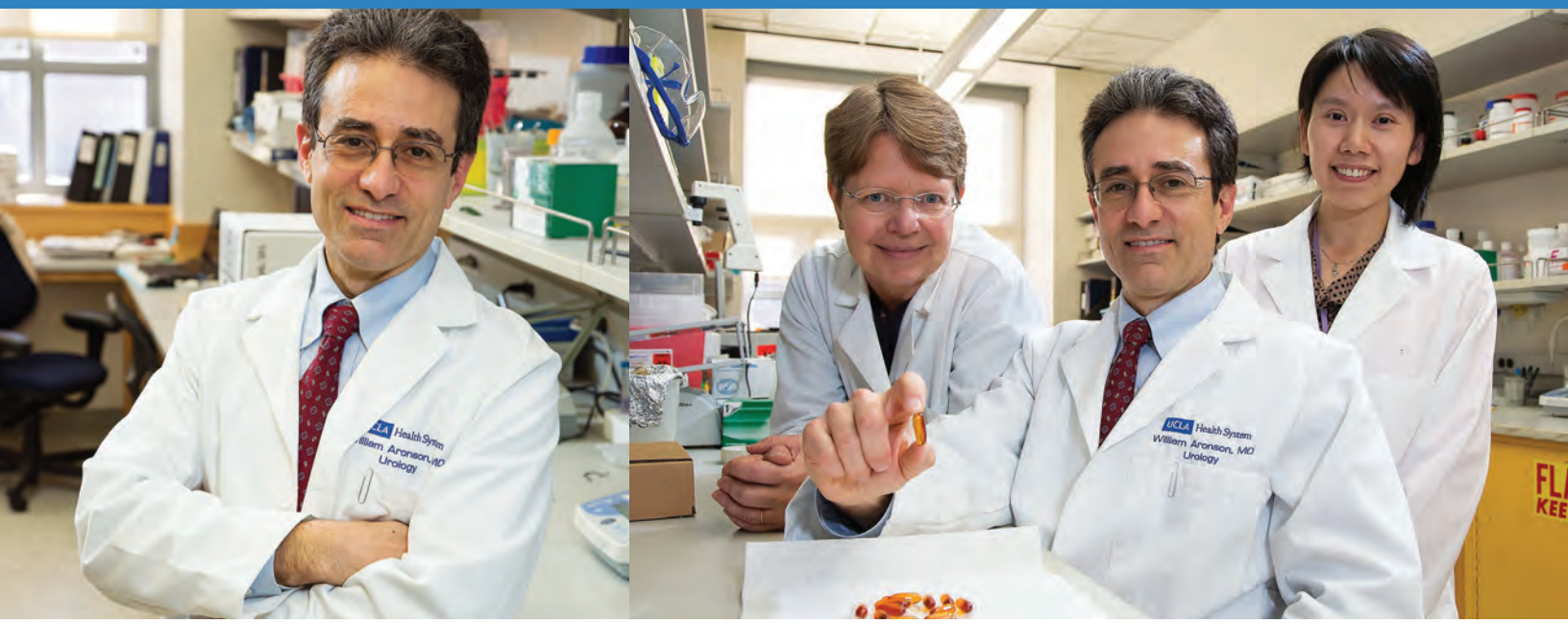
David Geffen School of Medicine | UCLA Health

UCLA UROLOGY

UPDATE



UCLA Urologist William Aronson, MD, has found that a low-fat diet with fish oil supplements may reduce prostate cancer risk. Shown with Dr. Aronson are two members of his team (from left to right): Susanne Henning, PhD, RD, adjunct professor in UCLA's Department of Medicine; and Pei Liang, PhD, a postdoctoral fellow in Dr. Aronson's lab.

Could a Low-Fat, Fish-Oil Diet Alter Prostate Cancer Risk?

The cliché "you are what you eat" is easily dismissed as a well-intentioned effort by parents to coax their children to follow a healthy diet. But if intriguing results coming out of ongoing research led by UCLA Urologist William Aronson, MD, are confirmed, parents may be on to something.

Last November, Dr. Aronson's team reported its study findings that men with prostate cancer who ate a low-fat diet and took fish oil supplements had lower levels of pro-inflammatory substances in their blood and a lower cell cycle progression (CCP) score – a measure used to predict cancer recurrence – than men who ate a typical Western diet. Lowering the CCP score may help to prevent prostate cancers from becoming more aggressive, according to Dr. Aronson, a clinical professor of urology at UCLA, chief of urologic oncology at the West Los Angeles Veterans Affairs Medical Center and chief of urology at Olive View UCLA Medical Center.

