



# UCLA UROLOGY

UPDATE



At a reception commemorating the establishment of the Jean B. deKernion, MD, Chair in Urology, (left photo): Dr. Leonard S. Marks (left), inaugural deKernion chair holder, with Dr. deKernion; (right photo): Dr. deKernion with (left to right) his son Grant, wife Mary, and Dr. Carmack and Carolyn Holmes, who donated to the endowed chair fund.

## Endowment Advances Legacy of Longtime Department Chair

**H**e carried the reins for UCLA Urology longer than anyone – a 27-year period during which the department grew exponentially and became recognized as a world leader in research, teaching and patient care. Now, four years after Dr. Jean B. deKernion stepped down as UCLA Urology chair, a committed group of donors have honored him through an endowment fund that will bring benefits to the department in perpetuity.

With donations amounting to \$2 million, the department has established the Jean B. deKernion, MD, Chair in Urology to pay tribute and carry forward the legacy of Dr. deKernion, who retired in 2011. The inaugural deKernion Chair holder, Dr. Leonard S. Marks, was announced at a reception in the Frank Clark Urology Center on January 29. (For more on Dr. Marks, see the article on page 3.)

“Everyone knows Dr. deKernion as the gentleman surgeon – an individual of the highest integrity and selflessness, always looking out for his urology

faculty colleagues and for this institution that he loves so much,” said Dr. Mark S. Litwin, current UCLA Urology chair, at the reception honoring his predecessor.

During his time at the helm Dr. deKernion was a tireless builder and supporter of the department, working to recruit and nurture top faculty and educate students of all levels. When he took over as leader of what was then the Division of Urology in 1984, it had six faculty members, a modest research program and few financial resources;

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From left to right: Dr. A. Eugene Washington, vice chancellor of UCLA Health Sciences and dean of the David Geffen School of Medicine at UCLA; Dr. Jean B. deKernion, who headed UCLA Urology from 1984 to 2011; and Dr. Mark S. Litwin, UCLA Urology chair, at the reception establishing the deKernion Chair at the Frank Clark Urology Center in January.

*continued from cover*

by the time he retired, that number had grown to 29 and UCLA Urology was consistently ranked among the top four in the nation, with more than \$35 million in research grant funding, three busy outpatient facilities, and highly sought-after residency and fellowship programs – producing some of the leading figures in urologic clinical care and research across the country.

Upon being named chief, Dr. deKernion began exercising a strategy that continues to benefit the department more than 30 years later. “I decided early on that if we were going to be exceptional we would have to develop sub-sections covering each area of urology,” he says. “The traditional urology practice treated everything, and I felt there were a lot of good urologists in the community doing a good job with that, but for someone in an academic career that included research, there should be a focus on one specific area.”

Following that vision, Dr. deKernion recruited faculty leaders in a growing list of subspecialties – including, for the first time, fields such as outcomes research and kidney transplantation. Three important developments fueled the growth. First, Dr. deKernion encouraged faculty to develop collaborations with scientists and clinicians outside of urology, advancing the research mission. Dr. deKernion also successfully lobbied to make urology a department, which proved to be a boon for recruiting and fundraising. And he began to enlist the support of generous donors, who contributed tens of millions of dollars to help bring in top faculty and support research, education and

clinical programs.

Dr. deKernion’s own research contributed to important advances in the treatment of patients with bladder, kidney, and prostate cancer. His landmark 1975 paper in the journal *Cancer* was the first to report the use of the agent BCG, instilled transurethrally, to cure bladder cancer. He pioneered immune-based therapies that remain at the forefront of cancer research, including the first use of interferon in the treatment of patients with advanced kidney cancer. He was also the first researcher to report the use of PSA as a critical biomarker in the follow-up of patients treated for prostate cancer.

But arguably the most significant contributions Dr. deKernion made to advancing urological research were the programs he established and helped build as head of UCLA Urology. Included among these was a prostate cancer translational research program, launched in partnership with Dr. Owen Witte in 1996, which ultimately was awarded the highly competitive Specialized Program of Research Excellence (SPORE) in Prostate Cancer. The program, which was recently renewed under the leadership of Dr. Robert Reiter, professor of urology, has become a model for multidisciplinary collaborative translational research.

