



# UCLA UROLOGY

UPDATE



Photo: Bryan Robinson



Photo: Rick Brian

Left: Dr. Karim Chamie heads one of two UCLA Urology studies that recently received support from Phase One Foundation – a new method of delivering chemotherapy in the treatment of urothelial cancer. Right: Dr. Arie Beldegrun and colleagues received Phase One Foundation funding in 2004 to develop a new immune-based therapy for patients with metastatic kidney cancer. That work has led to a closely watched clinical trial that began this year.

## Phase One Foundation Fills Void by Funding Promising Early-Stage Studies

During a nine-day stretch in 1998, Alberto and Stacy Valner’s world was turned upside down – twice. First came news that Mr. Valner’s mother, who was in her late 50s, had an aggressive and terminal form of cancer. Barely more than a week later, Mr. Valner himself was diagnosed with Stage 4 testicular cancer. His chances of survival were placed at 50/50. He was only 36.

Over the next six months, Mr. Valner underwent extensive treatment at UCLA – including two surgeries and four rounds of chemotherapy – that saved his life. His mother was less fortunate, succumbing to her illness not long after Mr. Valner concluded his treatment.

For the Valners, the bittersweet experience – losing Alberto’s mother far too early while Alberto’s life was spared – left them yearning to do something that would make a difference in the fight against cancer. “We wanted to give back,” says Mr. Valner. “We felt very lucky that I had such great treatment, but we

also knew there were a lot of people like my mother who were unfortunate because so little was known about their cancer.”

So in 1999, Mr. and Mrs. Valner, together with a group of friends – all couples with young children who had been affected by cancer either themselves or through the diagnosis of a close family member – established the Phase One Foundation. The goal of the non-profit organization: to help jump-start promising cancer therapies by supporting Phase I clinical research and treatment programs.

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Dr. Joseph Riss heads a UCLA Urology team (also including Dr. Arie Belldegrun and Dr. Allan Pantuck) that recently received Phase One Foundation support for research aiming to enhance the efficacy and applicability of the kidney cancer vaccine currently being tested in a Phase I clinical trial at UCLA (see page 6).

*continued from cover*

In the years since, the Phase One Foundation has succeeded beyond what anyone could have expected, raising and supporting cancer research in Southern California to the tune of approximately \$10 million. But this generous amount of funding in an era when research dollars are scarce tells only part of the story.

By supporting promising research at the earliest stage, Phase One Foundation provides the spark that is instrumental in taking discoveries from the laboratory to the clinic, laying the groundwork for the types of larger-scale studies that can set new standards of oncology care – and are more likely to be funded by pharmaceutical companies and the National Institutes of Health (NIH). “The NIH doesn’t fund ideas; it funds data,” says Arie Belldegrun, MD, director of the UCLA Institute of Urologic Oncology and Roy and Carol Doumani Chair in Urologic Oncology. “But if you don’t have funding, it’s hard to generate the data. That’s why an organization like Phase One is so important.”

*“Without Phase One Foundation and similar organizations, which are very few, it’s difficult for research to move forward.”*

Dr. Belldegrun has a unique perspective on Phase One Foundation’s success. In 2004, barely more than five years after Dr. Belldegrun oversaw the treatment and performed the surgery that helped to save Mr. Valner’s life, Phase One awarded a \$250,000 grant to Dr. Belldegrun and Allan Pantuck, MD, MS, professor of urology, to take a project they had initiated in the laboratory and translate it to a potentially new therapy for patients with metastatic kidney cancer, a disease that has resisted conventional treatments.

That project was a vaccine that injects a fused gene into the patient’s immune cells, then returns the cells to the body, activating the patient’s immune system to go after the cancer cells. Following the success

of that project, the NIH and a drug company have followed with substantial grant funding that has brought the new treatment to a first-of-its-kind Phase I clinical trial that began at UCLA earlier this year under the leadership of Dr. Fairouz Kabbinavar, medical director of the Kidney Cancer Program and the Henry Alvin and Carrie L. Meinhardt Endowed Chair in Kidney Cancer Research (see page 6).

“The dream of every foundation is to help promising ideas get to the point that the NIH will pick them up,” Dr. Belldegrun says. “That initial grant by Phase One helped us to make the special gene construct that has generated several million dollars in NIH grants and was singled out as a model for translating science from the laboratory to patients.”

