



UCLA UROLOGY

UPDATE



Left: Carol Bennett, MD, had no female mentors during her urology training. Today she counts a number of women among her UCLA Urology faculty colleagues.
Right: Ja-Hong Kim, MD (center), of UCLA Urology's Pelvic Medicine and Reconstructive Surgery faculty, with UCLA Urology fellows Judy Choi, MD (left), and Diana Kang, MD.

The Changing Face of Urology: Ranks of Women Growing

When Carol Bennett, MD, joined the UCLA Urology faculty, all of her colleagues were male. This wasn't so long ago – the year was 1996 – and UCLA was no anomaly. At the University of Michigan, where Dr. Bennett had completed her training, she had been the first female in the urology residency program; no women were on the urology faculty.

As a medical student contemplating going into urology, Dr. Bennett had read an article about a female urologist in a national magazine and was shocked to learn that there were only 13 in the country. "I never got to meet any of them and never had any female mentors who were urologists when I was training," says Dr. Bennett, currently a UCLA Urology professor and chief of urology at the West Los Angeles VA Healthcare Center. "But around the time I entered the field, things started to change."

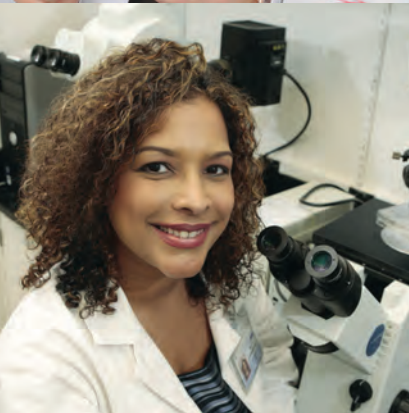
That change is reflected in the makeup of Dr. Bennett's UCLA Urology colleagues today. Seven faculty members are women – in addition to Dr. Bennett, that includes Drs. Isla Garraway, Ja-Hong Kim, Sally Maliski, Jennifer Singer, and Lily Wu, as well as Nazy Zomorodian, RNC, MSN, a nurse practitioner who serves as director of genitourinary oncology clinical trials. In addition, three current UCLA Urology fellows are women – Drs. Judy Choi, Diana Kang, and Leah Nakamura – as are two of the three chief residents for 2013-

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14 and six of the 19 residents overall. “Urology has become a much more attractive field for women,” Dr. Bennett says. “At UCLA we now have strong representation, which makes me very proud.”

To be sure, women have been entering all specialties at much higher rates than in the past. In 1960, just 6 percent of U.S. doctors were female; today, roughly one in three physicians and half of medical students are. But the change is particularly striking in surgical specialties such as urology, which were until recently dominated by men. “Surgical training requires many more years than pediatric, internal medicine and family medicine residencies. In the past, surgical residents spent much more time on call in the hospital, which could be a challenge for women with families,” says Isla Garraway, MD, PhD, an associate professor in the department. As more women have entered the field, she notes, there is a greater awareness of the importance of providing the flexibility that enables doctors, both male and female, to devote sufficient time to their family as well as to their professional responsibilities.

“The women on our faculty provide a great example for us,” says Stacey Carter, MD, one of three chief UCLA Urology residents for 2014-15. “Several of them have children, and they show us that you can maintain a happy and devoted family life while being dedicated to your patients, research and teaching.”

Ever since she was in medical school, Dr. Carter knew she wanted to follow the surgery route. Having played volleyball as an undergraduate, she originally thought she would go into orthopedic surgery, but as she began to do her rotations through the specialties, urology stood out. “All of the urology residents were very happy and the faculty seemed quite satisfied with what they were doing,” Dr. Carter says. “I just found it to be a great balance where you’re not only doing procedures, but also counseling patients on chronic issues throughout their lives, unlike other surgical fields. You can make a connection with patients, gain their confidence and help them

discuss concerns that they might otherwise be uncomfortable bringing up.” For women looking to start a family, Dr. Carter adds, urology is appealing because emergencies are uncommon and there is an ability to tailor one’s practice toward either large surgeries or smaller clinic procedures.