The study, which appeared in *Cancer Prevention Research,* a peer-reviewed journal of the American Association for Cancer Research, was a follow-up to a 2011 study by Dr. Aronson and colleagues. The 2011 study found that for men preparing to undergo a radical prostatectomy after a diagnosis of prostate cancer, following a low-fat diet with fish oil supplements for 4-6 weeks before the surgery led to slower growth of the cancer cells than for men who were on a traditional high-fat Western diet prior to surgery. In addition, the prostate tissue of the men on the low-fat/fish oil diet showed increased levels of omega-3 fatty

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Could Diet Alter Prostate Cancer Risk?

For more information about the UCLA Urology Active Surveillance for Cancer of the Prostate (ASCAP) program, please call (310) 794-3566.

Dr. Aronson's newly funded study will follow 100 men who have elected to join UCLA Urology's Active Surveillance program, which monitors slow-growing prostate cancer using imaging and biopsy instead of treating the disease. Men in the program who volunteer for the study will be randomly assigned into either a group that eats their usual diet or a low-fat/fish-oil diet group to determine whether the latter slows cancer cell growth and lowers the risk of cancer recurrence.

continued from cover

acids from fish oil, along with decreased levels of omega-6 fatty acids. Omega-3 fatty acids have been found to reduce inflammation and may be protective for other malignancies, while omega-6 fatty acids are pro-inflammatory and believed to be more harmful.

"These studies are showing that in men with prostate cancer, you really are what you eat," Dr. Aronson says. "The studies suggest that by altering the diet, we may favorably affect the biology of prostate cancer."

Based on the promising results of his research, Dr. Aronson has received funding to launch a longer-term study this spring of 100 men who have elected to join UCLA Urology's Active Surveillance program, directed by Dr. Leonard Marks, which monitors slow-growing prostate cancer using imaging and biopsy instead of treating the disease. Men in the program who volunteer to participate in Dr. Aronson's study will be randomly assigned into either a group that eats their usual diet or a low-fat/fish-oil diet group. They will receive a prostate biopsy at the beginning of the trial and a second one after a year. Dr. Aronson's team will measure biological markers in the prostate biopsy tissue of the study participants to determine whether the low-fat/fish-oil diet slows cancer cell growth and lowers CCP scores.

> *"The studies suggest that by altering the diet, we may favorably affect the biology of prostate cancer."*

Dr. Aronson cautions against making too much of the results from the short-term studies that have been completed so far. "The evidence is not conclusive at this point," he says. "We can't recommend that patients change their diet based on these findings." He notes that patients are advised to lose weight if they are overweight and follow a heart-healthy diet (cardiovascular disease remains the leading killer in men with prostate cancer) along with a regular exercise program.

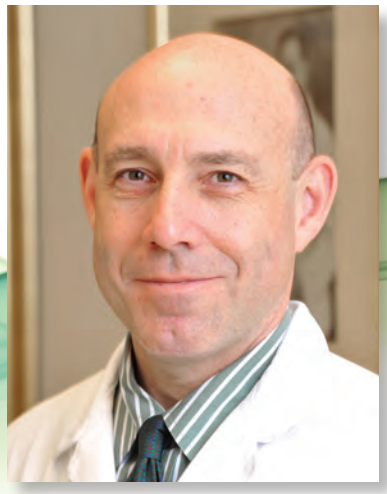
But even if it's too early to draw conclusions, data suggesting the possibility that a certain diet may be beneficial for men with prostate cancer is reason to be excited, Dr. Aronson says. Prostate cancer is a leading cause of cancer death among men in the United States. It's estimated that more than 230,000 American men will be diagnosed with prostate cancer this year alone, with more than 29,000 dying from their disease.

It's also possible that the results of Dr. Aronson's studies could have implications for men who have not been diagnosed with prostate cancer. "Many men have slow-growing cancers in the prostate that aren't clinically evident," Dr. Aronson notes. "It's plausible that a diet lower in fat and higher in omega-3 fatty acids could delay these cancers from progressing."

