



UCLA UROLOGY

UPDATE



Above left: Dr. Nishant Patel with nurse Bernadette Untalan at the new UCLA Urology Burbank facility. Above right: Also at UCLA Urology Burbank (top row, left to right), Drs. Gladys Ng, Nishant Patel, and Caroline Wallner with (bottom row, left to right) nurses Ethel De Guia, Bernadette Untalan, and Xutchell Asuncion.

“North Campus” Expansion Starts in Burbank, Santa Clarita

For patients seeking compassionate, personalized and innovative urological care, the Westside of Los Angeles, home of UCLA, has long been a destination of choice. Consistently ranked among the nation’s top four urology programs in the *U.S. News & World Report* annual survey, UCLA Urology boasts some of the leading physicians and researchers in the field, drawing patients — in some cases from great distances — for state-of-the-art treatment of rare and common conditions alike.

But in a sprawling metropolis such as Los Angeles, it isn’t always feasible for much of the city’s population to travel significant distances, often in standstill traffic, to UCLA Health’s Westwood and Santa Monica campuses.

Now, the 2 million-plus people who live in or

near Los Angeles’ San Fernando Valley no longer have to. UCLA Urology recently began providing services in Burbank and Santa Clarita, with a Calabasas practice scheduled to open within the next year. It is the first phase of the department’s expansion into various community settings in the Los Angeles region,

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“North Campus” Expansion

For information on making a gift to UCLA Urology, please log on to <http://giving.ucla.edu/urology> or call (310) 794-4746.



UCLA Urology Burbank staff (above photo, l. to r.) Catherine Amores Castillo, Linda Basulto, Ukarjit Kaur, (above right photo, l. to r.) Liza Hoffman, and Steve Galindo.

continued from cover

augmenting the care that continues to be provided in Westwood and Santa Monica.

“This expansion reflects UCLA Urology’s commitment to providing comprehensive urological care within the communities where our patients live,” says Laura Baybridge, the department’s executive chief administrative officer.

Baybridge notes that the community-based clinics offer a level of added convenience for UCLA Urology patients in the surrounding areas, including a shorter drive, easier parking, and the availability of same-day appointments for general urology. Beyond the increased accessibility for patients who previously traveled to Westwood or Santa Monica for appointments, the new facilities are bringing UCLA-quality care to a new group of patients for whom the drive into the city was prohibitive — extending UCLA Urology’s reach as far north as Bakersfield and Ventura counties, and as far east as Pasadena and into San Bernardino County.

UCLA Urology Burbank (located at 2625 West Alameda Avenue, Suite 310), serving as a hub for the east San Fernando Valley, is part of a state-of-the-art facility shared with other UCLA primary care and specialty departments, along with laboratory services. UCLA Urology Santa Clarita,

located in Valencia (25775 McBean Parkway, Suite 202), represents a shared venture with other UCLA surgical specialties. When UCLA Urology Calabasas opens, it will complete a triangle area of coverage for the San Fernando Valley, increasingly referred to as UCLA Health’s North Campus: Burbank to the east, Calabasas to the west and Santa Clarita to the north.

“The bottom line is that our patients are getting UCLA-level care in the community.”

The Burbank and Santa Clarita practices offer services that include general adult urology, urologic oncology, kidney stone treatment, and pelvic medicine and reconstructive surgery, with other urology subspecialty services set to

be added in the coming year. “We are bringing UCLA Urology subspecialists to the community,” says Gladys Ng, MD, a UCLA Urology assistant clinical professor who is fellowship-trained in reconstructive surgery for both men and women, and who sees patients twice a week in Burbank and once a week in Santa Clarita. Dr. Ng is joined in the Burbank practice by UCLA Urology assistant clinical professor Caroline Wallner, MD, who sees general urology patients.