Now, Phase One Foundation has provided funding that will take the kidney vaccine research to a new level. A \$310,000, three-year grant is supporting a team headed by Joseph Riss, PhD, assistant professor and director of research for the UCLA Kidney Cancer Program, and also including Drs. Belldegrun and Pantuck, as it enhances the efficacy and applicability of the kidney cancer vaccine. Dr. Riss, who was recruited to Dr. Belldegrun’s team more than two years ago from the National Cancer Institute, has previously identified molecular biomarkers for tumor resistance to the vaccine. The new study funded by Phase One seeks to translate these biomarkers into diagnostic tools for monitoring the new treatment and developing a next-generation vaccine that will combat tumor resistance.

Dr. Riss notes that with government agencies funding only about 6 percent of grant applications, they tend to stay away from projects that are seen as “high-risk” – where a positive outcome is far from certain, yet the potential reward is great. “Only interest groups and

foundations that are dedicated to high-risk change can contribute to the kinds of breakthroughs we need,” he says. “Without Phase One Foundation and similar organizations, which are very few, it’s difficult for research to move forward.”

“Success begets success,” says Karim Chamie, MD, MSHS, assistant professor of urology at UCLA and another recent recipient of Phase One Foundation support. “If we find that our novel model of delivering chemotherapy yields encouraging results, then we are uniquely positioned to apply and secure peer-reviewed funding. The NIH expects you, at least in this climate of budgetary austerity, to have preliminary results before they fund your project.”

For researchers such as Dr. Chamie, Phase One Foundation fills another important funding void. With \$142,350 in Phase One Foundation support over the next two years, Dr. Chamie and his team are investigating a new method for delivering chemotherapy in the treatment of urothelial cancer. The approach has the potential to improve the delivery of the drugs to their target, minimize side effects, and substantially reduce the number of urothelial cancer patients who have their kidneys (or even their bladders) removed unnecessarily.

“Urothelial cancers receive only a small fraction of the NIH funding that the ‘big four’ cancers receive – prostate, breast, lung and colon,” says Dr. Chamie. “Phase One and other philanthropic foundations can play a vital role in the discovery and dissemination of innovations that can improve the quality of life and life expectancy for patients with these less common cancers.”

The kidney is composed of two parts – the “meat” and the “sink.” The “meat” of the kidney filters the blood and drains the waste into the “sink” – the renal pelvis, ureter, and bladder. For patients whose cancer resides in that renal pelvis or ureter, the recurrence rate is high, even when treated with endoscopic surgery alone or with local chemotherapy. Even for those with less aggressive tumors, three-fourths of patients have to have their entire kidney and ureter removed. The reason: Treating the area with conventional chemotherapy is not very effective because the renal pelvis and ureter drain the drug out into the bladder in a matter of seconds to minutes.

Dr. Chamie and colleagues are working with a company that has developed a gel that is liquid in room temperature but becomes solid in body temperature. Additionally, the gel stays true to form for several hours. Their hope is that by mixing it with the chemotherapy drugs in liquid form and then injecting it into the renal pelvis and ureter, it will become solid and take on the shape of the cavity, enabling the course of chemotherapy exposure to last several hours rather than seconds to minutes. “This could save many patients from having their kidney and ureter removed unnecessarily,” Dr. Chamie explains.

“If you talk to doctors in the research community, they’ll tell you the number of promising theories waiting to be tested is huge,” says Phase One Foundation’s Alberto Valner. “There are plenty of good ideas, just not enough financing for them.”

Phase One Foundation’s mission statement speaks of funding research to advance cancer treatments “that will transform what might be a terminal illness into one where patients can live a full and productive life” – just as Mr. Valner has done since his brush with death 15 years ago. “There’s nothing more gratifying than to see that we’ve touched the lives of so many people,” he says. “To see doctors we fund becoming successful – and more importantly, to see their theories becoming successful – tells me we are making a difference.”

# Letter from the Chair



It is self-evident that when it comes to our health and the health of our loved ones, we seek nothing less than the highest quality care. But what does that mean? How can we determine that the health care provider we choose is top-notch?

It wasn’t long ago that quality in health care delivery simply meant all of us “doing our best.” But in the last 15 years a consensus has emerged that this is not enough, and that a more systematic approach is required. As a result, new quality measures have been developed and validated. Evidence-based practice – treatment guided by the most up-to-date research results – has become widely accepted as being a critical component of quality. Unfortunately, too often what is known scientifically to be the best treatment for a particular condition is not the one that is provided.

The Agency for Healthcare Research and Quality, the lead federal entity charged with addressing such concerns, defines health care quality as getting the right care to the right patient at the right time, every time. According to the Institute of Medicine, care should be consistently safe, timely, effective, efficient, equitable and patient-centered. At UCLA, we call it perfect care, and it is our goal for every patient.

