



UCLA UROLOGY

UPDATE



Physicians at the UCLA Center for Women's Public Health include, from left to right, Drs. Ja-Hong Kim, Christopher M. Tarnay, Erin M. Mellano, Z. Chad Baxter, Amy E. Rosenman, Tamara Grisales, and Victor W. Nitti. The center brings together two specialties at UCLA that have led the way in treating women with pelvic dysfunction.

Urology, Urogynecology Establish Center for Women's Pelvic Health

One of the most common health problems facing women, particularly as they age, is too often ignored. When brought to the attention of experts such as those at UCLA, women with pelvic floor disorders can be treated successfully. But, whether out of embarrassment, a lack of awareness that their problem is common and can be addressed, or because their primary care physician doesn't bring it up, many women suffer in silence.

In an effort to better meet the needs of women who are experiencing these disorders, UCLA Urology has joined forces with the UCLA Department of Obstetrics & Gynecology to establish the UCLA Center for Women's Pelvic Health. The novel effort brings together two specialties at UCLA that have led the way in the treatment

of women with pelvic dysfunction for decades, offering the full spectrum of therapeutic approaches in a compassionate, patient-centered environment.

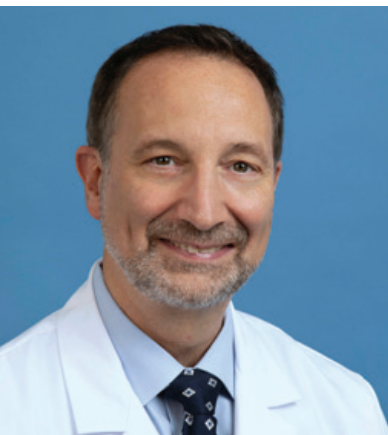
"Female pelvic medicine patients have traditionally been treated by either urologists or urogynecologists," explains

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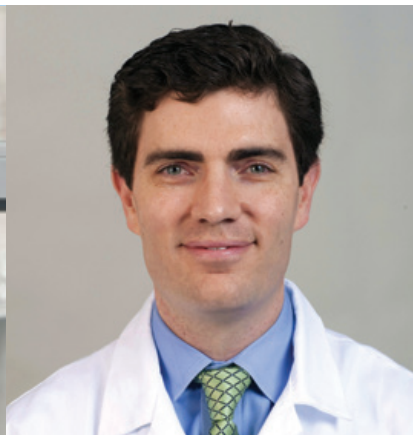
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Victor W. Nitti, MD,
Co-Director



Christopher M. Tarnay, MD,
Co-Director



Z. Chad Baxter, MD



Tamara Grisales, MD

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Victor Nitti, MD, inaugural holder of the Shlomo Raz Chair in Urology and co-director of the new center. “By combining the expertise of these two departments in a collaborative, multidisciplinary center, we can ensure that each patient receives optimal care for her condition.”

“Few, if any, institutions in the country have formally brought together these two subspecialties in this way,” adds Deborah Krakow, MD, professor and chair of obstetrics & gynecology. “We are excited to join with the urology department to establish a center that will improve the lives of so many women.”

Dr. Nitti notes that approximately one in three women will experience a pelvic floor disorder at some point in her life, most commonly in the form of urinary incontinence, pelvic pain, or pelvic organ prolapse — in which the muscles and tissues surrounding the pelvic organs weaken or loosen, causing one or more of the organs to drop or protrude into or out of the vagina. Approximately one in nine women ends up needing surgery.

The pelvic dysfunction is often a delayed consequence of pregnancy and vaginal delivery, particularly in the case of stress urinary incontinence — the

unintentional leaking of urine when physical movement or activity puts pressure on the bladder — Dr. Nitti explains. For all conditions related to pelvic dysfunction, age is the most important risk factor.

