted surgery capabilities.

UCLA Urology’s faculty, staff and trainees can be found in many communities, whether we’re educating trainees, delivering high-quality care, conducting collaborative community-based research or improving the quality of care by training the health care workforce. For example, the IMPACT program UCLA Urology established in 2001 (at the direction of the California Legislature) was the first of its kind to address the public health issue of prostate cancer among low-income, uninsured men. In collaboration with community providers, local health departments and other community-based health organizations, IMPACT is now funded through 2014 to continue its lifesaving work.

Through partnerships with neighborhood organizations, health service providers, businesses, philanthropic supporters and government entities, UCLA Urology is resolved to making a difference in communities that might not otherwise see immediate benefits from the research and care delivered at UCLA. Our Santa Monica expansion is the latest example, but far from the last.

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

# Donor Spotlight

As a survivor of kidney cancer, **Mr. H. Alvin Meinhardt, along with his wife, Carrie**, have been long time benefactors of UCLA Urology. Mr. and Mrs. Meinhardt are grateful to Dr. Arie Beldegrun and his team for the outstanding care he has received over the past 18 years, since his extensive surgery for metastatic kidney cancer and his subsequent treatments with immunotherapy as part of a UCLA clinical trial for IL-2 and adoptive cell therapy. While enjoying complete clinical remission from his disease, Mr. Meinhardt has remained actively involved with the Kidney Cancer Program, including endowing the program with a chair in kidney cancer research, held by Dr. Fairooz Kabbavar. Mr. Meinhardt's generous gift ensures the future strength and continuity of the program for many years to come.

The Testicular Cancer Program has benefited from the generosity of **Irene and Chet Silvestri**, who sought the expertise of Dr. Mark Litwin when their son, Adam, was diagnosed with the disease in 2009. Through their support, Drs. Christopher Saigal, Hua-yin Yu, and Litwin discovered significant gaps in quality of care due to varying approaches in follow-up during and after testicular cancer treatment. These findings were highlighted at the annual meeting of the American Urological Association. Dr. Litwin and his research team are grateful to the Silvestris for their investment in UCLA's efforts to study and combat testicular cancer, a disease affecting primarily young men.



## The Makings of a Kidney Cancer Vaccine

*"We have developed a hybrid approach – stimulating the immune system in a targeted way."*

*–Allan Pantuck, MD, MS*



When he began looking into where he would do his fellowship training, Allan Pantuck, MD, MS, found that one program stood above the rest.

Dr. Pantuck was interested in bench-to-bedside kidney cancer research – turning laboratory discoveries into new therapies that could ultimately improve outcomes for kidney cancer patients. There was a great need for better treatments – it was 1999, and only one drug had been approved for advanced kidney cancer patients. That drug, Interleukin-2, was highly toxic and effective only in a relatively small percentage of patients.

For Dr. Pantuck, the UCLA Kidney Cancer Program was the obvious choice. "It was one of the largest clinical kidney cancer programs in the country, if not the largest," he recalls. "But more than that, it was both a multidisciplinary clinical center offering cutting-edge clinical trials in kidney cancer and a program with a strong basic science component doing its own laboratory research. That was unique."

The work Dr. Pantuck has done in bringing an exciting new kidney cancer treatment approach from the laboratory to a closely watched clinical trial has affirmed that he made the right decision.

As a fellow 13 years ago, Dr. Pantuck began working in Dr. Arie Beldegrun's lab at UCLA's Jonsson Comprehensive Cancer Center to help develop a new vaccine strategy for kidney cancer. The aim was to develop a targeted cancer vaccine by fusing two proteins, GMCSF and CAIX. GMCSF is known to be involved in stimulating the immune system. CAIX, which sits on the surface of the majority of kidney cancers but is absent from normal tissues in the body, has been discovered at UCLA to be useful as a diagnostic tool as well as for prognosis – patients whose tumors have high levels of CAIX have better survival rates than those with lower levels of the protein. Dr. Pantuck's group also found that CAIX levels help predict which patients have the best chance of responding to Interleukin-2, which was at the time still the only drug on the market for metastatic kidney cancer. All of these factors also made CAIX an intriguing target for a new treatment.

So Drs. Pantuck and Beldegrun embarked on creating a vaccine that would stimulate the patient's immune system to recognize and attack tumors that express CAIX. In the UCLA Kidney Cancer Program laboratory, they inserted the GMCSF/CAIX fusion gene into a modified cold virus, then cultured patients' own white blood cells with the virus, creating what are called dendritic cells – cells that are

the most effective in the body for priming the immune response. "The idea is that the dendritic cells educate the killer white blood cells to go after tumor cells that have CAIX on their surface," Dr. Pantuck explains.