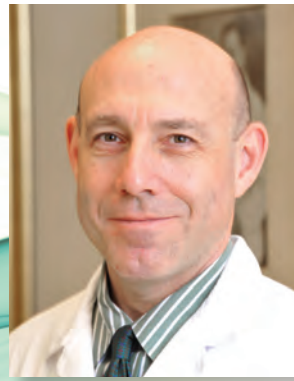
UCLA Urology fellow Diana Kang, MD, wasn’t considering surgery as a medical student but was drawn to urology by a mentor who felt her skills were ideally suited to the specialty. “It’s a field with a lot of variety and many areas you can choose to focus on,” she says. In Dr. Kang’s case, the focus is female urology issues – she is currently doing a fellowship research year in clinical robotics within the department’s Division of Pelvic Medicine and Reconstructive Surgery. “Among the general public, and even many physicians, people often think of urology as being oriented toward the prostate and other male issues, but they forget that we deal with female urinary tract issues as well,” Dr. Kang says. In her experience, she adds, many patients – particularly older women – have been pleased to learn that their urologist would be a female.

On the other hand, Dr. Bennett says that among the mostly older-male veteran population at the West Los Angeles VA Healthcare Center, “rarely can I recall having a patient decline to be seen by one of the female urologists on our staff.” Dr. Garraway, whose practice also consists of mostly male patients at the VA, says she has had only a few occasions in which a male patient told her he would prefer to be seen by a male urologist; in most cases, after agreeing to let her start with the history, the patients have changed their minds and decided to stay with her.

“Ultimately, patients want competent and compassionate doctors,” concludes Dr. Garraway. “While it’s true that I can’t directly identify with certain aspects of the male experience, I am well trained in how to diagnose their problems and can offer solutions. I feel very bonded to my patients. For me it’s been nothing but a wonderful experience being a woman in urology with a predominantly male practice.”

Clockwise from immediately above: Isla Garraway, MD, PhD, associate professor of urology; Nazy Zomorodian, RNC, MSN, director of genitourinary oncology clinical trials for the department; Stacey Carter, MD, one of three UCLA Urology chief residents for 2014-15; Sally Maliski, PhD, RN (left), associate professor of nursing and urology, with her research coordinator Elisabeth Hicks, MA; Jennifer Singer, MD, associate professor and director of education for UCLA Urology.

Letter from the Chair



Thanks to Dr. Isla Garraway, who kindly agreed to co-author this column, adding her simultaneous perspectives as scholar, clinician, mentor, and mother.

When I entered urology in the 1980s, there were 22 female urologists in the entire country. Thankfully, as this issue of the UCLA Urology Update illustrates, the face of urology has been changing in a major way. A onetime male bastion is now increasingly populated with women, and increasing numbers of medical school graduates are choosing to pursue urology. That one-third of our current UCLA Urology residents are female suggests that this positive trend will continue.

As we celebrate the integral role women are playing in UCLA Urology we must also acknowledge and address some of the concerns that tend to affect women in medicine – and, for that matter, women in many workplace environments. In a widely discussed 2013 book, Facebook executive Sheryl Sandberg urged women to “lean in” to overcome traditional biases in seeking leadership roles. While her admonition has sparked a wide variety of responses, it serves as a reminder not to become complacent with the advances of recent years. I obviously can’t speak to these biases from firsthand experience, but I have sought to better appreciate them through dialogue with women on our faculty, in our training programs, in our administration, and elsewhere. One of the key issues they have stressed is the challenge of striking the right work/life balance, particularly given societal roles and expectations. In contrast to their male counterparts, women urologists with young children tend to bear much of the responsibility for supervising child-care providers, coordinating education and extracurricular activities, and ensuring overall well being of the family. While most embrace this role, it also makes it harder for them to advance their careers. Some women hesitate to advocate for higher pay out of fear that their job flexibility will be compromised. Others cite the concern that in surgery they often feel they have to be better just

to be considered equal. Many mention that the (often-mistaken) perception that women don’t want added responsibility can result in their not being invited to participate in leadership roles. Insidious inequities like these deserve attention and action from all of us. In practice, a woman’s ability to lean in depends on the availability of financial resources, a partner willing to help shoulder family responsibilities, and colleagues who are supportive (or at least not hostile).