Dr. Aronson began studying the effects of diet on prostate cancer more than a decade ago, starting in the laboratory. His group's initial basic-science studies made many of the same observations about the effects of omega-6 and omega-3 fatty acids on prostate cancer progression that he has found in the recent clinical trials. Dr. Aronson notes that other studies also suggest a link between diet and prostate cancer risk. For example, the rates of prostate cancer are lower among men in Asian countries where lower-fat diets and high intake of fish are the norm, but for Asian men who move to the United States and adopt the Western diet, the risk increases. Obesity is associated with more deadly prostate cancers, suggesting a benefit to weight loss in reducing prostate cancer risk. Studies, including those done at UCLA Urology, have also suggested potential benefits of lycopene (an antioxidant found in tomato paste), green tea and pomegranate juice in reducing prostate cancer risk.

"We still have a lot to learn, but these kinds of studies are very exciting," says Dr. Aronson. "Unlike other types of treatments, dietary strategies tend to have few if any side effects, and can bring health benefits even beyond any impact on prostate cancer."

Letter from the **Chair**



By educating and training tomorrow's top physicians and scientists in the various fields of urology, we help lay the groundwork for future innovations and discoveries.

Much of what we do at UCLA Urology is for the direct benefit of the people with whom we come into contact on a daily basis – the men, women, and children who seek urological care from our physicians, and members of the Southern California community who are touched by our outreach programs. But a significant part of our mission involves looking outward toward our goal of healing *all of humankind*, one urological patient at a time.

One way we do this is through the training we provide for the next generation of physicians and scientists through our residency and fellowship programs. With one of the most competitive residency programs in the country, UCLA Urology attracts the best and brightest into our laboratories, hospitals, and clinics. Here, these young men and women are mentored by some of the world's top researchers and clinicians. During the six-year program, our residents rotate through a wide variety of settings – not just in Westwood and Santa Monica, but also in county and VA facilities – gaining exposure to the full scope of cases and patient populations. Our fellowship programs, which develop urologic scientists and clinicians, continue to evolve to meet the challenges of the field, including urologic oncology, pelvic medicine, kidney transplantation, minimally invasive surgery, endourology, health services research, and other important and fast-growing areas.

By educating and training tomorrow's top physicians and scientists in the various fields of urology, we help lay the groundwork for future innovations and discoveries. Alumni of our residency and fellowship programs go on to lead laboratories, programs, and departments of their own all over the country, and in some cases overseas. Wherever they go, they not only make new discoveries and provide outstanding patient care; they also participate in the education and training of the generation of scientists and clinicians who come after them. But it's not just what they do when they leave that is valuable. While our trainees are here, they bring enthusiasm and fresh ideas to our efforts. We teach them, but they also teach us – improving our work and, as a result, the lives of our patients.

Those of us on the UCLA Urology faculty ascended to this great institution thanks in no small measure to the wisdom and expertise that was passed on to us by selfless mentors, and we take our job seriously as we pay it forward to the next generation. Not that the task is entirely altruistic – there is no greater personal reward than seeing these protégés blossom into the leaders of our field.

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

After Cancer Scare, He Dedicates Himself to Helping Others

On any given Wednesday afternoon, Jonathan Sommers may receive a call or email from Dr. Mark S. Litwin, UCLA Urology chair. The message is simple; by now, they've been through this enough times that there's not much that needs to be said.

"Dr. Litwin will tell me that he had a patient at the clinic that day who had just been diagnosed, and can I do my thing?" Mr. Sommers explains. "And I always do. I drop whatever else I'm doing."

Jonathan Sommers' "thing" is to provide support to men who have just learned they have testicular cancer. For these patients, the diagnosis typically comes as a shock. Testicular cancer tends to affect young, otherwise healthy men (it is the most common cancer in males ages 20-39). Mr. Sommers knows this all too well. He was 28 when he was diagnosed with testicular cancer on March 7, 2012. "I was in great shape – I ran every morning and never smoked," he says. "I volunteered my time working with kids as a lacrosse coach. I was a good person. It didn't make any sense."

Fortunately, his cancer was caught early – when cure rates are high. Mr. Sommers was treated successfully at UCLA Urology, and was so inspired by the support he received through the ordeal – from Dr. Litwin and his team, from his friends and family, from the lacrosse community and from survivors who offered advice and comfort during the darkest moments – that he has worked tirelessly ever since to assist others who are experiencing what he did.

Testicular cancer survivor Jonathan Sommers supports others who are going through what he experienced.