UCLA Urology’s expansion into Burbank, Santa Clarita and, soon, Calabasas, is part of the larger UCLA Health strategy to bring UCLA services into communities throughout greater Los Angeles. The

initiative began with primary care offices, along with primary care-supporting specialties such as radiology and pathology; it has now expanded to include urology and other surgical specialties. All told, UCLA has more than 160 medical practices in Southern California.

Within UCLA Urology, the expansion has been undertaken with faculty who are based in the community but engaged with the activities in Westwood and Santa Monica as full-fledged members of the department. “We are all part of a tight-knit group of faculty — we attend grand rounds and faculty conferences, have privileges at the UCLA hospitals, and can easily consult with or refer patients to one of our colleagues if need be,” says Dr. Ng, who completed her residency training at UCLA. “The bottom line is that our patients are getting UCLA-level care in the community.” In addition, the UCLA Urology faculty who practice at the North Campus facilities have privileges in community hospitals so that patients can get their surgical care close to home as well.

For Nishant Patel, MD, recruited to join the UCLA Urology faculty last year as an assistant clinical professor, the opportunity to practice in Santa Clarita was especially appealing. “I’m trained

in kidney stone disease and complex kidney stones, and there wasn’t anyone else specifically trained to do that in this area,” says Dr. Patel, who completed a fellowship in kidney stone disease and endourology at Cleveland Clinic Foundation. “This was a chance to fill this important niche in an area with a hot, dry climate, which contributes to a higher incidence of stones.”

In addition to providing the same stone-related services as UCLA Urology patients receive in Santa Monica and Westwood, Dr. Patel coordinates multispecialty care for his patients at the facility. Oncology and kidney stone patients can be sent to UCLA Health’s recently opened Santa Clarita Imaging and Interventional Center for imaging and interventional radiology services.

“Our department views the North Campus expansion as central to our mission in community engagement,” says Jonathan Bergman, MD, UCLA Urology assistant professor, who serves as medical director of the North Campus expansion. “Our high-quality UCLA Urology faculty serves a wide geographic swath of Los Angeles, with the aim of improving the quality of urological care throughout the Southland.”

Legendary Hopkins Professor Made Impact at UCLA Urology

Dr. Donald S. Coffey, a legendary Johns Hopkins University School of Medicine professor and prostate cancer researcher who was beloved as a UCLA Urology visiting professor in 2005, died at age 85 in November.

In addition to making seminal contributions in wide-ranging areas of prostate cancer research, Dr. Coffey was widely regarded as a mentor to young investigators and as a leader in advocating for cancer research funding. He followed a highly unconventional path to his successful career, overcoming early struggles with dyslexia to become one of Johns Hopkins’ most celebrated teachers. By the time he earned his PhD at age 33, he had worked as a chemist, an engineer, a laboratory director and a prostate cancer researcher.

“The world and the field of prostate cancer research have lost a key opinion leader, deep thinker, entertainer and above all a friend,” says Alan W. Partin, MD, PhD, chair of the Brady Urological Institute and Department of Urology at Johns Hopkins Medical Institutions. “Dr. Coffey will be missed greatly, but his legacy will live on through the multitude of minds and souls of those he has touched.”

“I had the pleasure of meeting Don Coffey in the early 1990s, during the course of a research collaboration with Alan Partin and



Dr. Coffey (right) with UCLA Urology’s Dr. Leonard S. Marks and Dr. Isla Garraway in 2005.

others at the Brady Urological Institute at Johns Hopkins,” recalls Leonard S. Marks, MD, UCLA Urology professor. “Not only was Don the most accomplished scientist ever to grace our specialty, he was also the most charming, engaging, and inspiring. His brilliant insights, usually communicated via disarming Southern witticisms, captured the hearts of all who knew him. Urology will not be the same without this wonderful man.”

Pediatric Circumcision

After a review of the scientific evidence, the U.S. Centers for Disease Control and Prevention issued the first federal guidelines on circumcision in 2014. The guidelines promote the health benefits of the elective procedure, but stop short of recommending routine circumcision for all newborn boys. The decision is a personal one that takes into account religious, cultural and individual preferences, as well as potential health risks.