Bringing the vaccine to the clinic was no easy feat. To be given safely to patients, it had to be manufactured according to highly controlled, sterile conditions – an expensive process. But when Dr. Pantuck's group presented its findings to the National Cancer Institute, the agency found the grant application so compelling that it singled out the group's research project as representing a paradigm for translational research. The agency agreed to manufacture the virus through its Rapid Access to Interventional Development (RAID) program.

The process of reconfiguring the virus so that it would be suitable for patients and having it manufactured took several years but is now complete. In March, Dr. Pantuck's group received approval from the FDA to launch a first-in-human clinical trial, a decade after the research began. In the time it has taken for the research to move from the lab to the clinic, Dr. Pantuck has also advanced – from a fellow to a full professor, and director of translational research for the Kidney Cancer Program. He and Dr. Fairooz Kabbavar, the program's medical director, will run the clinical trial, which will be held at UCLA as well as the University of Pittsburgh. Kite Pharma, Inc., a biotechnology company that spun out of a UCLA incubator and licensed the technology from UCLA, will assist with the logistics of the study. (Drs. Beldegrun and Pantuck are scientific founders of Kite Pharma, Inc.)

Dr. Pantuck is optimistic that the vaccine will prove safe and beneficial for patients with advanced kidney cancer. "Many new drugs have been approved for kidney cancer in recent years – therapies that target specific aspects of a tumor," Dr. Pantuck says. "They slow the growth of the tumor and allow people to live, on average, several months more than they would have in the past. But none of these drugs appears able to cure people. On the other hand, Interleukin-2 stimulates the immune system and is curative in a small number of patients, but it's a non-specific type of immune stimulation and the side effects are significant. We have developed a hybrid approach – stimulating the immune system in a targeted way. We hope that this will have the same potential curative effects of an immune therapy like Interleukin-2, but with fewer side effects as you would have with the targeted therapies."

# Access to Tomorrow's Drugs Today



The explosion of new drugs approved by the FDA for patients with advanced kidney cancer – seven in the last seven years – provides new life-extending options for individuals who previously had few or none. For patients in UCLA's Kidney Cancer Program, though, these options were available years before the drugs reached the market.

All of the drugs, along with others that are currently working their way through the approval process, have been offered to patients as part of the program's active clinical trials effort.

*“Clinical trials enable patients to receive cutting-edge technology or treatment before it becomes widely available.”*

“Clinical trials enable patients to receive cutting-edge technology or treatment before it becomes widely available,” says Nazy Zomorodian, MSN, director of the UCLA Kidney Cancer Clinical Trials Program. “Having these options allows us to better tailor the treatment to the individual patient.” In many cases, Zomorodian notes, patients who are unable to benefit from conventional therapies can participate in a trial of a drug shown in preclinical studies to be more effective in treating their type of kidney cancer. “We know that one size does not fit all when it comes to kidney cancer treatment,” she says.

The UCLA Kidney Cancer Clinical Trials Program has held scores of clinical trials over the years, more than almost any other program. It has been one of the few centers in the country to offer immunotherapy, providing hundreds of patients with potentially life-saving but complicated-to-deliver treatments such as Interleukin-2, gene therapy, and various cancer vaccines. Some of these patients are alive and free of disease many years later. One such patient, Henry Alvin Meinhardt, recently celebrated 18 years of being completely cancer-free (see Donor Spotlight on page 4).

Trials are offered for patients with all stages of disease. In some cases the trial is for a new drug, while in others it is for a drug approved for another type of cancer or for a different stage of kidney cancer. In all cases, Zomorodian notes, patients benefit not only from early access to a potentially beneficial therapy, but also from the close attention, education and support received from an expert multidisciplinary team.

“It’s exciting to be able to provide our patients with the option of not just standard therapies but also those that are not yet on the market,” says Zomorodian. “Some of these have the potential to be the next major treatment for kidney cancer, and by participating in the clinical trial our patients may benefit years before they would otherwise have that opportunity.”

**For more information on kidney cancer treatment and the clinical trials currently offered by the UCLA Kidney Cancer Program, visit [iuo.ucla.edu](http://iuo.ucla.edu) or [urology.ucla.edu](http://urology.ucla.edu), or contact Nazy Zomorodian at (310) 206-5930.**

## UCLA Urology Brings Minimally Invasive, Robotic Surgery to Santa Monica

For the first time, UCLA Urology’s outpatient facility in Santa Monica now has the same minimally invasive and robotic surgery capabilities as those offered in Westwood.