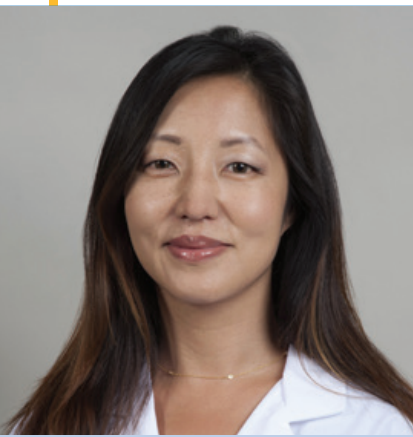
“As the body gets older the pelvic floor wears down, just as our knees tend to weaken as we age,” says Christopher Tarnay, MD, associate professor of obstetrics & gynecology and urology and co-director of the UCLA Center for Women’s Pelvic Health. “As a result, many older women struggle with age-related declinations in function.”

For women who experience conditions such as urinary incontinence, overactive bladder (characterized by a frequent or sudden urge to urinate), or prolapse, the quality of life impact is significant, Dr. Tarnay adds. Many will reduce or avoid exercise and social situations, as well as activities where they might not have access to a clean and accessible bathroom. Intimacy with partners is often affected. “Women with these conditions may experience reduced self-esteem and are at higher risk for depression,” Dr. Tarnay says. “But at our center we can offer treatments to restore that function.”

The UCLA Center for Women’s Pelvic Health provides state-of-the-

art care for women with the most common problems related to pelvic function — including urinary and fecal incontinence, organ prolapse, overactive bladder, recurrent urinary tract infections, and other lower urinary tract symptoms or issues with bladder emptying — as well as women with less common conditions. These can include injuries related to childbirth, such as fistulas; congenital issues such as an absent vagina; urethral strictures; and the need for complex reconstructive procedures.

In both the urology and urogynecology fields, UCLA has a well-established reputation for pioneering treatments in female pelvic medicine and reconstructive surgery. Dr. Shlomo Raz, who is retiring in August after creating and leading UCLA Urology’s Division of Female Urology, Reconstructive Surgery and Urodynamics, helped to define the field through numerous innovations that would become the standard of care worldwide. “On the urology side, female pelvic medicine really started here at UCLA,” says Dr. Nitti, who was trained by Dr. Raz as a UCLA Urology fellow. Similarly, the earliest minimally invasive treatment for urinary incontinence was pioneered by Dr. Tom Leberherz in the UCLA Department of Obstetrics &



Ja-Hong Kim, MD



Erin M. Mellano, MD



Shlomo Raz, MD (emeritus)



Amy E. Rosenman, MD

Gynecology, setting the stage for the department's continued leadership in caring for women with pelvic floor disorders.

The spectrum of treatments offered at the new center ranges from conservative, nonsurgical approaches to complex reconstructive surgeries. Many of the conditions can be managed with behavioral modifications, as well as pelvic floor exercises and physical therapy. Some of the conditions can be treated with medication, or with innovative therapies such as neuromodulation, Botox injections, and both traditional and novel therapies using a patient's own tissues or even stem cells. Surgical options include laparoscopic and robotic minimally invasive procedures as well as major reconstructions. "Our goal is to individualize therapies for patients according to their condition, lifestyle, and treatment goals," Dr. Nitti says.

Another important goal of the center is to raise awareness that pelvic floor disorders are both common and treatable, and to provide a compassionate space where women feel comfortable discussing sensitive issues.

"As women are remaining healthy

and active for longer periods during their postmenopausal years, these disorders are having a major impact on quality of life," Dr. Tarnay says. "In the past, older women were told that they would just have to live with it, but that is no longer acceptable. We are excited to bring experts in female pelvic medicine from urology and gynecology together in this unique way to manage these disorders and make a difference in the lives of our patients."

The UCLA Center for Women's Pelvic Health is a multidisciplinary center with urologists and urogynecologists who specialize in Female Pelvic Medicine and Reconstructive Surgery. All of the center's physicians are board-certified in their primary specialty (urology or obstetrics & gynecology), and all have a second board certification in female pelvic medicine and reconstructive surgery. They include:

Victor W. Nitti, MD, Co-Director
Prior to joining the UCLA faculty, Dr. Nitti was professor of urology and obstetrics & gynecology as well as vice chair of urology at New York University Langone Medical Center, where he was also the female pelvic medicine and reconstructive surgery fellowship director.