The potential health benefits of circumcision include reductions in urinary tract infections (UTIs), sexually transmissible viral infections, and penile cancer, although the diseases for which the risk may be reduced are rare. Similarly, the potential risks associated with circumcision are very low.

The reduced UTI risk applies especially to boys with urological conditions that predispose them to infection, including posterior urethral valves and vesicoureteral reflux. Circumcision is usually recommended for boys with high UTI risk. For boys without those predispositions, the risk of UTI during childhood is extremely low, whether they are circumcised or not.

Circumcision has been shown to reduce the risk of HIV transmission through heterosexual sex, but not for men having sex with men, and the evidence of reduced risk is only in regions with high HIV prevalence, such as sub-Saharan Africa.

In some cases, circumcision can increase the risk of future health concerns. Circumcised boys are more prone to a condition known as meatal stenosis, in which the opening through which urine leaves the body is constricted. There is also the potential for cosmetic concerns regarding the amount of foreskin removed, as well as the very rare but serious risk of injury to the glans. The newborn circumcision procedure itself has a 0.5 percent risk of complications, most commonly minor bleeding and pain.

Approximately 5 percent of males who have been circumcised will require a future procedure to manage complications such as meatal stenosis. Similarly, about 5 percent of uncircumcised males ultimately require circumcision for problems that include infections of the glans and foreskin, as well as the inability to reduce retracted foreskin. Proper hygiene and care for the uncircumcised penis significantly reduces these risks.

Along with the slight reduction in risks for UTIs, viral infection transmission and penile cancer, there are non-health related reasons many parents choose to circumcise newborn boys. These include cultural and religious traditions, a desire in families with other male members who have been circumcised to look the same, and personal preference.

Families should always be counseled on the potential benefits and risks of circumcision so that they are making an informed decision on whether it is appropriate for their child. At the Clark-Morrison Children's Urological Center at UCLA, pediatric urologists Steven Lerman, MD, and Jennifer Singer, MD, provide such counseling and perform pediatric circumcisions for families that choose them.

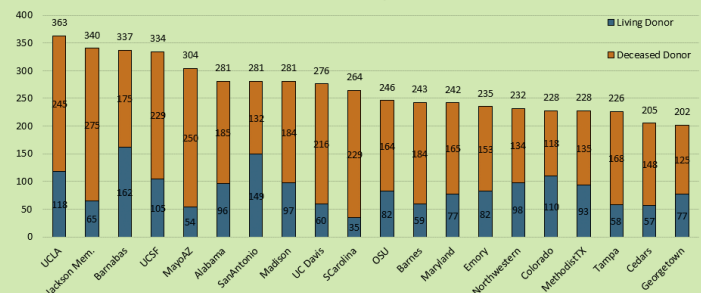
For more information, visit www.uclaurology.com. To make an appointment, call (310) 794-7700.



Kidney Transplant Program Busiest in U.S. for 2017

The UCLA Kidney Transplantation Program performed 363 transplants in 2017, the highest number of any center in the U.S. This was done with 361 kidneys — Dr. Jeffrey Veale, UCLA Urology associate professor and director of the UCLA Kidney Transplantation Exchange Program, re-transplanted two previously transplanted kidneys, driving changes to United Network for Organ Sharing policy and tracking of kidneys.

2017 Transplants



Letter from the Chair



Most academic medical centers maintain a three-pronged mission: patient care, research, and education. In recent years UCLA Health has elevated a fourth prong, community engagement, to this core group. Traditionally, *community* has referred largely to underserved and vulnerable populations — and, to be sure, engaging with these groups to improve their care remains a major part of this effort. But for both UCLA Health generally and UCLA Urology specifically, the community mission now encompasses much more: It means actively engaging with the wider community of greater Los Angeles.

UCLA Health now recognizes that we can best meet the needs of the city not just through our main campuses.