“Dr. deKernion’s leadership and professionalism are best reflected in the admiration he has earned from his colleagues and his patients,” says Donald de Brier, a longtime UCLA Urology supporter who was a major contributor to the deKernion Chair. “He worked hard to bring in terrific people to the department and then he supported them and made it possible for them to succeed.”

Another major contribution to the deKernion chair came from an unusual source – the faculty group within UCLA’s Department of Pathology and Laboratory Medicine. “Jean is a gardener – in his modest office there were always rose cuttings from his home,” says Dr. Jonathan Braun, pathology department chair. “He is also a leader who believes in the potential for medicine and science to elevate the human experience, and that the cultivation of ideas and energies of good people germinate this potential. Our department responded to this opportunity, and its urologic pathology research and innovation is now one of his academic gardens.”

Dr. deKernion has never been one to seek the limelight. “I’m not enamored with awards,” he admits, “but this reflects the appreciation of a lot of wonderful people, and it will help the department by attracting and retaining faculty members in an increasingly difficult environment. If it’s going to advance UCLA Urology’s mission, that makes me pleased.”



# Inaugural Chair Holder Has Long History with Department and Dr. deKernion



Dr. Leonard S. Marks (second from left), inaugural holder of the Jean B. deKernion, MD, Chair in Urology, with the multidisciplinary prostate biopsy team at UCLA (l. to r.): Dr. Jiaoti Huang (Pathology), Dr. Shyam Natarajan (Biomedical Engineering), Malu Macairan (Urology Research); and Dr. Dan Margolis (Radiology).

When Leonard S. Marks, MD, was named the inaugural holder of the Jean B. deKernion, MD, Chair in Urology in January, it was hardly the first time the two men had crossed paths.

Dr. Marks was a UCLA Urology resident from 1974 to 1978 – accepted into the program by Dr. Willard E. Goodwin, the program's first chief, and mentored by Dr. Joseph J. Kaufman, Dr. Goodwin's successor. During Dr. Marks's training, Dr. deKernion joined the UCLA Urology faculty as a junior professor, and the two became friends.

By the time Dr. deKernion was appointed UCLA Urology's third chief in 1984, Dr. Marks was six years into a 30-year career as a private-practice urologist in Culver City, just south of the UCLA campus.

While he was successful and enjoyed seeing patients, Dr. Marks also found himself increasingly drawn to research. "It's the thrill of discovery – the ability to make a contribution using my own head...and, because I'm a surgeon, my hands," he explains. So, taking an unorthodox route for a private practitioner, Dr. Marks launched a nonprofit research foundation and became a translational clinician-investigator. He ran clinical trials, took part in National Cancer Institute research networks, and by 2008 had published more than 100 articles in peer-reviewed journals.

That's when he got a visit from none other than Dr. deKernion, along with Dr. Arie Beldegren, the Roy and Carol Doumani Chair in Urologic Oncology and director of the UCLA Institute of Urologic Oncology. "They drove over to my office and asked me to come back to UCLA as a full professor," Dr. Marks recalls. "I knew there would be the opportunity to take my research to a higher level than I could in a community setting, so I said yes, and it's worked out very well."

It wasn't long before he obtained major funding for his targeted biopsy project, one of two research programs Dr. Marks brought to UCLA. Each year approximately 1 million prostate biopsies are performed in the United States, typically prompted by high levels of prostate-specific antigen (PSA). Of the three-fourths that are negative, a significant proportion of patients have a tumor that simply can't be detected by a conventional biopsy.

A multidisciplinary UCLA team headed by Dr. Marks and including urologists, radiologists, pathologists and biomedical engineers has developed and studied a new approach that employs magnetic resonance imaging to

visualize the prostate tumor, then fuses the images with real-time ultrasound to enable the urologist to see the lesion in real time when performing the biopsy.

The approach, which has proved to be much more accurate than the conventional biopsy, serves two major purposes: detecting cancers that would have otherwise been missed, thus directing patients to appropriate treatment at an earlier stage; and offering a degree of reassurance to other patients who have elevated PSA but no detectable cancer so that they can avoid unnecessary treatment.

The targeted biopsy has also served as a major tool for a second program Dr. Marks brought to UCLA Urology when he joined the faculty in 2009: the Active Surveillance for Cancer of the Prostate program. "We know that unlike most other cancers, prostate tumors are often not lethal and may never require treatment, but the problem has always been reliably predicting which patients need treatment and which ones can simply be monitored," Dr. Marks

*"We know that unlike most other cancers, prostate tumors are often not lethal and may never require treatment, but the problem has always been reliably predicting which patients need treatment and which ones can simply be monitored."*

explains. "Using this more accurate biopsy approach, men who are believed to have low-risk tumors can be followed with greater confidence."