UCLA Urology is proud to host a world-class group of faculty who deliver state-of-the-art care, guided by the latest evidence – including groundbreaking studies from within our own department and other parts of the UCLA Health System. But we recognize that “doing our best,” even with our remarkable team of experts, is insufficient. So we have a system of checks to guarantee patients’ safety. We constantly review the scientific literature to ensure that we are providing the right care to the right patient at the right time, every time. We measure our outcomes and look for areas where we can improve. And we make sure our entire team is going the extra mile to provide care that is not only technically first-rate, but that is also compassionate.

At UCLA Urology we believe quality also means never being satisfied with the status quo. As long as people are suffering from urological conditions, we can – and must – do better. We are dedicated to taking every conceivable step to ensure that we will. Let us know how we’re doing. You can provide your feedback by emailing to [urologyhelp@mednet.ucla.edu](mailto:urologyhelp@mednet.ucla.edu).

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



# Fighting Kidney Cancer in Their Grandfather's Name

The \$50 donation made to UCLA Urology's kidney cancer research program last December might not have been the largest the program has ever received. But you'd be hard-pressed to find a gift packaged with more love.

Ken Hall died in 2009 after a long fight with kidney cancer. Ever since, his wife **Teri Hall** has donated \$1,000 every December – the month of Mr. Hall's birthday – to support UCLA Urology's world-renowned kidney cancer research program.

"He was the most courageous man I've ever known," says Mrs. Hall of her late husband. "His main concern was always to take care of his family. I saw how this horrible disease affected him, and I want to honor his memory by supporting the efforts of this great program to make things better for people in the future, so they don't have to suffer the way he did."

When Mrs. Hall sent her most recent check, it wasn't for \$1,000, but for \$1,050. "I'm sure

you will find odd the additional \$50 tacked on to my usual yearly donation," she wrote in the enclosed note, before explaining: "My 7-year-old twin grandchildren, **Ashley and Ryan Kim**, created a lemonade and cookie stand to earn money to send to you for kidney cancer research to honor their grandpa."

Mrs. Hall says her grandchildren decided on their own last summer to raise money to fight the disease that took their grandfather's life. When they told their grandmother of their plan, she was deeply moved. "They heard that I had helped, and they wanted to do something to help too," Mrs. Hall says. "I don't have the words to describe what that felt like."

Although they were quite young when he died, Ashley and Ryan developed a special bond with their grandfather. Mrs. Hall will never forget one day when her husband was sitting on his favorite chair while the

grandkids, then toddlers, were playing on the floor. "Ashley sensed that Grandpa wasn't feeling well," Mrs. Hall recalls. "In the middle of playing with her toys on the floor, she would stop everything, go over to Grandpa, lay her little head down on his knee, then get up and go back to playing. There was such love between them. Both children still talk about him all the time."

*"Their hearts were full of joy. I was so proud of them."*

On the day of their sale, the twins, with assistance from their parents, set up a stand on a corner near their home. "They didn't just sit there – they really worked hard," says Mrs. Hall. "They had a big sign and they started dancing and screaming as cars approached. So people stopped.

"Their hearts were full of joy. I was so proud of them. And I want to believe that Ken in heaven was watching and could see how much he is loved by his entire family."



## Edward Rampersaud Jr., MD



It's nearly 3,000 miles from the UCLA campus to Durham, NC, but Edward Rampersaud Jr., MD, says the reputation of UCLA Urology is such that saying he trained in Westwood "adds a lot of credence to my practice."

After completing a two-year Society of Urologic Oncology fellowship at UCLA last June, Dr. Rampersaud accepted a tenure-track faculty appointment at the Duke Cancer Institute, where he is a urologic oncologist focusing primarily on kidney cancer, as well as bladder cancer. In addition to seeing patients, Dr. Rampersaud conducts clinical research in kidney cancer. He is part of multi-institutional studies investigating outcomes in partial nephrectomy (which spares part of the kidney when removing the tumor), and participates in multiple ongoing clinical trials for metastatic kidney cancer patients.

Dr. Rampersaud also hopes to soon reestablish work he began as a fellow at UCLA Urology under the guidance of Arie Belldegrun, MD, director of the UCLA Institute of Urologic Oncology and Roy and Carol Doumani Chair in Urologic Oncology: the development of an immunotherapy approach to treating advanced kidney cancer. "It's become well-established that kidney cancer is significantly influenced by the innate immune system, and Dr. Belldegrun has made tremendous strides in directing adaptive immunotherapy for the treatment of metastatic kidney cancer," Dr. Rampersaud says. "I would

like to continue that thought process and develop new targets for kidney cancer immunotherapies."