That is what is behind UCLA Health's recent expansion to what is loosely called UCLA's North Campus. It started with the opening of primary care clinics in and around the San Fernando Valley. To support the needs of these primary care patients, radiology and pathology services soon followed. And more recently it has become clear that among patients in these communities there is a great need for basic surgical specialties such as urology. The result is the opening of UCLA Urology clinics in two North Campus communities: Burbank to the east and Santa Clarita to the north. A third, in the West Valley community of Calabasas, is set to open soon.

The expansion, featured in this issue's cover story, is bringing our renowned UCLA Urology care to patients for whom, given their geography and the realities of L.A. traffic, traveling to our UCLA and Santa Monica facilities is at minimum inconvenient, and in many cases prohibitive. Three UCLA Urology faculty members are now practicing primarily in the Burbank and Santa Clarita offices, and we will hire three more to meet the North Campus expansion over the next 18 months. While these faculty members are based in the community, as full-fledged members of our department they are indelibly linked to the tertiary/quaternary care we provide in Westwood and Santa Monica, so that their patients can benefit from all of the intellectual and physical resources UCLA Urology has to offer.

For most of its history, UCLA, like other leading academic medical centers, remained largely insular, seeing only patients who traveled to the Westside of Los Angeles. UCLA Health now recognizes that we can best meet the needs of the city not just through our main campuses, but also by bringing our services to the communities where people live. At UCLA Urology we are proud to participate actively in this important initiative.

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

Sandip Vasavada, MD



For many of the patients seen by Dr. Sandip Vasavada at Cleveland Clinic's Center for Female Urology and Reconstructive Pelvic Surgery, the impact of urinary leakage and bladder control problems is profound. "Dr. [Shlomo] Raz describes it a social cancer," says Dr. Vasavada, urologic director of the center, referring

to his former mentor, chief of UCLA Urology's Division of Female Urology, Reconstructive Surgery and Urodynamics, and a pioneer in the field. "It can cause patients to restrict activities they enjoy, such as dancing or running. They have to do toilet mapping, where they learn the location of every public bathroom. And because this isn't talked about much, a lot of people don't realize how much of an impact it's having on their quality of life."

Dr. Vasavada has been on the staff at Cleveland Clinic since 2001, and is part of one the largest centers in the country for female urology and reconstructive genitourinary surgery. There, he treats patients with urinary incontinence and pelvic organ prolapse, along with performing complex reconstruction of the lower urinary tract and managing complications of vaginal and lower urinary tract surgery. He offers therapies that can have a dramatic quality of life impact, whether it's surgery or less invasive approaches that include exercises, injections, or neuromodulation treatment.

Providing high-quality care requires more than technical skills. Dr. Vasavada notes that many of his patients are embarrassed or otherwise reluctant to bring up their symptoms or discuss their concerns. "As practitioners we have to learn to be proactive in asking the right questions," he says. "In a busy practice, it's very important to be able to understand and appreciate what the patient is most bothered by so that we can appropriately manage it." Dr. Vasavada has been called on to teach his Cleveland Clinic colleagues how to develop communication skills in ways that help to optimize office visits and ensure patient satisfaction.

After completing his urology residency at Cleveland Clinic, Dr. Vasavada came to UCLA to train as a UCLA Urology fellow in 1998-1999 under Dr. Raz's tutelage. "Dr. Raz has been a mentor to so many of us in this specialty, and we continue to use the innovations and standards of care he developed to evaluate and treat our patients," Dr. Vasavada says. "He was such a visionary and unbelievable mentor that I knew the experience was going to benefit me. With the volume and breadth of cases we saw, being able to see how Dr. Raz approached patients and their treatment was an incredible learning experience that I continue to carry with me 20 years later."