A state-of-the-art surgical robot has been purchased for patients treated at The Frank Clark Urology Center - Santa Monica, where the department has focused resources and energy to serve a growing urology practice. With that technology, UCLA Urology faculty will be able to offer minimally invasive surgery for prostate, kidney and bladder cancers, as well as for benign urologic conditions such as ureteropelvic junction (UPJ) obstruction and female pelvic prolapse. “Santa Monica is becoming a hub for minimally invasive surgery, and it’s a significant advance for the community to have access to the same technology and surgeons available at our Westwood campus,” says Christopher Saigal, MD, MPH, one of the faculty members practicing at the Santa Monica facility.

The advantages of minimally invasive surgery – in which urologists operate through pencil-width incisions, aided by a tiny camera that amplifies the image – include less pain, less blood loss, shorter length of hospital stay and faster recovery time. Using robotics, the surgeon sits at a console with a three-dimensional view inside the patient and manipulates robotic arms that hold the probes used to carry out the surgery. A system that filters hand tremor allows better range of motion.

In addition to the new technology, the department has recruited two urologists with experience in minimally invasive robotic-assisted surgery to join Dr. Saigal in treating patients at the Santa Monica facility: Z. Chad Baxter, MD, and Jim C. Hu, MD, MPH (see the articles on pages 7 and 8). “The future of medicine will involve making it more convenient for patients through shorter travel distances,” says Dr. Hu. “This is an important outreach for Santa Monica and the surrounding communities.”





## Urinary Stress Incontinence

*Urologic conditions affect people across the life spectrum. These problems should not be ignored. In almost all cases, seeking treatment from a urologist can significantly improve your quality of life. In each issue of the UCLA Urology newsletter we will discuss a urologic condition and how it can be addressed.*

Urinary incontinence, or loss of bladder control, significantly affects an estimated 17 million people in the United States, many of whom are otherwise healthy. It is much more common in women than in men, and the likelihood of becoming incontinent increases with age.

Stress incontinence is the most common type among young and middle-aged women. It can be related to childbirth, or it may begin with menopause. In this form of incontinence, urine is leaked during any physical activity that puts pressure on the bladder, such as coughing, sneezing, laughing, exercise or heavy lifting.

One study found that among women between the ages of 20 and 80, more than half experienced some degree of female urinary incontinence (ranging from mild leaking to uncontrollable wetting); even among women ages 20-49, the prevalence was 47 percent. But fewer than half of people with the problem report it to their physician. Instead, many suffer silently, often avoiding social situations for fear of embarrassment. This is unfortunate because the condition can be well managed, if not cured.

UCLA Urology has four faculty members who treat urinary stress incontinence: Drs. Z. Chad Baxter, Ja-Hong Kim, Shlomo Raz, and Larissa Rodriguez.

For more information, visit the Healthy at Every Age section of [www.uclaurology.com](http://www.uclaurology.com). To make an appointment, call (310) 794-7700.

## Institute Fights Urologic Cancers

A hallmark of the UCLA Kidney Cancer Program since the beginning has been its patient-centered approach: Rather than having to make multiple appointments to see experts in disparate locations, patients go to one place and the experts are all there for them. Having a multidisciplinary team of scientists, physicians and other health care professionals all under one roof not only makes life more convenient for patients, but it also fosters communication among experts that lends itself to better patient care, as well as research collaborations that advance cancer treatment.

This approach has been so successful it has been expanded to encompass all urologic cancers. The Institute of Urologic Oncology (IUO) at UCLA ([www.iuo.ucla.edu](http://www.iuo.ucla.edu)), dedicated to developing leading-edge therapies for the treatment of kidney, bladder, testicular and prostate cancers, challenges the traditional model of academic departments operating independently of each other. "This is a one-stop shop for patients. All the experts are involved in their care, all working together," says the IUO's director, Dr. Arie Beldegrun, who is also the surgical director of the UCLA Kidney Cancer Program. "Our goal is to bring all our resources to the patient."