Within our medical school, only 21 of the 169 endowed chairs as of April 2014 were female. Although great strides have been made toward toward gender equality, we are not there yet. Issues around equal pay and glass ceilings cannot be ignored at UCLA or anywhere else. Compensation must be based on evidence of productivity rather than perception. Women must be encouraged and supported in assuming leadership roles. And finally, all faculty members should have the ability to pursue the types of schedules that facilitate work/life balance. These simple steps will ultimately support every aspect of UCLA’s mission.

The communities served by UCLA Urology are diverse in every way. When our faculty reflects that diversity, it improves our ability to connect with our patients, relate to their concerns, and provide the best possible care. Above all else, that is why I am thrilled that women are entering the field of urology in such large numbers. We are determined to continue to “lean in” as a department so that we can best meet the needs of all of our faculty, trainees, and staff.

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

❖ **Isla Garraway, MD, PhD**
Associate Professor, UCLA Urology

Improving Quality of Life Through Active Surveillance Program



Malu Macairan (right), senior clinical trials coordinator for UCLA Urology's Active Surveillance for Cancer of the Prostate (ASCAP) program, with UCLA Urology nurse Elizabeth Hamilton.

Men diagnosed with early-stage prostate cancer are presented with a number of treatment options, each of which is associated with potential bladder, bowel and sexual side effects. For patients with low-risk prostate tumors that might never cause them any problems, UCLA Urology offers the option of deferring treatment until the point that it becomes necessary – if that time ever comes. The approach is known as active surveillance.

“Most men with prostate cancer have very slow-growing cancer that they will die *with*, not die *of*,” says Malu Macairan, senior clinical trials coordinator for the Active Surveillance for Cancer of the Prostate (ASCAP) program. “Because the treatments have the potential to alter quality of life, if the patient can be managed through active surveillance, that becomes a very desirable option for many men.”

Ms. Macairan has worked with the program's director, Dr. Leonard Marks, professor of urology, to develop a structured protocol for men who choose to enroll. Patients come in for regular biopsies to determine whether there has been a change in their tumor size or grade. In cases where intervention becomes necessary, the results of deferred treatment appear to be the same

as if immediate treatment had been elected.

The key to the success of the program – and what distinguishes ASCAP from other so-called watchful waiting programs – is its use of MRI fusion-guided targeted biopsy alongside regular PSA screenings, gene and biomarker tests, and digital rectal exams. The targeted biopsy technology, developed by Dr. Marks and colleagues at UCLA, allows for more discriminate targeting of suspicious areas that are identified on imaging exams, as well as more specific sampling of areas that could have been missed when using the conventional biopsy approach.

Ms. Macairan, who completed her medical training in the Philippines, has worked with Dr. Marks for nearly 20 years, and came with him to UCLA Urology to help establish the ASCAP program in 2009. She explains that education – of both patients and other physicians – is one of her primary roles. “The term ‘cancer’ creates anxiety and makes a lot of people opt for aggressive treatment right away,” she says. “We need to inform patients as well as practicing urologists that there are times when treatment may not be necessary. Working with these patients and helping them to avoid something they don't need so that they can maintain their quality of life is very satisfying.”



As senior human resources officer for companies that included Avon Products, Maxwell McMillan Publishing, and Nestle USA, **Cam Starrett** spent considerable time counseling other senior executives as they began preparing for their retirement. “I talked at length with people about how we had fulfilled major responsibilities to a large corporation, and now we had a responsibility to give back to society, both financially and in devoting time and talent,” Ms. Starrett explains.

As her own retirement date drew nearer, Ms. Starrett began to contemplate how she would heed her own advice. “It's a humble blessing to be fired up about something that is meaningful and that you can do something about,” she says. “For a woman my age, at the end of a great career, to find an invigorating cause that I can put my heart and shoulder against... if more of us did that, wouldn't it be a fabulous way to reinvent retirement?”