Rebecca and Sandor Shapery

One would be hard pressed to find a more health-conscious couple than Rebecca and Sandor (Sandy) Shapery. So it came as a surprise when a genomic analysis conducted by a private company found that Mrs. Shapery might have a kidney anomaly. Two weeks later, the situation became more urgent. While visiting her relatives in a small Ohio town, Mrs. Shapery began urinating blood. The couple went to the nearest emergency room, where a doctor performed a urogram and sent it to a radiologist in Columbus. A half hour later they were told that Mrs. Shapery appeared to have transitional cell urothelial carcinoma. "At first we were in shock," says Mr. Shapery. "You just stop and say 'Wow, cancer?'"

Returning to their San Diego-area home, the couple began the process of making an appointment to see a local urologist, but were frustrated to learn they might have to wait several weeks. Meanwhile, Mr. Shapery began conducting his own research and learned that one of the leading centers for the treatment of his wife's cancer was just up the coast. "It was Dr. Litwin at UCLA," he says, referring to UCLA Urology chair Mark S. Litwin, MD, MPH. "I called, figuring we were probably three months away from seeing him. But we were up there in three days."

The ability to be seen quickly was just the start of what Mr. Shapery says was an experience unlike any the couple had known in healthcare. "Everyone at UCLA had such a can-do attitude," he says. "They educated us, discussed our concerns, made sure we had the right information and helped us to feel comfortable. We were so impressed."

After his wife underwent successful surgery to remove her cancer in July, Mr. Shapery approached Dr. Litwin about his interest in supporting the department. "I believe if you have something negative occurring in your life, the best thing you can do is create positive energy from it," Mr. Shapery says. Upon learning about some of the department's needs, the couple decided to make a donation that would support the research of Dr. Karim Chamie, UCLA Urology assistant professor, in the development of new treatment approaches for urothelial cancers, as well as the education of UCLA Urology residents.

"When you find out you have cancer, it's so surreal," Mrs. Shapery says. "But at UCLA they relieved our anxiety. Everyone we came into contact with was there for us, and they helped us get through this together as a part of a big team of experts dedicated to addressing our challenge. We wanted to support this amazing team led by Dr. Litwin and help further research that would benefit other people in the same situation, as well as training that will help young doctors learn the same amazing approach to patients that we experienced."

Kudos

Arash Amighi, a third-year student at the David Geffen School of Medicine at UCLA who conducts research under the mentorship of UCLA Urology associate professor Isla Garraway, MD, PhD, received a 2018 UCF Summer Medical Student Fellowship award from the Urology Care Foundation and American Urological Association Office of Research.

Richard Boxer, MD, UCLA Urology voluntary clinical professor, published an editorial in the *Wall Street Journal* in November 2017 entitled “Can Marijuana Alleviate the Opioid Crisis?”

Karim Chamie, MD, MS, UCLA Urology assistant professor, received a Best Reviewer of 2017 award from the *Journal of Urology* for his dedicated service and timely reviews of manuscripts on oncology and outcomes.

Fuad Elkhoury, MD, UCLA Urology resident, had five research abstracts (one podium session and four moderated posters) accepted to the American Urological Association annual meeting and one to the Society of Urologic Oncology annual meeting this spring. He will present work on prostate cancer biopsies and use of advanced imaging techniques.

Izak Faiena, MD, UCLA Urology fellow, presented at the 2018 Genitourinary Cancers Symposium (GU ASCO 2018) on “A Phase I, Open Label, Dose Escalation and Cohort Expansion Study to Evaluate the Safety and Immune Response to Autologous Dendritic Cells Transduced with AdGMCA9 in Patients with Metastatic Renal Cell Carcinoma,” for which he received a 2018 Conquer Cancer Foundation Merit Award from the Conquer Cancer Foundation of ASCO and the 2018 Genitourinary Cancers Symposium Program Committee. He and colleagues also published a commentary in the *Journal of Clinical Oncology*, “Prostate Cancer Screening and the Goldilocks Principle: How Much is ‘Just Right?’”