*"Our goal is to bring all our resources to the patient."*

The IUO harnesses the collective expertise of specialists in urologic oncology, medical oncology, radiation oncology, diagnostic and interventional radiology, pathology, nursing, basic and population sciences and clinical trials. The proximity of experts from these areas enables them to collaborate more efficiently and effectively, advancing the most innovative and integrated approaches to the prevention, diagnosis, and treatment of urologic cancers. Patients benefit from the combined experience of these doctors, who often treat the most complicated urologic cancers. A joint, multidisciplinary board meets regularly to discuss complicated and challenging cases.

"We have been practicing this approach in kidney cancer for many years," notes Dr. Beldegrun, who also holds the Roy and Carol Doumani Chair in Urology Oncology in the Department of Urology. "Rather than the patient running around to different offices, we are all there for the patient, and the result is a well-coordinated team providing better care."



An architectural rendering shows the new building where the UCLA Institute of Urologic Oncology will be housed.

© Shimahara Illustration/Richard Meier & Partners Architects

# Kudos

## NEW FACES

**Leonard S. Marks, MD**, professor of urology, wrote the initial clinical publication on the prostate cancer gene test PCA-3; earlier this year the U.S. Food and Drug Administration approved the test, making it the first biomarker approved for prostate cancer detection since the prostate-specific antigen (PSA) test.

**Gladys Ng, MD**, UCLA Urology resident, was awarded the first annual Laurence R. Meyerson and Deborah L. Faiman Young Investigator Travel Award for Research in Urologic Oncology and/or Renal Transplantation. The award, which helps to fund a trip to the American Transplant Congress in Boston, is for Dr. Ng's paper titled "Correlation of Pre-Transplant Glomerulosclerosis to Kidney Donor Profile Index in Older Donors."

**Christopher S. Saigal, MD, MPH**, associate professor of urology, co-authored "Prevalence of Kidney Stones in the United States" in *European Urology*. The first report of the national prevalence of kidney stones (2007-2010) in the United States since 1994, the findings show a 50 percent increase in kidney stone prevalence, likely related to the increase in obesity/overweight in the United States. Dr. Saigal served on the NIH Health Services Organization and Delivery study section in February.

**Sevan V. Stepanian, MD**, UCLA Urology resident, was a third-place winner in the poster session for the Western Section American Urological Association meeting in 2011 for "Preoperative Fish Oil Supplementation Does Not Alter Operative Blood Loss or Transfusion."

**Jeffrey Veale, MD**, assistant professor of urology, received UCLA Health System's Teaching Humanism at the Bedside Award for his outstanding contributions as a role model and teacher of patient-centered care.

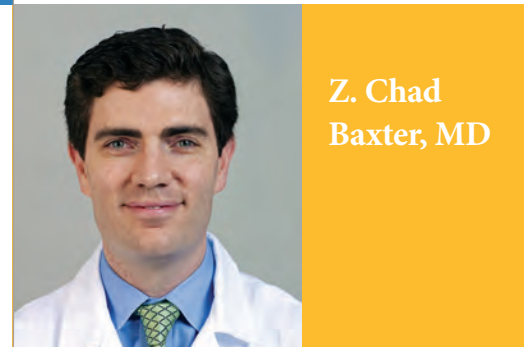
**Eric Vilain, MD, PhD**, professor of urology, human genetics and pediatrics, has received a \$4 million grant from the National Institute of Child Health and Human Development for the establishment of a registry for disorders of sex development (DSD). The multi-site registry is the first to tackle the standardization of genetic, endocrine and imaging diagnosis of DSD, the investigation of psychosocial outcomes, and the delivery of best practices for the care of children and adults with DSD. Other UCLA collaborators include **Drs. Bernard Churchill and Jennifer Yee**.

**Gang Zeng, PhD**, adjunct associate professor of urology, was awarded a major grant from the National Cancer Institute, "A+PSA Assay for Improved Prostate Cancer Diagnosis and Risk Assessment."

**U**CLA has received approval from the American Board of Urology and American Board of Obstetrics & Gynecology for the formal establishment of a Fellowship in Pelvic Medicine and Reconstruction. Under the direction of **Dr. Larissa Rodríguez** with guidance from **Drs. Shlomo Raz, Christopher Tarnay, and Ja-Hong Kim**, this collaboration between UCLA's departments of Urology and Obstetrics & Gynecology will enroll both urologists and gynecologists seeking advanced training in female urology and urogynecology.