Tracey Krupski, MD, MPH

For Ms. Starrett, that cause is education. Since her retirement she has devoted much of her philanthropic energies to serving as a founding board member of Citizens of the World Charter Schools, whose mission is to create a national network of high-achieving, community-based public schools that reflect the abundant socioeconomic, racial and cultural diversity of their surroundings. The Los Angeles-based nonprofit organization opened its first school in 2010 and now has five schools running – three in Los Angeles and two in New York City. “We are in a period in which there are a lot of questions about what we should be doing for education,” Ms. Starrett says. “If many of us got behind this, especially as retired women, we could make a big contribution.”

“If many of us got behind this, especially as retired women, we could make a big contribution.”

Although education is her passion, Ms. Starrett and her husband Peter have also been generous supporters of UCLA Health and UCLA

Urology. “We have had multiple, complex health care experiences involving family members, and UCLA’s physicians and staff have always come through in an extraordinary way,” she says.

Ms. Starrett is resolute in her belief that women have a unique role to play in philanthropic efforts. “The male model of philanthropy has tended to involve sizing up a situation, attacking it, and then going on to the next thing,” she says, “but many of the problems we now face require time and commitment for the long haul. The traditional role of women as fundraisers is very important, but by getting more involved we learn more and become better advocates – which improves our ability to bring about change.”

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



Although she is some 2,500 miles from Westwood and more than a decade removed from her UCLA Urology fellowship, Tracey Krupski, MD, MPH, is continuing to build on many of the concepts that were introduced to her when she trained under then-department chair Dr. Jean B. deKernion and the current chair, Dr. Mark S. Litwin.

As an associate professor of urology at the University of Virginia and director of clinical trials for the urology department, Dr. Krupski divides her time between clinical practice and research. Drawing on her UCLA training, her focus is on urologic oncology – particularly cystectomy (bladder cancer surgery) and urinary diversions following the surgery, including neobladders and pouches. In addition to her clinical practice, she actively pursues research collaborations outside of urology – something she also took from her UCLA experience.

Dr. Krupski is also advancing a legacy of many of Dr. Litwin’s trainees by seeking to build a research base to support urologic practice. She started the robotic cystectomy program when she joined the University of Virginia faculty in 2009 after spending four years at Duke University Medical Center, and she is currently principal investigator of the University of Virginia site in a multicenter, National Cancer Institute-funded randomized trial comparing open vs. robotic-assisted radical cystectomy. “Randomized controlled trials are rare in surgery, and especially in urology,” she notes. “A lot of us from UCLA are trying to push the field forward through these types of studies so that treatment decisions can be made based on strong evidence.”

Dr. Krupski didn’t expect to go into a specialty such as urology, but when she began doing her surgical rotations as a medical student she realized she enjoyed the decisiveness and action-oriented nature of being a surgeon. “You get to see the results of how you’ve intervened relatively quickly,” she says. “At the same time, with urology I can follow up with patients over a long period and really take care of them.”

Among the urology residents she supervises, Dr. Krupski is well known for her affinity for drawing pictures that help to explain things clinically. The wife of one patient photographed a sketch Dr. Krupski had made of the kidney mass she was removing from the woman’s husband; after the successful surgery, the couple gave Dr. Krupski a composition that included the picture, their thank-you notes and the phrase, “It came, we fought, I won.” Dr. Krupski framed the gift and now has it on display in her office. “That’s why you do this,” she says. “I can always look at that picture and say, ‘I am making a difference in the lives of my patients.’”



For Dr. Krupski, urology offers the best of both worlds: the action-oriented nature of being a surgeon combined with the ability to care for patients over a long period of time.

Vesicoureteral Reflux

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.

Vesicoureteral reflux (VUR) is a condition in which urine stored in the bladder flows back up into the ureters (the tubes that carry urine down from the kidneys to the bladder), and often back up into the kidneys. This can cause hydronephrosis (swelling of the kidney) and kidney damage. It is particularly common in children, usually caused by a congenital abnormality and often diagnosed during a prenatal ultrasound or when the infant or child has a urinary tract infection (UTI). When not properly treated, VUR can lead to kidney infection, kidney damage, and chronic kidney failure.