He is an authority on urodynamic techniques, medical and surgical therapies for urinary incontinence, pelvic organ prolapse, female pelvic reconstructive surgery and voiding dysfunction.

Christopher M. Tarnay, MD, Co-Director

Dr. Tarnay is an authority on medical and surgical therapies for urinary incontinence, pelvic organ prolapse, and robotic surgery, and recently authored a textbook on female pelvic reconstructive surgical techniques. Dr. Tarnay is skilled in fistula care and over the last decade has led efforts to reduce the suffering of women and mothers from fistula in the developing world through a sustainable program of service and education.

Z. Chad Baxter, MD

Dr. Baxter was previously director of pelvic health and reconstructive surgery at North Shore - Long Island Jewish Health System in New York. His clinical interests are in male and female voiding dysfunction, urinary incontinence, general adult urology, and genitourinary and pelvic floor reconstruction.

Tamara Grisales, MD

Dr. Grisales has expertise in pelvic floor disorders, including prolapse, urinary dysfunction and urinary/fecal incontinence, and vaginal anomalies, along with a particular interest in pelvic floor disorders in cancer patients and survivors.

Ja-Hong Kim, MD

Dr. Kim's clinical areas of interest include voiding dysfunction, vaginal prolapse, and genitourinary reconstruction. She performs pelvic floor reconstruction, laparoscopic, and robotically assisted surgery.

Erin M. Mellano, MD

Dr. Mellano has a passion for women's health, and specializes in robotic surgery, vaginal surgery and operative and non-operative management of pelvic floor disorders including pelvic organ prolapse, urinary incontinence, and bladder dysfunction.

Shlomo Raz, MD (emeritus)

Dr. Raz has pioneered innovations that are standards of care worldwide for vaginal and uterine prolapse, urinary incontinence, pelvic floor disorders, voiding dysfunction, and surgical reconstruction after cancer.

Amy E. Rosenman, MD

Dr. Rosenman is a past president of the American Urogynecologic Society. Dr. Rosenman's areas of expertise include uterine preservation in prolapse surgery, robotic surgery for prolapse and all matters related to incontinence.

ALUMNI PROFILE

Nirit Rosenblum, MD



When she was training as a urology resident at New York University (NYU) Medical Center in the 1990s, Dr. Nirit Rosenblum noted the dearth of women urologists at the time and decided to pursue the subspecialty then known as female urology. “I felt that there was a real need to serve women in terms of their urological health, and that some female patients might feel more comfortable seeing a female urologist,” Dr. Rosenblum recalls.

Today, as one of four attending physicians in the Division of Female Pelvic Medicine and Reconstructive Surgery within the Department of Urology at NYU Langone Health, Dr. Rosenblum treats women of all ages who are experiencing female urological problems, including urinary incontinence and bladder symptoms, recurrent urinary tract infections, and pelvic organ prolapse. She also works collaboratively with her group both on research and in the training of urology fellows and residents.

Dr. Rosenblum first became interested in the field of female pelvic medicine through Dr. Victor Nitti, one of her mentors at NYU, who had been trained at UCLA Urology by Dr. Shlomo Raz, a pioneer in the field. With Dr. Nitti's encouragement, after completing her residency Dr. Rosenblum applied for and was accepted as a UCLA Urology fellow so that she too could train under Dr. Raz.

The experience has stuck with her. “Dr. Raz would spend hours sitting with us late at night, talking about anatomy and teaching us how to think outside the box and come up with creative solutions that fit the individual patient,” Dr. Rosenblum says. “I also learned a great deal just by observing him and the relationships he developed with patients — the way he gave hope and optimism to women, some of whom had severe symptoms and had gone to many doctors previously, that he could figure out something that would help to improve their symptoms.”

Dr. Rosenblum says those lessons have served her well both when she trains urology residents and fellows, and in her own practice at NYU Langone Health, where she is regularly reminded that she made the right career choice. “This is a field where we tend to care for women for many years, and sometimes see other family members, in a way that resembles primary care,” Dr. Rosenblum says. “It is rewarding to develop those long-term relationships with my patients, and to see how happy they are when they can benefit from treatment and experience such dramatic improvements in their quality of life and day-to-day functioning.”