Once his treatment was over, Mr. Sommers asked Dr. Litwin to begin sending newly diagnosed patients his way. "More than anything else it's to listen, reassure them that they're in great hands, tell them what they're feeling is normal – and that they're part of a brotherhood now," Mr. Sommers says. "I tell them that if they want help, I'll be there for every step. For some people, one meeting is enough; for others, I'll visit them in the hospital, and some of them become my lifelong friends."

Mr. Sommers struck up an instant friendship with one patient in particular – a man who was undergoing aggressive chemotherapy in advance of his wedding. Mr. Sommers visited the patient nearly every day for lunch over the course of two months. The man invited Mr. Sommers to the wedding, where he surprised Mr. Sommers with a heartfelt toast welcoming him as part of the family.

Mr. Sommers also began looking for ways to promote testicular cancer awareness. A writer by profession, he penned a public service announcement for UCLA Urology. After becoming active in CrossFit – a fast-growing exercise program particularly popular with young men – Mr. Sommers approached the management at his gym about organizing a competition that will serve as both a UCLA Urology fundraiser and a way to educate participants about testicular cancer. Recently, he met with board member Steve Zimmer of the Los Angeles Unified School District to discuss including testicular cancer awareness as part of the district's health education curriculum.

"Jonathan was able to take a life-threatening challenge and turn it into a profoundly positive experience."

He hasn't limited himself to testicular cancer patients. Mr. Sommers found a kindred spirit in Nick Wallace, a 13-year-old UCLA liver transplant recipient who is also an avid lacrosse fan and player, and who started the nonprofit charity Nick's Picks (www.nickspicks.org), which delivers a backpack full of fun items to hospitalized children dealing with a chronic illness. To celebrate the one-year anniversary of Nick's transplant, Mr. Sommers helped to organize a lacrosse-themed party – including participation by professional players. The pair remain friends, playing lacrosse together after Nick's appointments at UCLA.

Mr. Sommers has also worked with the Simms/Mann-UCLA Center for Integrative Oncology to start a testicular cancer support group. "We've had this belief in our society that men should be tough and figure things out on their own," he says. "But the truth is that strength comes when you acknowledge that a problem is bigger than you can handle and that you need help."

"Jonathan was able to take a life-threatening challenge and turn it into a profoundly positive experience," says Dr. Litwin. "He is a special person whose vivacity is contagious. His impact is incredibly far reaching."

Mr. Sommers will never forget the paralyzing fear he felt on a Friday evening in March, when he went to meet with Dr. Litwin for the first time. "He looked me square in the eyes and said, 'Jonathan, you have cancer, but you are going to live,' " Mr. Sommers recalls. "I started crying and he gave me a hug. No other doctor was giving me that confidence or that compassion."

The compassion Mr. Sommers received as he recovered from his surgery extended from Dr. Litwin and the hospital staff to the support from about a dozen testicular cancer survivors who visited. It also included friends in the lacrosse community, who raised money to help pay his medical bills and sewed purple ribbons – for testicular cancer awareness – on every player's jersey.

At some point, Mr. Sommers decided he wanted to make sure others received the same support. "I was starting to heal physically, but emotionally something was lacking," he says. "Then I realized that the way to draw meaning from my experience was to make it easier for others going through this."

DONOR SPOTLIGHT

The Andre Agassi Foundation for Education, named after the legendary tennis star (above left), provides underserved children in west Las Vegas with a first-class K-12 education.

The Andre Agassi Foundation for Education hopes to transform public education – both through its signature project, the Andre Agassi College Preparatory Academy, and through state and national advocacy aiming to increase investment in, and accountability for, public schools. UCLA Urology's Targeted Biopsy and Active Surveillance Program is seeking to transform prostate cancer diagnosis and treatment through new technology that provides highly accurate biopsies – enabling some men to defer surgery or radiation therapy, in many cases for the rest of their lives.

Although its primary focus has been on K-12 education, the Agassi foundation was drawn to the important, cutting-edge work of the UCLA Urology program, led by Dr. Leonard Marks, and decided to give a $100,000 matching grant for 2013-14 in support of its efforts – including the education of students, residents, fellows, visiting physicians, the medical community, and the lay public in the new technology.

"As we became familiar with this program, we were so impressed not only by the fascinating and groundbreaking work, but also by the outstanding education and training taking place within the program and the department," explains Steve Miller, chief executive officer of the Andre Agassi Foundation for Education. "We look for programs that are both scalable and sustainable. By training people in this important area, this program will have a profound effect. We hope that our gift will stimulate interest in others to donate as well."