Now, Dr. Marks and colleagues are preparing to take their targeted biopsy program to a new phase by using the

technology to enable more precise removal of the tumor for patients having surgery.

Dr. Marks credits Dr. deKernion with jump-starting the targeted biopsy program by securing major philanthropic support after Dr. Marks joined the faculty. Now, Dr. Marks says, his work will receive another boost through the Jean B. deKernion, MD, Chair in Urology. "Professor deKernion has an international reputation," Dr. Marks says. "To be able to sign my name as the deKernion chair holder brings so much prestige to the program. It's an honor, and it will help us continue to grow."

## Dr. John F. Danella



It's a long way from UCLA's Westwood campus to Danville, the tiny Pennsylvania town (population 4,699) best known for its large regional medical center modeled after the Mayo Clinic. It's also been more than 20 years since Dr. John F. Danella did his urologic oncology fellowship at UCLA. But Dr. Danella, director of urology for Geisinger Health System in Danville, hasn't forgotten his UCLA Urology training.

"My experience there was fantastic," he says. "The faculty was filled with thought leaders – it was an intellectual feast, just a great place to be." In particular, Dr. Danella recalls with fondness his mentor, Dr. Jean B. deKernion, who was also the department chair. "Dr. deKernion to me is the epitome of an academic surgeon – highly skilled technically, insightful, thoughtful, an outstanding teacher and beyond that, a great person with tremendous integrity," Dr. Danella says.

When Dr. Danella was appointed director and charged with building a urology department at Geisinger three years ago, he drew on lessons learned from Dr. deKernion, who headed UCLA Urology for 27 years. Geisinger is one of the nation's largest rural health services organizations, serving more than 2.6 million residents throughout 44 counties in central and northeast Pennsylvania. Its integrated, physician-led system includes a 1,100-member multispecialty group practice and eight hospital campuses. Geisinger has been cited by President Obama as a model for healthcare reform. Dr. David Feinberg will soon leave UCLA to serve as president and chief executive of Geisinger.

But Dr. Danella arrived at a time when the urology department was in need of considerable rebuilding. "For awhile I felt like a college basketball coach – all I was doing was recruiting," he says. "And unlike UCLA, I can't advertise 70-degrees-and-sunny weather in the wintertime, nor are we attached to a major metropolitan area."

He responded by recruiting seven new urologists to the Danville location, as well as others to Geisinger's peripheral sites – more than doubling the department. The most recent recruits include urologic oncologists who are spending part of their time conducting basic and outcomes research.

While Dr. Danella is proud of his effort to build the department in such a short time, he continues to derive the most satisfaction from seeing patients. "To be able to make an impact on so many people's lives over the years is extremely rewarding," he says. "I'm thankful for Dr. deKernion and the other great teachers at UCLA who helped prepare me to do that."

## Pelvic Organ Prolapse

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

Pelvic organ prolapse (POP) occurs when the tissue and muscles of the pelvic floor no longer support the pelvic organs, causing them to drop (prolapse) from their normal position. The pelvic organs include the vagina, cervix, uterus, bladder, urethra, and rectum. The bladder is the most commonly involved organ in pelvic organ prolapse.

Supporting muscles and tissue of the pelvic floor may become torn or stretched because of labor or childbirth, or may weaken with age. Other risk factors for POP include genetic predisposition, connective tissue disorder, obesity and frequent constipation.

Many women have some degree of POP, although not all women have symptoms. Those who do may experience pelvic discomfort or pain, pressure, and other symptoms, including bulging of tissue or organs that protrudes to or past the vaginal opening, leakage of urine (urinary incontinence), and sexual difficulties.

Nonsurgical or surgical treatment usually provides significant relief, but it may not solve all symptoms associated with POP, such as pelvic pain or pressure. Nonsurgical options for POP include pelvic floor exercises, commonly referred to as Kegels, designed to strengthen the pelvic floor by contracting and relaxing the muscles that surround the opening of the urethra, vagina, and rectum; and the use of a pessary – a removable device inserted into the vagina to support the pelvic organ or organs that have prolapsed.