Letter from the Chair



The UCLA Center for Women's Pelvic Health is the latest example of our commitment to pushing the envelope in ways that benefit our patients.

A major part of our mission at UCLA Urology is innovation. In the course of our history, our faculty have earned a reputation for outside-the-box thinking that has led to scientific breakthroughs. By refusing to remain content with the *status quo*, we have contributed new technologies and approaches to the diagnosis and treatment of patients with urologic conditions that have resulted in safer and more effective care. Among our many innovations, we have led the way in expanding access to life-saving kidney transplantation through chain, voucher and donor exchange programs; created the gold standard for measuring outcomes and quality of life among prostate cancer survivors; developed life-saving treatments for men with advanced prostate cancer; and established a groundbreaking approach to shared medical decision making.

The newly established UCLA Center for Women's Pelvic Health, featured in this issue of our newsletter, is the latest example of our commitment to pushing the envelope in ways that benefit our patients. For many years, subspecialists within the fields of urology and gynecology have separately treated women with urinary incontinence, pelvic organ prolapse, and other conditions associated with pelvic dysfunction. Many institutions, including ours, encouraged interactions between the two subspecialties, but at UCLA we have gone a step further by formally merging the pelvic medicine experts from urology and gynecology into a truly integrated practice. This hybridization is both clinical and academic. Clinically, the female pelvic medicine faculty from the two departments are now co-located in one space, caring for patients as a team. And academically, we are moving these faculty into shared office space — a proximity that will facilitate collaboration in both training and research.

This novel union of two established medical subspecialties at UCLA has a single purpose — improving the service and outcomes for the many women who are struggling with these conditions. The urologists and urogynecologists who treat women with pelvic floor disorders bring different perspectives. By working side by side and collaborating on cases, they can arrive at optimal recommendations for management. By continually sharing their perspectives with each other, they become even better physicians and surgeons. And, as is the intention for all of our innovations, the ultimate winners are our patients.

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

Kudos

Richard Ehrlich, MD, UCLA Urology professor emeritus, will have a second book, *The Holocaust Archives in 2020*, published by Steidl Verlag, a preeminent fine-art book publisher based in Germany. In addition, images from his photographic series, “Faces of Promise: Looking Beyond Autism,” will be on exhibit at the George Eastman Museum in Rochester, New York in 2020. Dr. Ehrlich’s “27 miles: Abstract Truth,” highlighting abstract images from the recent Woolsey-Malibu fire, will be on a two-month exhibit at the Rose Gallery at Bergamot Station in Los Angeles. A portion of any sales from this exhibit will be donated to the Malibu firefighters.

Fuad Elkhoury, MD, UCLA Urology resident, had his manuscript, “Comparison of targeted vs. systematic prostate biopsy in men who are biopsy naïve in the prospective assessment of image registration in the diagnosis of prostate cancer,” published in *JAMA Surgery*. Dr. Elkhoury’s mentor is **Dr. Leonard S. Marks**.

David C. Johnson, MD, MPH, UCLA Urology fellow, had three manuscripts published: “Do contemporary imaging and biopsy techniques reliably identify unilateral prostate cancer? Implications for hemiablation patient selection,” in *Cancer*; “Quantifying the impact of modifiable cost inputs in a bundled payment model,” in the *Journal of Urology*; and “Detection of individual prostate cancer foci by multiparametric magnetic resonance imaging,” in *European Urology*. Dr. Johnson was also awarded best poster for “Detection of Individual Prostate Cancer Foci by Multiparametric Magnetic Resonance Imaging” at the American Urological Association’s annual meeting in Chicago. Dr. Johnson’s mentors are **Dr. Robert E. Reiter** and **Dr. Christopher Saigal**.

The abstract by UCLA Urology’s **Drs. Aydin Pooli, David C. Johnson, Joseph Shirk, Daniela Markovic, Taylor Sadun,**

Anthony Sisk, Amirhossein Bajgiran, Sohrab Mirak, Ely Felker, Steven Raman, and Robert E. Reiter, “Predicting Pathologic Tumor Size in Prostate Cancer Based on Multiparametric Prostate MRI and Preoperative Findings,” received Best Poster Award at the American Urological Association’s annual meeting in Chicago.