"We are profoundly grateful for the early support from the Agassi Foundation," says Dr. Marks. "Their terrific vote of confidence has helped us launch a program that has, in just a few years, become one of the leading centers in the world for targeted prostate biopsy. This improved method, which we pioneered here, will soon spread beyond places such as UCLA and become a new standard of practice."

Named after the legendary tennis star, the Andre Agassi Foundation for Education has made a major impact through the Andre Agassi College Preparatory Academy, which provides underserved children in west Las Vegas with a first-class K-12 education to prepare them for excellence in college and beyond. In a state where the K-12 graduation rate has historically been below 50 percent, the Agassi school graduated 100 percent of its students in its first three years, with all of them going on to college. On the basis of its fundraising success – raising more than $180 million, including more than $100 million from the star-studded Grand Slam for Children – the foundation is working to be able to underwrite the education of all of the school's students in perpetuity.

For more information on making a gift to UCLA Urology, please log on to http://giving.ucla.edu/urology, or call (310) 794-2529.

ALUMNI PROFILE

Mitchell Sokoloff, MD

Mitchell Sokoloff, MD, is headed east – from the University of Arizona to the University of Massachusetts, where, as of April 1, he is the inaugural chair of the institution's newly established Department of Urology. It's not the first time Dr. Sokoloff will be drawing on his UCLA Urology training to build a program from the ground up.

After completing his UCLA Urology residency and then a urologic oncology fellowship at the University of Virginia, Dr. Sokoloff started his academic career as an assistant professor and director of urologic oncology at the University of Chicago, where he created a highly acclaimed translatonal and clinical trial research program – taking findings from his laboratory and applying them to the care of patients who had urologic cancers not generally amenable to cure with surgery alone.

From there he moved to Oregon Health and Science University (OHSU) where, in addition to serving as associate professor, he was chief of the Section of Urologic Oncology and director of robotic surgery. At OHSU, Dr. Sokoloff rebuilt and expanded the urologic cancer program by augmenting the surgical practice to include the addition of innovative systemic therapies to target locally advanced, metastatic and high-risk tumors, as well as incorporating robotic and other minimally invasive technologies into daily practice.

For the last six years, Dr. Sokoloff has built the Division of Urology at the University of Arizona into a nationally recognized program – among other things, establishing a center of excellence in the Southwest for the treatment of urologic cancers.

All of these experiences led to the University of Massachusetts position. "This is a great opportunity," he says. "There has not been much of a urology presence, and now the university has made a tremendous investment to build this department."

In addition to his administrative focus, Dr. Sokoloff has gained renown for his clinical expertise in the management of prostate, kidney, and testicular cancers, along with a translational research program focusing on the causes of metastasis and strategies to prevent it.

He continues to harbor fond memories of his years as a UCLA Urology resident, where his career as a urologic oncologist was launched. "It's always the people you remember," he says. "The faculty were such great role models for me, and it was an amazing group of residents, with whom I continue to be close."

Erectile Dysfunction

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.*

Erectile dysfunction (ED), often referred to as impotence, is defined as the ongoing inability to achieve or maintain an erection sufficient for sexual function. It is very common, affecting as many as 15-30 million men in the United States. Although the risk of its occurrence increases with age, it is not an inevitable part of aging. ED usually has a physical cause – in some cases it is also a byproduct of an underlying health condition that requires attention – and is almost always treatable. Indeed, publicity surrounding the introduction in 1998 of the oral drug sildenafil citrate (Viagra), followed by other, similar drugs, has led to a dramatic increase in the number of men seeking therapy and resuming normal sexual activity.

An erection results from a complex sequence of events involving nerves, arteries, veins, muscles and tissues. Dysfunction involving any of these can result in erectile difficulties. It's estimated that as many as 70 percent of ED cases are related to conditions such as diabetes, atherosclerosis, vascular disease, neurological disease, kidney disease, and alcoholism. Medications affecting the nerves or impairing blood flow to the penis can play a role, and smoking or being overweight can also contribute. Certain surgeries with the potential to injure nerves and arteries near the penis have the potential to cause ED as a side effect, though advances in surgical techniques – including the nerve-sparing radical prostatectomy – have reduced the likelihood of this occurring. Only about 10-20 percent of ED cases are believed to have purely psychological origins – far fewer than was previously believed.