Surgery may be recommended for women with significant discomfort or pain from POP that impairs their quality of life. Factors to consider include which organ or organs have prolapsed, the severity of prolapse, the desire to have children in the future, age, sexual activity, and severity of symptoms. Surgery to repair POP can be done through either the vagina or the abdomen, using stitches (sutures) alone or with the addition of surgical mesh. Surgical options include restoring the normal position of the vagina, repairing the tissue around the vagina, and permanently closing the vaginal canal with or without removing the uterus (colpocleisis).

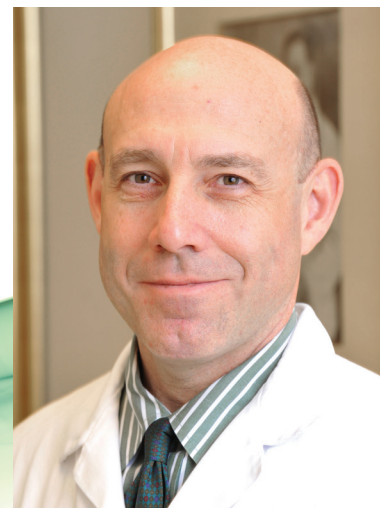
It is also possible that women with POP may experience problems with urine leakage (incontinence). During surgery, a procedure to prevent or decrease leakage (which can also use surgical mesh) may be performed. UCLA Urology's Pelvic Medicine and Reconstructive Surgery program includes experts at performing minimally invasive advanced pelvic organ prolapse repair using transvaginal techniques, or with the aid of robotic assistance. The program has also pioneered the latest surgical advancements in cystocele repair. Within the program, Drs. Shlomo Raz, Ja-Hong Kim and Chad Baxter are all highly skilled pelvic surgeons.

**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.**





# 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.*

In hospitals and doctors' offices across the country, we are seeing a long-overdue transformation to a system of value-based, patient-centered care. UCLA has long been at the forefront of this patient-centered movement, and we at UCLA Urology have likewise embraced this critical evolution in healthcare.

Providing patient-centered care means focusing on the outcomes patients care most about – not just the objective measures of success for procedures, but also subjective measures. How do patients judge their quality of life after the treatment? Are they satisfied with the *process* of care – including how easy it was to make an appointment, waiting times, and the manner in which everyone from the office staff to the doctors and nurses treated them? These are the types of questions we are addressing more than ever before. As an example, we have established a same-day-access system in which patients who call in the morning with a problem that they feel needs immediate attention are assured of seeing a urologist at one of our sites that very day.

For several years now, the emphasis in medicine has rightly moved from the traditional doctor-centered approach – the idea that those of us with the white coats know what's best, and that we should dictate the terms of care – to incorporating the patient into all aspects of decision-making. At UCLA Urology we are rolling out a shared decision-making platform to ensure that in determining the best course of treatment, the goals and priorities of our patients are appropriately considered.

Patient-centeredness also involves being accountable in the care we provide – and making sure that it is not only high in quality, but also high in value. We believe we offer both, but we need to prove it. So, using data from UCLA's electronic health record program CareConnect, we are conducting a thorough analysis of all aspects of the cost of the care we provide, from the moment the patient enters the parking lot on his first visit to his discharge from the hospital after surgery. For a host of common urologic conditions, we will identify which tests and treatments are associated with the best outcomes and help to minimize costs, and we will provide monthly report cards to our doctors so that they can continue to improve on the care they provide in a way that maximizes value to patients, employers and insurers alike.

As it continues to lead the way in this patient-centered movement, UCLA Health has adopted the tagline "It begins with U." We are proud to be exemplars of this effort at UCLA Urology, where we too believe it's all about U, our patients.

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

## Jeffrey Frieden



For the most part, **Jeffrey Frieden** has focused his charitable giving on veterans' and children's organizations. But a highly positive experience with UCLA Urology led the Orange County entrepreneur – CEO and co-founder of Auction.com, the world's largest online real estate marketplace – and his wife Lori to become major supporters of the department, and in particular the Pelvic Medicine and Reconstructive Surgery (PMRS) program headed by Dr. Shlomo Raz.

When Mr. Frieden wasn't satisfied with the treatment he was receiving for a urological problem, he began doing his own research and learned about the work of Dr. Raz, who is internationally renowned for surgical innovations he has pioneered that have become standards of care. "Dr. Raz told me he had a procedure that would make things normal," Mr. Frieden says. "He performed the surgery and it turned out great."