In a normal urinary tract, urine drains down the ureters to the bladder to be stored until it is emptied through the urethra. As the ureter makes a tunnel through the bladder wall, a “flap valve” is created to prevent urine in the bladder from backing up and returning to the ureter. In VUR, the flap valve at the junction of the ureter and the bladder is abnormal – either because the child was born with a faulty valve (and will often outgrow the problem), or because a UTI or obstruction somewhere in the urinary tract is responsible.

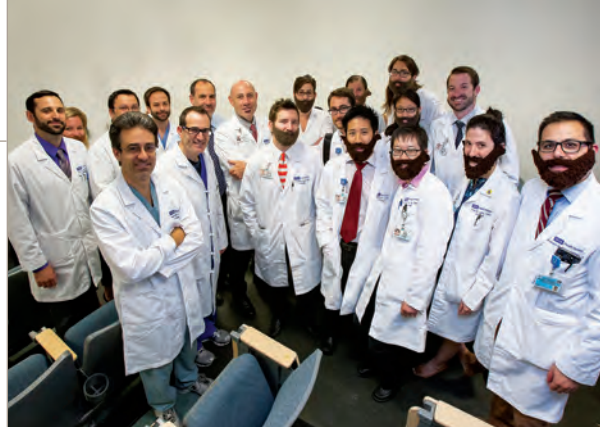
UTI is the most common symptom of VUR, particularly in young children. For older children, symptoms can include nocturnal enuresis (bedwetting) or other urinary problems, high blood pressure,

hydronephrosis, an abdominal mass from the swollen kidney, protein in the urine, and kidney failure. The two most common diagnostic tests for VUR are a voiding cystourethrogram (VCUG), which examines the urinary tract through x-ray images as the bladder fills and empties; and a renal ultrasound, which produces sound waves to transmit a picture of the kidney and bladder that can reveal abnormalities.

Children who are expected to outgrow their reflux are followed closely and monitored with VCUG, renal ultrasound, and other tests. Even when surgery isn't required, antibiotics are needed to prevent or immediately treat infections and ensure that there is no kidney damage. When the reflux is severe, surgery may be needed. The surgical approach usually involves either severing and then reattaching the ureter to the bladder to make a longer tunnel or create a new angle, or using a bulking agent to strengthen the flap valve.

Vesicoureteral reflux can be evaluated and treated by UCLA Urology experts at the Clark-Morrison Children's Urological Center, including Drs. Bernard Churchill, Steven Lerman, Jennifer Singer, and Richard Ehrlich.

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



Septembeard Partnership Continues

With September fast approaching, teams are being formed for the annual Septembeard campaign for prostate cancer awareness. This will mark the second year UCLA Urology has partnered with Septembeard.org, a nonprofit organization that raises money for prostate cancer research by having men grow a beard in September while asking friends, family members and colleagues to sponsor their pursuit through donations. The event promotes both competition and camaraderie, as well as awareness, while bringing in vital funds for research. Last year, UCLA Urology teams raised \$10,000. The goal for the second year is \$20,000, with all funds supporting the department.

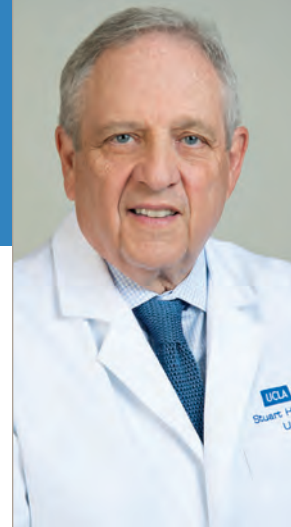
Check www.urology.ucla.edu for updates.



Mark S. Litwin, MD, MPH, chair of UCLA Urology, met with Hillary Rodham Clinton when the former secretary of state was at UCLA in March to deliver the Luskin Lecture for Thought Leadership and to accept the UCLA Medal, UCLA's highest honor, at Royce Hall.

Kudos

NEW FACES



Stuart
Holden,
MD

Arie Beldegrun, MD, professor of urology and director of the Institute of Urologic Oncology, delivered the inaugural *Journal of Urology* lecture at the 2014 American Urological Association meeting; his plenary talk was entitled, “The New Era of Personalized Cancer Immunotherapy: Implications for the Practicing Urologist.”