Any of a variety of treatments can help to return sexual function, depending on the cause. In some cases, simple lifestyle changes – quitting smoking, losing weight, and exercising – can be enough. Eliminating, reducing, or changing medications that might be contributing to the problem can also be considered. When these strategies are insufficient, medications for ED (including Viagra, Levitra and Cialis) can be effective. For other men, there are injectable drugs that engorge the penis with blood to produce an erection, mechanical vacuum devices, and, in some cases, surgery. When psychological factors are believed to be contributing – particularly in men experiencing anxiety or depression – psychological counseling is recommended.

Dr. Jacob Rajfer, UCLA Urologist, is an expert in treating erectile dysfunction.

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

The program has contributed to expanding the donor pool and reducing the waiting list, while creating special bonds among participating families.

Kidney Exchange Program Celebrates Major Milestone

The UCLA Kidney Exchange Program, an innovative effort to increase the donor pool by giving patients with a motivated but incompatible donor the opportunity to participate in exchanges or "chain" donations, celebrated its 100th transplant last December.

With demand for donor kidneys far outstripping the supply, approximately 100,000 people with kidney failure are on the waiting list for a transplant and some wait as long as a decade for a suitable donor, enduring time-consuming and draining dialysis treatments to survive.

Many patients on the waiting list have a loved one who is motivated to donate, but is immunologically incompatible. The UCLA Urology-based program, directed by Dr. Jeffrey Veale, matches these willing donors with someone they've never met but with whom they are immunologically compatible; in turn, a loved one of that recipient "pays it forward" and donates to another stranger, starting a chain.

The UCLA Kidney Exchange Program, part of a national effort, has contributed to expanding the donor pool and reducing the waiting list, while creating special bonds among the families brought together by these life-sustaining gestures.

Kudos

William Aronson, MD, received widespread coverage for his study finding that men on a low-fat, fish oil diet showed positive changes in their prostate cancer tissue (see page 1). The study was published in *Cancer Prevention Research.*

Judy M. Choi, MD, a fellow in Pelvic Medicine and Reconstructive Surgery, received a 2014 Urology Care Foundation Research Scholars Award for her study, "Chronic Stress Affects the Micturition Pathway via the Peripheral Corticotropin-Releasing Factor (CRF) Pathway."

Diana Kang, MD, a fellow in Pelvic Medicine and Reconstructive Surgery working with **Dr. Larissa Rodriguez**, was runner-up in the Clinical Essay Contest and Podium Session/Accepted Abstract at the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction 2014 annual meeting for her project, "Transurethral Radiofrequency Collagen Denaturation for the Treatment of Female Stress Urinary Incontinence: A Systematic Review."

Alan L. Kaplan, MD, UCLA Urology resident, had an abstract accepted at the Southern California Dissemination, Implementation & Improvement Science Symposium describing implementation of a novel costing strategy to determine the cost of care in men with benign prostatic hyperplasia. Dr. Kaplan's paper, "Testosterone replacement therapy following the diagnosis of prostate cancer: Utilization and outcomes," was published in the *Journal of Sexual Medicine.*

Mya Levy, MD, UCLA Urology resident, had an abstract accepted for the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction 2014 annual meeting for her project, "Patient Defined Goals of Care in Treatment of Medication Refractory Overactive Bladder."

Sophie Lin, PhD, a UCLA Urology fellow working with **Dr. Robert Reiter**, received a 2014 Urology Care Foundation Research Scholars Award for her study, "Determining the Role of Epithelial-Mesenchymal Transition in Prostate Cancer and Stem Cells During Castration-Resistant Cancer Progression."

Christopher Saigal, MD, MPH, and his team were selected to be part of the Movember and Livestrong Foundation's A Survivorship Action Partnership (ASAP) USA. ASAP USA is a network being established to help improve the lives of prostate cancer survivors and their partners, caregivers and family members. It will bring together experts from different disciplines to discuss strategies and to develop and implement solutions in key survivorship areas. Other members of Dr. Saigal's team include **Dr. Lenore Arab** (UCLA Clinical and Translational Science Institute), Dr. Robert Dennis (Computing Technologies Research Lab), **Dr. Patricia Ganz** (UCLA Jonsson Comprehensive Cancer Center), **Dr. Mark S. Litwin** (UCLA Urology chair), and **Mr. Peter Kung** (director of strategic technologies for UCLA Health and the UCLA Institute for Innovation in Health).