As the Friedens began learning more about UCLA Urology – including the work of Dr. Raz and the department's teaching and research missions – they decided they wanted to help. In 2013 they made a gift to support the PMRS fellowship program, headed by Dr. Raz, as a way to continue his legacy through the support of his trainees. Last year, the Friedens made another donation, this one to support the PMRS suite remodeling and expansion.

"Dr. Raz was so gracious to me, and is so passionate about the great work that he does, that I wanted to help him and his program," Mr. Frieden explains. "I appreciate what UCLA Urology has done for me, and I hope that my support is able to contribute to research, teaching and care provided by the department to improve the lives of others as well."

## Kudos

**Stephanie Chu, MD**, UCLA Urology resident, had an abstract accepted for a poster presentation at the American Telemedicine Association Annual Meeting in May, "Veterans Affairs Telemedicine: Bringing Urologic Care to Rural Patients."

**Seth A. Cohen, MD**, UCLA Urology fellow, had abstracts on work surrounding the use of trans-labial ultrasound as a means to identify mesh erosions in patients suffering from complications from previously attempted pelvic floor reconstruction accepted for presentations at both the Society of Urodynamics and Female Urology 2015 and American Urological Association (AUA) 2015 meetings.

**Stanley K. Frencher, Jr., MD, MPH**, assistant professor and director of urology at Martin Luther King, Jr. Community Hospital, received the "Top Doctor" Los Angeles County Choice Award from his peers and employees at the MLK Outpatient Center.

**Alan L. Kaplan, MD**, UCLA Urology resident, had a moderated poster accepted to the AUA meeting in May. The paper, "Observing shared decision-making in the urology clinic: A pilot study among men with prostate cancer," is a product of his research year with **Dr. Christopher Saigal** investigating shared decision making in low-income men with localized prostate cancer.

**Joshua Gonzalez, MD**, UCLA Urology clinical fellow, had two abstracts accepted at the International Society for the Study of Women's Sexual Health 2015 Annual Meeting. The first, "Recurrent Ischemic Low Flow Clitoral Priapism - Update on Management Strategies," was selected as a poster presentation. The second, "Persistent Genital Arousal Disorder (PGAD): Experience with Management in 35 Consecutive Cases," was selected as an oral podium presentation.

**Andrew Lenis, MD**, UCLA Urology resident, and **Karim Chamie, MD, MSHS**, had their manuscript, "Bladder cancer in 2014: From the genomic frontier to immunotherapeutics," published in the journal *Nature Review Urology* in February. With **Drs. Alan Kaplan, Adit Shaw, and Jacob Rajfer**, Dr. Lenis co-authored "Testosterone replacement therapy in men with prostate cancer: A time-varying analysis," published in the *Journal of Sexual Medicine* in February.

**Steven E. Lerman, MD**, professor of urology, received the 2014 Los Angeles Award in the Pediatrician category from the Los Angeles Award Program.

**Leonard S. Marks, MD**, professor of urology, received a prestigious R01 grant from the National Cancer Institute for his study, "Prospective Assessment of Image Registration for the Diagnosis of Prostate Cancer." Dr. Marks's research on the use of MRI-fusion biopsy to diagnose prostate cancer was featured in the *Urology Times* 2014 Year-in-Review "Hot Topics."

**Eric Miller, MD**, UCLA Urology resident, and **Matthew Rettig, MD**, professor of medicine and urology, received 2015 Jerry Janger Memorial Seed Grants. Dr. Miller, who will work in the laboratory of **Isla Garraway, MD**, associate professor of urology, focuses on identifying mechanisms that can be targeted for the prevention and treatment of lethal, bone metastatic prostate cancer. Dr. Rettig is developing a "nano-chip" to detect and isolate rare cancer cells that circulate in the blood.

**Kris Prado, MD**, UCLA Urology resident, received a Residency Research Award from the H H Lee Surgical Research Program for his study, "The Development of Chemotherapy Resistance in Urothelial Carcinoma," which he will conduct under the mentorship of **Dr. Arnold Chin**.

**Robert Reiter, MD**, received funding from the Department of Defense's Prostate Cancer Research Project Synergy Award for his grant, "Multifunctional PSCA Antibody Fragments for PET and Optical Prostate Cancer Imaging," which will study the use of Prostate Stem Cell Antigen (PSCA) to detect prostate cancer.