*When you can cure someone of a disease that would otherwise cause suffering and death, it is inordinately rewarding."*

It was the opportunity to work with Dr. Belldegrun that drew Dr. Rampersaud to UCLA for his fellowship training. "My interest within urology has always resided in kidney cancer, and there aren't many people with more of a presence clinically and academically in the

world of kidney cancer than Arie Belldegrun," he says. "It was a privilege to be there with him, as well as with Dr. [Jean] deKernion [professor emeritus and former chair of the department], who published some of the first papers on immunotherapy for the treatment of kidney cancer."

Dr. Rampersaud says he benefited greatly from his exposure to complex kidney cancer surgeries, which helped to equip him for the cases he now sees at Duke. His experience as a basic-science research fellow in Dr. Belldegrun's lab proved an invaluable lesson in the process of taking findings from the bench to the patient's bedside.

The ability to bring effective cancer treatments to patients is what makes Dr. Rampersaud excited about his chosen profession. "Urologic oncology has dark days when you have to give people bad news, but the 'up' days are the majority, because urologic malignancies are often times curable," he says. "And when you can cure someone of a disease that would otherwise cause suffering and death, it is inordinately rewarding."

# Kidney Cancer Vaccine Trial Underway

The UCLA Institute of Urologic Oncology has begun a landmark clinical trial of a kidney cancer vaccine, based on pioneering UCLA Urology laboratory research over the last decade.

The Phase I trial, led by Fairouz Kabbinavar, MD, medical director of the Kidney Cancer Program and the Henry Alvin and Carrie L. Meinhardt Endowed Chair in Kidney Cancer Research, is the first to test in metastatic kidney cancer patients this vaccine, which uses the patient's own engineered immune system to attack the cancer.

The vaccine uses two proteins fused together: GM-CSF, a potent immune stimulant; and carbonic anhydrase IX (CAIX), a protein expressed in most kidney cancer tumors.

The fused protein is introduced into the patient's immune cells in the laboratory, and the engineered immune cells are then returned to the patient through a series of injections, with the goal of targeting the cancer.

This closely watched trial is the result of research led by Arie Beldegrun, MD, director of the UCLA Institute of Urologic Oncology and Roy and Carol Doumani Chair in Urologic Oncology; and Allan Pantuck, MD, professor of urology. It is being offered to patients with advanced kidney cancer who have not responded to prior treatments.

For more information on enrollment criteria, call (310) 206-5930.

## Kidney Stones

*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.*

This year, approximately 3 million visits will be made to health care providers and 500,000 trips will be made to emergency rooms for kidney stones – hardened masses that form when certain chemicals in the urine stick together. Kidney stones have the potential to pass out of the body without being noticed, or to become lodged in the ureter – the tube that carries urine from the kidney to the bladder – where they can become a source of intense pain to the lower back, the side and the groin.

The number of Americans suffering from kidney stones between 2007 and 2010 nearly doubled from 1994, according to a recent UCLA/RAND study by UCLA urologists Charles D. Scales, MD, and Christopher Saigal, MD, MPH. In large part, this can be attributed to the nationwide increase in obesity and diabetes. Recent studies also indicate that the prevalence of kidney stones is increasing in children as the number of obese children has grown in the United States.

Kidney stones can form when there is a chemical imbalance in the urine, with the majority resulting from an excess of calcium. Although genetic factors may increase susceptibility, stones can often be prevented simply by maintaining a healthy diet and body weight, as well as drinking plenty of fluids.

Typically, the first symptom of a kidney stone passing through the urinary tract is severe pain. Nausea and vomiting, fever, blood in the urine, burning pain during urination, and blocked urine flow are among other possible symptoms. When kidney stones are detected, patients are advised to drink ample amounts of water in an effort to get the stone to pass. A special diet is often prescribed, based on the type of stone. Approximately 90 percent of stones will pass on their own within a few weeks, particularly if they are small. Larger stones require treatment with medication or surgery. UCLA urologist Gregory Jack, MD, surgical director of the UCLA Stone Center, uses the latest fiber optic and laser technology to make surgery for kidney stones maximally effective while minimizing side effects and complications.

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.





# Kudos

**William Aronson, MD**, UCLA Urology professor, authored a recent *New England Journal of Medicine* article examining radical prostatectomy vs. watchful waiting for prostate cancer patients. Men with early low-risk prostate cancer undergoing active surveillance were found to have equal survival outcomes as those undergoing surgery, highlighting the need for active surveillance strategies. However, men with higher-risk prostate cancer clearly benefited (in terms of prostate cancer-specific and overall survival) from radical prostatectomy.