Aydin Pooli, MD, UCLA Urology fellow, had several abstracts accepted for poster and podium presentations at the American Urological Association’s annual meeting in Chicago, including “The UCLA Histo-Genetic Risk Classification (U-HGRC) to Predict Outcomes of Localized Clear-Cell Renal Cell Carcinoma,” “An Open-Label, Neoadjuvant Phase 2 Clinical Trial Comparing the Effects of AR Inhibition With and Without SRC or MEK Inhibition on the Development of EMT in Prostate Cancer: An Outcome Report,” and “The Role of 68Ga-PSMA PET-CT in Initial Staging of Treatment-Naïve High Risk Prostate Cancer.”

UCLA Urology’s **Drs. Alan Priester, Steve Zhou, Yash Kamothi, Joshua Shubert, and Shyam Natarajan** received a Best Paper Award from the Engineering and Urology Society for “Improving Prostate Cancer Margin Prediction With Machine Learning” at the American Urological Association’s annual meeting in Chicago.

Christopher Saigal, MD, MPH, UCLA Urology professor and vice-chair, was elected to membership in the American Association of Genitourinary Surgeons, the most prestigious academic society in the urology specialty. The GU Surgeons, as it is commonly known, is limited to 75 active members from North America plus several international members. Other members from UCLA Urology include **Drs. Robert E. Reiter, Victor Nitti, Arie Beldegrun, Shlomo Raz, and Mark S. Litwin**, as well as inactive members **Dr. Jean deKernion** and **Dr. Richard Ehrlich**.

Joseph Shirk, MD, UCLA Urology resident, along with his co-authors **Lorna Kwan**

and **Dr. Christopher Saigal**, were on the cover of the March 2019 issue of the *Journal of Urology* for their manuscript, “The use of 3-dimensional, virtual reality models for surgical planning of robotic partial nephrectomy.”

Renea Sturm, MD, UCLA Urology assistant professor, was awarded a UCLA Biodesign Innovation Fellowship for the 2019-2020 academic year. The fellowship’s mission is to transform health care by leveraging clinical and health information technology resources at UCLA Health through clinical immersion across disciplines. Dr. Sturm also received a Faculty Research Grant from the UCLA Academic Senate’s Council for her project, “3-Dimensional (3D) Modeling in Urologic Database Development: Defining Phenotypic Variation and Corresponding Clinical Outcomes.”

Jeffrey Veale, MD, UCLA Urology associate professor and director of the UCLA Kidney Transplantation Exchange Program, along with his co-authors Ariella Maghen and Thomas Mone, had an editorial, “The Kidney-Transplant Waiting List and the Opioid Crisis,” published in the June issue of the *New England Journal of Medicine*.

Erica Wood, MD, Patrick Lec, MD, and Neil Mendhiratta, MD, third-year UCLA Urology residents, each received a \$25,000 grant from the HH Lee Foundation in support of their fourth-year residency research projects.

Members of UCLA Urology’s Division of Female Pelvic Medicine and Reconstructive Surgery — **Drs. Michelle Van Kuiken, Frank Lin, Victoria Scott, Nika Vinson, My-Linh Nguyen, Ja-Hong Kim, and Shlomo Raz** — received a Best Video award at the American Urological Association’s annual meeting for “Autologous Fascia Lata Spiral Sling Anal Sphincter Reconstruction for Improved Fecal Continence.”

Urinary Incontinence

Urinary incontinence, or loss of bladder control, affects an estimated 17 million people in the U.S. on a daily basis, many of whom are otherwise healthy. Although anyone can be affected, it is much more common in women than in men, particularly older women and women who have had vaginal births. Often it is due to a weakening of pelvic floor muscles, pelvic organ prolapse, or weak or overactive bladder muscles, but chronic urinary incontinence can also result from neurological conditions.

Although in most cases it is not a threat to physical health, urinary incontinence can have a substantial impact on mental health and quality of life, often causing people to avoid exercise, social situations and intimacy for fear of embarrassment. Many people suffer in silence, reluctant to raise the topic with their physician. This is unfortunate because the condition can usually be controlled or cured.