**Joseph Shirk, MD**, UCLA Urology resident, received a Residency Research Award from the H H Lee Surgical Research Program for his study, "Improving Decision Making and Delivery of Care in Patients with Renal Cell Carcinoma," which he will conduct under the mentorship of **Dr. Christopher Saigal**.



# Clinical Trials Offer Early Access to Tomorrow's Treatments

UCLA Urology is a leader in both providing care for people with urological disorders and research to find better ways to diagnose, treat and ultimately cure those disorders. Clinical trials – closely monitored studies to test whether a new treatment is safe and effective in patients – combine the two missions. By running clinical trials for virtually all stages of all types of urologic cancers as well as other conditions, UCLA Urology expands the treatment options available to its patients, and in many cases provides access to state-of-the-art therapies years before they are available to the general public.

"I tell patients that the approved treatments on the market will always be there for them, but with clinical trials they can get something that may one day become the gold standard," says Nazy Zomorodian, MSN, CUNP, CCRC, a urology nurse practitioner on the UCLA Urology faculty who is director of UCLA Urology's Clinical Trials Office. "We are fortunate at UCLA to be able to offer our patients early access to these promising new treatments."

"Clinical trials are the only way we have to improve the management of cancer," says Robert Reiter, MD, professor of urology and director of UCLA's Prostate Cancer Program and Specialized Program of Research Excellence (SPORC) in Prostate Cancer. "They are an opportunity for patients to receive a therapy that may be of benefit to them – although there is no guarantee – while contributing to advances in science and making things better for people who may find themselves with the same diagnosis in the future."

Within the field of urologic oncology, most of the major drugs that have been approved by the US Food and Drug Administration (FDA) within the last decade for the treatment of prostate and kidney cancer were first offered to UCLA Urology patients, typically at least five years before their approval, notes UCLA Urology professor Allan Pantuck, MD, MS, director of translational research for the UCLA Kidney Cancer Program. These include Provenge, Xtandi and Zytiga for prostate cancer as well as both Avastin and Sutent for kidney cancer.

Dr. Pantuck, who holds the unusual distinction of being a urologist with a degree in clinical research – which is often referred to as "translational" because it involves taking advantage of findings from the

laboratory to improve patient care – notes that the department's clinical trials range from industry-sponsored studies of new therapies that UCLA Urology views as promising, to collaborations with other academic institutions and "bench-to-bedside" therapies: studies of drugs treatments that originated in UCLA Urology labs before being translated to the clinic for the potential benefit of patients.

For example, trials offered by the department currently include a kidney cancer vaccine study based on laboratory work initiated by Drs. Pantuck and Arie Belldgrun; and a trial testing a new approach to imaging (using a so-called PSCA minibody) aimed at improving detection of metastatic prostate cancer as well as bladder and pancreatic cancer, which resulted from research by Dr. Reiter and colleagues. For men with aggressive forms of

*"We are fortunate at UCLA to be able to offer our patients early access to these promising new treatments."*

prostate cancer, UCLA Urology also offers an ongoing study of a neoadjuvant regimen of treatment – two months of the newest forms of hormone therapy, along with targeted agents, prior to the surgery.

Fairooz Kabbinavar, MD, the Henry Alvin and Carrie L. Meinhardt Endowed Chair in Kidney Cancer Research and medical director of the GU Oncology Program at UCLA, notes that some of the ongoing clinical trials he is involved with in prostate, kidney and bladder cancer involve novel molecules such as immune-checkpoint inhibitors that unleash the patient's own immune system against the cancer. "This approach has shown significant promise in kidney and bladder cancers, as well as melanoma and lung cancer," Dr. Kabbinavar says.

The ability of UCLA Urology researchers to bring scientific discoveries to fruition has been bolstered significantly by philanthropic funders such as the Phase One Foundation, which funds promising research at the earliest stage, helping to lay the groundwork for the initial findings often required before pharmaceutical companies and the federal government will invest in larger studies. Phase One provided crucial early support for the kidney cancer

vaccine work by Drs. Belldgrun and Pantuck, and is currently funding an early UCLA Urology study headed by Dr. Karim Chamie of a promising new method for delivering chemotherapy in the treatment of patients with urothelial cancer.