**Andrew Goldstein, PhD**, UCLA Urology researcher, received the Department of Defense, Office of Congressionally Directed Medical Research Programs, Prostate Cancer Research Program Idea Development Award-New Investigator for his grant, "Identification and Targeting of Candidate Preexisting Lurker Cells That Give Rise to Castration-Resistant Prostate Cancer."

**Alan L. Kaplan, MD**, UCLA Urology resident, will serve as co-chair of the inaugural UCLA Housestaff Quality Improvement Council. Working with executive leadership, the council aims to engage UCLA residents and fellows in quality improvement to improve patient care within UCLA Health System.

**Mya Levy, MD**, UCLA Urology resident, will present a podium session at the 2013 American Urological Association annual meeting: "Describing the 'Digital Divide': Information Technology Use in Prostate Cancer Patients with Lower Socioeconomic Status."

**Joshua Logan, MD**, UCLA Urology fellow, won second place in the poster competition at the annual winter meeting of the Society of Urologic Oncology for his abstract, "Potent and Selective Inhibitor of Cyclin-Dependent Kinase 4/6, Demonstrates Differential Inhibition of Proliferation in Renal Cell Carcinoma at Nanomolar Concentrations and Molecular Markers Predict for Sensitivity."

**Larissa Rodríguez, MD**, UCLA Urology professor and co-director of the Division of Pelvic Medicine and Reconstructive Surgery, has been awarded a joint faculty appointment in UCLA's Department of Obstetrics and Gynecology. The dual academic title formalizes her longstanding collaboration with the chair, faculty and programs in gynecology. Dr. Rodríguez was recently named the prestigious 2013 American Urological Association Lecturer at the European Association of Urology meeting in Milan, Italy. Her keynote presentation, "Cellular-Based Therapy of Urinary Incontinence," is part of a longstanding scientific and educational exchange between the academic communities of American and European urology.

**Charles Scales, MD**, UCLA Urology fellow, received funding from the Urologic Diseases in America project for his study, "Impact of Post-Procedural Emergent and Inpatient Encounters in the Management of Urinary Lithiasis."

**Jeremy Shelton, MD**, UCLA Urology fellow, presented his abstract "Validation of Electronic Prostate Cancer Quality of Care Measures in the Veterans Health Administration (VHA)" at the American Society of Clinical Oncology Quality Symposium last November in San Diego.

**Geoff Sonn, MD**, UCLA Urology fellow, presented a poster, "Impact of MR-US Fusion Targeted Confirmatory Biopsy on Patient Selection for Active Surveillance" at the Society of Urologic Oncology meeting in Bethesda, MD, last November. His group's paper, "Targeted Biopsy in the Detection of Prostate Cancer Using an Office Based Magnetic Resonance Ultrasound Fusion Device," was published in the January issue of the *Journal of Urology* and featured on the journal's cover.

## Former UCLA Urology Chair Earns Specialty's Highest Honor



**D**r. Jean B. deKernion, professor emeritus and former chair of UCLA Urology, has been named recipient of the American Urological Association's (AUA's) 2013 Ramon Guiteras Award, the specialty's highest honor.

In announcing the award, the AUA cited Dr. deKernion's pioneering and innovative research in urologic oncology and excellence in education and fellowship training. Named for the founder of the AUA, the Ramon Guiteras Award is given annually to an individual who has made outstanding contributions to the art and science of urology. Dr. deKernion will be honored formally at the AUA national meeting in San Diego in May.



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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.



## IN THE COMMUNITY

# Pediatric Urology Clinic Opens in Santa Monica

**U**CLA Urology has launched a pediatric urology clinic in Santa Monica, bringing state-of-the-art care to the community.

“This is an extension of our Westwood practice, offering essentially the same services so that we can be more accessible to the Santa Monica population,” explains Jennifer S. Singer, MD, pediatric urologist with the Clark-Morrison Children’s Urological Center at UCLA, who is seeing patients at the new Santa Monica clinic. “It will make it easier for families in the community to benefit from our department’s clinical expertise and research, including laparoscopic, robotic and other minimally invasive surgical options.”

Pediatric urology conditions include a wide range of conditions involving the genital and urinary tracts. Often they are present at birth – and in some cases can be treated through surgical reconstruction early in life – while other times they become evident during childhood. They include anatomic conditions

that cause recurrent bladder or kidney infections; hypospadias; spina bifida; undescended testicles; hernias; and other, less common diagnoses.

*For more information or to make an appointment at UCLA Urology's pediatric urology clinic in Santa Monica, please call (310) 794-7700.*



Photo: Reed Hutchinson

### UPDATE

Spring 2013 | VOL. 24 | NO. 2

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