There are generally two types of urinary incontinence. Stress incontinence involves the leakage of urine during any physical activity that puts pressure on the bladder, such as coughing, sneezing, laughing, exercise, or heavy lifting. Urgency incontinence refers to the loss of urine with an urge to urinate that is so sudden it is impossible to make it to the toilet in time.

Both stress and urgency incontinence can be treated with a wide variety of approaches, from conservative and

minimally invasive to surgical. The choice of treatment is based on the patient's goals and preferences. Conservative treatments for both types of incontinence include behavioral modifications such as reducing the amount of liquid intake or the timing of that intake, timed voiding, pelvic floor muscle exercises, weight loss, smoking cessation and, in some cases, adjustment of certain medications. For urgency incontinence, there are a number of effective medications, as well as minimally invasive treatments such as Botox injections into the bladder muscle and two different forms of nerve stimulation — one done with a small acupuncture needle near the ankle and the other through an implantable stimulation device or “bladder pacemaker.” Other effective treatments for stress incontinence include in-office injections of bulking agents into the urethra, as well as a number of minimally invasive and more advanced surgical treatments, depending on the patient's condition and expectations.

Experts at the new UCLA Center for Women's Pelvic Health offer the full spectrum of treatment options for both stress and urgency incontinence that can be customized to meet individual patient needs. Eligible patients can also be enrolled in ongoing clinical trials for new incontinence treatments.

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

Martin Landis



Martin Landis doesn't mince words when asked why he chose to spearhead the drive to fund the Shlomo Raz, MD, Chair in Urology at UCLA, in honor of the person who helped to define the field of pelvic medicine and reconstructive surgery. “Dr. Raz is equal to Mother Teresa, in my opinion,” Mr. Landis says.

When he met Dr. Raz more than a decade ago, Mr. Landis was in significant distress after a poorly performed pelvic operation that he later learned had been unnecessary. Ultimately his wife rushed him to the emergency room, where Mr. Landis was told that if another 15-20 minutes had passed before he received medical attention, he likely would have died from losing so much blood.

“After that I went to see Dr. Raz for the first time,” Mr. Landis recalls. “He was preparing for an international trip, but he took one look at me and postponed his travel plans so that he could do the operation on me that week.”

The doctor and patient became fast friends. Eventually, Mr. Landis, who is CEO of the real estate advisory firm Landwin, LLC, and previously founded the largest sales promotion company in the U.S. — which created marketing programs for advertisers and agencies and boasted the likes of Coca-Cola, Proctor & Gamble, Bristol-Myers and General Electric as clients — asked how he could help to support Dr. Raz's program.

“Until then, he didn't know if I had a dollar to my name,” Mr. Landis says. “But when I explained that I wanted to help, he said, ‘You can get me a chair.’ I said, ‘Sure, let's go to Sears.’” Mr. Landis chuckles at the memory. “I knew what he meant, but I kept a straight face so that he didn't know if I was fooling or not.”

In 2007, Mr. Landis made the initial donation and then helped to raise funds for what would become the Shlomo Raz, M.D., Chair in Urology. The title is now held by Dr. Victor Nitti, one of countless urologists trained in pelvic medicine and reconstructive surgery by Dr. Raz. Dr. Nitti was recently recruited to return to UCLA Urology to serve as co-director of the new UCLA Center for Women's Pelvic Health.

The endowed chair will further the legacy of Dr. Raz, who announced his retirement this year, well into the future. “He is so skilled, compassionate and genuine,” Mr. Landis says. “He was meant to be a doctor, and I am happy to have been part of an effort to advance his work.”





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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 2018-19
U.S. News and World Report rankings.



UCLA Urology: #7 in the Nation
Highest Ranked in Los Angeles



The Men's Clinic at UCLA

DID YOU KNOW?

Early pregnancy loss can be caused by a factor that has to do with the man. At The Men's Clinic at UCLA, men can undergo special testing to evaluate sperm DNA and discuss strategies to optimize sperm health.

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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