Partnerships with industry and other institutions ensure that UCLA Urology patients have access to the most promising new therapies no matter where they originated. For example, UCLA is one of a small number of centers in the United States that is part of the Prostate Cancer Clinical Trials Consortium, funded by the US Department of Defense, which provides access to some of the newest drugs available for clinical trials, as well as a clinical trials infrastructure. The program, headed at UCLA by Dr. Pantuck and Dr. Matthew Rettig, gives UCLA Urology patients access to new drugs not available anywhere else in Southern California.

The UCLA Institute for Urologic Oncology, which opened last year, includes as one of its centerpieces an active clinical trials program. "Running clinical trials is a huge endeavor that requires not only physicians and research nurses, but also regulatory specialists, data managers, financial analysts, and contract specialists," explains Dr. Pantuck. "We have a great infrastructure that is helping to bring more of these treatments to patients."

All new drugs and most medical and surgical treatments in the United States are tested for safety and efficacy in clinical trials overseen by the FDA under strict protocols designed to protect patients. "We discuss what alternatives would be available to patients if they chose not to enroll, and we let them know that their participation is always voluntary – they will receive the same high level of care regardless of whether they are in the clinical trial," explains Zomorodian. Patients are counseled on potential side effects and are closely monitored by the healthcare team.

Although many trials turn out to be successful, patients are also warned that there are no guarantees. "We're trying to find out what is beneficial – that's why these treatments are being tested," Dr. Pantuck says. "In some cases patients themselves get a direct benefit, but in all cases they are contributing to better future care for patients by helping us develop the next generation of treatments."

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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.



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## Open Clinical Trials

Following are UCLA Urology clinical trials currently open for enrollment. If you would like to find out if you are eligible to participate, contact Nazy Zomorodian, MSN, CUNP, CCRC, at (310) 794-3550 or visit [www.uclaurology.com](http://www.uclaurology.com).

### BLADDER CANCER

**UC Davis Bladder Study:** A pharmacological study that will determine if a DNA-adduct frequency measurement has the potential to be used as a predictive biomarker to segregate bladder cancer patients into responders or non-responders to subsequent platinum-based chemotherapy.

### KIDNEY CANCER

**Kite Raid:** An investigational study that evaluates the safety and the body's own immune response to help patients with metastatic renal cell carcinoma using autologous dendritic cells transduced with AdGMCA9 (DCAdGMCAIX).

**Argos 003-007:** A trial of AGS-003, an investigational drug that is being studied as a possible treatment for patients with advanced renal cell carcinoma vs. patients who receive standard treatment.

### PROSTATE CANCER

**Aragon:** A study of ARN-509, a new investigational drug that blocks the biological effect of male sex hormones, vs. placebo in men with non-metastatic castration-resistant prostate cancer.

**GTx:** A study of the ability of GTx-758, a new investigational drug being studied as a secondary

hormonal therapy, on serum PSA and serum-free testosterone levels in men with castration-resistant prostate cancer maintained on androgen deprivation therapy.

**Medivation Prospan:** A study to evaluate the benefit of Enzalutamide compared with placebo in men with non-metastatic castration-resistant prostate cancer whose disease is getting worse despite receiving therapies that lower the male sex hormone testosterone.

**Pom BPH:** A study investigating the effects of POMx (a pomegranate extract, in the form of a capsule) and its ability to decrease the symptoms of lower urinary tract symptoms in men with benign prostatic hyperplasia.

**PSCA Minibody:** A study to evaluate the efficiency of detecting properties and the safety of 124I-A11 PSCA minibody in patients with metastatic prostate, pancreatic, or bladder cancer. Uses a radioactive tracer, followed by imaging to recognize all of the cancerous spots – a potentially improved way of imaging to detect cancer lesions that can't be seen by current techniques.

**PCF Neoadjuvant (SU2C):** A trial comparing the effects of SRC and androgen receptor inhibition or MEK (MAPK) and androgen receptor inhibition to that of androgen receptor inhibition alone on the emergence of markers of epithelial to mesenchymal transition (EMT), as well as SRC and MAPK signaling output, in patients with high-risk prostate cancer scheduled to undergo a radical prostatectomy with curative intent. Uses three different medicines with three different mechanisms and combinations to reduce and/or kill cancer cells before the surgery to remove the prostate.

## UPDATE

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