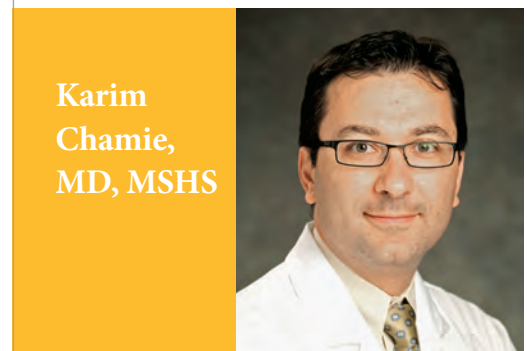
Three UCLA Urology faculty members were chosen to deliver important lectures at the 2012 annual meeting of the American Urological Association in May. They include **Shlomo Raz, MD**, selected to give the Ramon Guiteras lecture, one of urology's highest honors; **Jennifer Singer, MD** ("Management of Patients with Post-Transplant Renal Masses"); and **Karim Chamie, MD** ("Not Following Level I Evidence for Bladder Cancer—Morbidity, Mortality, and Cost").

Five members of the UCLA Urology faculty have been named to the 2011-12 list of the Best Doctors in America, establishing that their peers recognize them as among the nation's top clinicians in their discipline: **Drs. Arie Beldegrun, H. Albin Gritsch, Jacob Rajfer, Robert Reiter and Larissa Rodríguez**.



**Z. Chad Baxter, MD**

**Z. Chad Baxter, MD**, has joined the department as an assistant clinical professor of urology specializing in voiding dysfunction, pelvic reconstruction, urethroplasty and fistula surgery, as well as robotic surgery, Botox, and Interstim neuromodulation as appropriate. Dr. Baxter is also serving as a general urologist at UCLA Urology's Santa Monica facility (Frank Clark Urology - Santa Monica), which has expanded to offer minimally invasive and robotic surgery. Previously, Dr. Baxter served as director of pelvic health and reconstructive surgery at North Shore - Long Island Jewish Health System in New York. He completed his MD at Loma Linda University, urology residency at Penn State University, and fellowship training in pelvic medicine and reconstructive surgery at UCLA.



**Karim Chamie, MD, MSHS**

After completing a three-year combined Society of Urologic Oncology and health services research fellowship at UCLA Urology, **Karim Chamie, MD, MSHS**, has joined the department as an assistant professor. Dr. Chamie's interests include measuring quality of care in patients with bladder cancer, quantifying the burden of bladder cancer care in the United States, developing regional and statewide collaborations to improve care for bladder cancer patients, and developing and participating in clinical trials that aim to minimize the morbidity and mortality of bladder cancer. Dr. Chamie earned his MD from the University of Southern California and completed his residency training at UC Davis before beginning his fellowship at UCLA.

## In Memoriam

UCLA Urology mourns the loss of Dr. Brent Treiger, a former department faculty member, who passed away in November 2011.



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U C L A



*U.S. News & World Report's*  
Best Hospital Survey ranks UCLA as  
the No. 5 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.



## Leading Surgeon Returns to UCLA

*"It is very gratifying  
to contribute to and  
be enriched by one  
of the premier  
urology programs."*

*—Jim C. Hu, MD, MPH*

assisted minimally invasive surgery for bladder and kidney cancer. He will also spearhead expansion of the department's program in robotic-assisted minimally invasive surgery for benign urologic conditions.

In addition to his work as a surgeon, Dr. Hu is a health services researcher focusing on quality of life and outcomes of therapies for localized prostate cancer and other urologic cancers. "Many new therapies are being used to treat patients with these cancers, but few studies have been done comparing their effectiveness when it comes to cancer-control outcomes, complications, quality of life and cost," he explains. Dr. Hu has a U.S. Department of Defense Prostate Cancer Physician Training Award to investigate these and other questions.

"I'm very excited to come back to UCLA, both to reconnect with Dr. Litwin on important and timely health services research issues and to expand the department's breadth in robotic and minimally invasive surgery," Dr. Hu says. "This storied program has trained national and international leaders in urology. It is very gratifying to contribute to and be enriched by one of the premier urology programs."

One of the leading minimally invasive surgeons in New England has returned to UCLA Urology, where he completed his residency and trained in health services research under the mentorship of Dr. Mark S. Litwin.

Jim C. Hu, MD, MPH, has joined the department as Associate Professor and Henry E. Singleton Chair in Urology, as well as director of minimally invasive urology. Dr. Hu was previously at Harvard Medical School, where he started the robotic surgery program at Brigham and Women's Hospital in 2005. He went on to become one of the highest-volume minimally invasive surgeons in the region, performing more than 1,200 robotic-assisted radical prostatectomies. In addition to prostate cancer, Dr. Hu's expertise includes robotic-

### UPDATE

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