UCLA Urology received a $62,500 Intuitive Surgical Clinical Robotic Fellowship from Intuitive Surgical Operations, Inc. to support a fellow in the field of robotics in female pelvic reconstructive medicine. **Dr. Larissa Rodriguez** is the director of this fellowship. In addition to Dr. Rodriguez, the new fellow will also work closely with **Drs. Jim C. Hu and Christopher Tarnay**.

UCLA Urology received $50,000 from American Medical Systems, Inc. to support a fellow in the field of male andrology. **Dr. Jacob Rajfer** is director of this fellowship.

UCLA Urology will have a strong presence at the annual American Urological Association meeting May 16-21 in Orlando. Fellows **Christopher Filson, MD, Diana Kang, MD, Leah Nakamura, MD, and Hung-Jui (Ray) Tan, MD,** had accepted posters and will participate in moderated poster sessions. Dr. Kang and UCLA Urology fellows **Eric Treat, MD**, and **Judy M. Choi, MD**, each had video abstracts accepted for presentation. Fellow **Timothy Daskivich, MD**, will participate in a podium session. **Resident Mya Levy, MD**, had an accepted poster and resident **Alan Kaplan, MD**, had an accepted abstract. **Resident Jesse Le, MD**, was accepted into the video session and had multiple entries accepted into the moderated poster session.

NEW FACES

Stanley Frencher, Jr., MD, MPH

Stanley Frencher, Jr., MD, MPH has joined the UCLA Urology faculty as assistant professor and director of urology at Martin Luther King, Jr., Community Hospital (MLKCH). A former Robert Wood Johnson Foundation (RWJF) Clinical Scholar at UCLA who spent the last three years at Yale, most recently as urology chief resident, Dr. Frencher will focus on outcomes and community-partnered research, as well as leading the urology effort at MLKCH. Dr. Frencher has dedicated his academic career to understanding health disparities affecting minority communities – particularly prostate cancer screening patterns – and finding ways to best address these concerns through community-based partnerships. As an RWJF clinical scholar he worked with the Black Barbershop Health Outreach Program to increase understanding of cardiovascular disease and prostate cancer in African American communities of Los Angeles.

In Memoriam: Dr. Donald Goodwin

Dr. Donald Goodwin, a onetime chief resident at UCLA Urology and the brother of Dr. Willard E. Goodwin, the late founding chair of UCLA Urology, died last year at the age of 90. After completing his UCLA Urology training in 1961, he practiced with the renowned Dr. Elmer Belt.

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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.

Long-Suffering Patient Finds Relief

Patient Yaja Boren with UCLA Urology's Dr. Chad Baxter.

For 15 years, Yaja Boren suffered mostly in silence, resigned to living with what a series of doctors told her was a urinary tract infection that never seemed to go away. After being treated at UCLA Urology, the 87-year-old Santa Monica resident finally felt like her normal energetic self again, and she is determined to spread the word to other women who may be going through the same thing: Don't assume that nothing can be done. Consult an expert.

Mrs. Boren admits that she had resigned herself to her fate after countless doctor visits failed to solve her problem. "I was getting ready to die," she says.

Not long after she moved to Oceanside, CA, in the early 1990s, Mrs. Boren began experiencing symptoms that her doctor told her was a urinary tract infection. She was put on a course of antibiotics, but it didn't improve her condition. So began a series of visits with a number of physicians over the next decade and a half, always with the same result. "They would give me antibiotics and it never helped," she says. "And they would tell me there was nothing else they could do for me." There were several trips to the emergency department. "The neighbors got used to seeing the ambulance in front of my house," Mrs. Boren says.

After her son came to visit, only to find her lying on her patio barely conscious, he insisted Mrs. Boren move back to Santa Monica so she could be closer to him. "I couldn't do anything for myself anymore, I was so worn out," she says.

That was when she first saw Dr. Chad Baxter, assistant professor of urology at UCLA. During a cystoscopy Dr. Baxter noticed what the others had missed: Mrs. Boren had a urethral diverticulum – a pocket that gets filled with urine and debris, producing the symptoms Mrs. Boren had been experiencing for so long. After a minor surgical procedure, she feels like a different person. "I'm walking again; I have energy," she says. Her message for other women experiencing what she went through: "Do not give up. See someone like Dr. Baxter."

Give Now. Here's How.

Contributions to UCLA Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can make a gift to UCLA Urology by logging on to *http://giving.ucla.edu/urology*. Please call (310) 794-2529 if you have any questions about making a gift to UCLA Urology.

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