Vishnukamal Golla, MD, UCLA Urology resident, received an H.H. Lee research grant that will fund his fourth-year residency research project. Dr. Golla will work with his research mentor, **Dr. Karim Chamie**, on “Quality of Care in Patients with Muscle-Invasive Bladder Cancer Undergoing Chemoradiation Therapy.”

Rajiv Jayadevan, MD, UCLA Urology resident, received an H.H. Lee research grant that will fund his fourth-year residency research project. Dr. Jayadevan will work with his research mentor, **Dr. Leonard S. Marks**, on “Developing a Clinic-Based Treatment of Prostate Cancer Using Focal Laser Ablation.”

Aaron Laviana, MD, former UCLA Urology resident and current fellow at Vanderbilt University, received a Urology Care Foundation 2018 Research Scholar Award for his project entitled, “Utilization of a Real-Time Location System and Time-Driven Activity-Based

Costing to Support Value-Based Urologic Oncology Care.”

Andrew Lenis, MD, UCLA Urology resident, coauthored with UCLA Urology faculty and other colleagues four manuscripts, three of them published in *Urologic Oncology* (“Trends in Usage of Cytoreductive Partial Nephrectomy and Effect on Overall Survival in Patients with Metastatic Renal Cell Carcinoma”; “Role of Surgical Approach on Lymph Node Dissection Yield and Survival in Patients with Upper Tract Urothelial Carcinoma”; and “Overall Survival in Patients with Metastatic Renal Cell Carcinoma and Clinical N1 Disease Undergoing Cytoreductive Nephrectomy and Lymph Node Dissection”) and one in the *World Journal of Urology* (“Trends in Urinary Diversion After Radical Cystectomy for Urothelial Carcinoma”).

Leonard S. Marks, MD, UCLA Urology professor, had his manuscript “Focal Therapy Eligibility Determined by Magnetic Resonance Imaging/ Ultrasound Fusion Biopsy” published in the February 2018 issue of the *Journal of Urology* and featured on the cover of the journal.

Jamal Nabhani, MD, UCLA Urology fellow, had his manuscript entitled “Health Changes in Low-Income Men Transitioning from a State-funded Prostate Cancer Program to Comprehensive Insurance” accepted for publication in the *Journal of Urology*. His abstract “Immediate and Temporal Changes in Urologic Surgery in Kentucky after the Affordable Care Act” was accepted for a podium presentation at the American Urological Association’s 2018 Annual Meeting in San Francisco in May.

Robert Reiter, MD, UCLA Urology’s Bing Professor of Urology and Molecular Biology and director of the Prostate Cancer Treatment and Research Program, will deliver a lecture at the 12th annual Lorne D. Sullivan Lectureship and Research Day June 19 at the University of British Columbia, where Dr. Reiter is a visiting professor.

Taylor Sadun, MD, UCLA Urology resident, and **Patrick Lec, MD**, UCLA Urology resident, received the UCLA-Ronald Reagan/Olive View Emergency Medicine Residency Program Consultants of the Semester Award, based on nominations from residents and faculty within the program.

Nicholas Smith, MD, UCLA Urology resident, had research abstracts accepted at the American Urological Association and American Medical Informatics Association Summit spring 2018 conferences. He will present work on an informatics-based population management program for bladder cancer at the VA.





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U.S. News & World Report's
UCLA Health hospitals in
Westwood and Santa Monica placed
No. 1 in Los Angeles,
No. 2 in California and
No. 7 in the nation in the 2017–18
U.S. News and World Report rankings.



UCLA Urology: #4 in the Nation
Highest Ranked in Los Angeles



The Men's Clinic at UCLA

DID YOU KNOW?

The NCAA Division I Men's Basketball Tournament, better known as "March Madness," affects more than the pocketbooks of people who participate in the ubiquitous office pools. At the Men's Clinic at UCLA, every March sees an increase by about 50 percent of men calling to schedule vasectomies — timed to allow them to sit on the couch for a few days of continuous basketball watching during their recovery.

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



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