Stacey C. Carter, MD, UCLA Urology resident, was the first author of “Video-based peer feedback through social networking for robotic surgery simulation: A multicenter randomized controlled trial,” published in *Annals of Surgery*.

Jim C. Hu, MD, MPH, associate professor of urology, was the first author of “Technique and outcomes of robot-assisted retroperitoneoscopic partial nephrectomy: A multicenter study,” published in *European Urology*.

Alan L. Kaplan, MD, UCLA Urology resident, had his study, “Decisional conflict in economically disadvantaged men with newly diagnosed prostate cancer: Baseline results from a shared decision-making trial,” published in *Cancer* and presented the study at the 2014 American Urological Association annual meeting. Dr. Kaplan was also an invited lecturer at Ono Academic College in Israel, where he presented his work on decision-making in prostate cancer and value-based care redesign in benign prostatic hyperplasia.

Mark S. Litwin, MD, MPH, professor and chair of urology, received the Urology Care Foundation Award of Distinction as the 2014 Distinguished Scholar Alumnus. The award recognizes Dr. Litwin, a research scholar from 1993 to 1995, for his exemplary track record as a researcher, urologist and mentor of young scientists.

Sally L. Maliski, PhD, RN, associate professor of nursing and urology, received a Daisy Foundation award from the UCLA School of Nursing. The award is presented to faculty who embody excellence in teaching, care and compassion for students.

Christopher Saigal, MD, MPH, professor and vice chair of urology, was elected to the National Quality Forum’s Surgery Steering Committee for the Surgery Measure Endorsement and Maintenance project.

Hung-Jui (Ray) Tan, MD, UCLA Urology fellow, received an American Cancer Society Postdoctoral Fellowship grant, “Utilization and Effectiveness of Geriatric Care in Kidney Cancer.”

Christopher Tarnay, MD, associate professor of obstetrics and gynecology and urology, received UCLA’s Serge and Yvette Dadone Clinical Teaching Award in honor of Saleh Salehmoghaddam, MD. The award recognizes outstanding dedication, innovation and sustained excellence in clinical and classroom teaching. Dr. Tarnay also received the 2014 Award for Excellence in Education from the David Geffen School of Medicine at UCLA.

UCLA Urology will have a strong presence at the World Transplant Congress July 26-31, 2014, in San Francisco, the largest meeting of its kind in the world focused on transplantation. Faculty members **Jeffrey Veale, MD**, and **Sally Maliski, PhD, RN**, as well as fellow **Eric Treat, MD**, had three abstracts accepted for oral and poster presentations.

Stuart Holden, MD, an internationally respected urologic oncologist and surgeon, has joined the UCLA Urology faculty as a clinical professor and associate director of the UCLA Institute of Urologic Oncology. Dr. Holden has worked on the frontlines of prostate cancer for more than 36 years while pioneering new treatments for urologic cancers.

Save the Date

The UCLA Specialized Program of Research Excellence (SPORE) in Prostate Cancer will host a public research symposium at the UCLA CNSI Auditorium on September 8, 2014. The symposium will focus on the most pressing and challenging issues in prostate cancer research, addressing topics that range from the molecular mechanisms that underlie the disease to various translational approaches. Confirmed speakers are Karen Knudsen, PhD (Kimmel Cancer Center, Thomas Jefferson University), Massimo Loda, MD (Dana-Farber Cancer Institute, Harvard Medical School), and Phillip Febbo, MD (Genomic Health Inc.).

More information will be available at www.urology.ucla.edu.



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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.



Urology Nurse Helps Find Answers for Urinary Concerns



Diana McDonough, RN, explaining x-ray findings to a patient and accepting her award as 2014 UCLA Ambulatory RN of the Year.

In accepting her award as UCLA Ambulatory RN of the Year for 2014, UCLA Urology nurse Diana McDonough, RN, recalled that when she decided to enter the profession 34 years ago, her late mother had expressed reservations.

“She worried how I would become a good nurse if I hated to cause pain,” Ms. McDonough explained. “Now I am working with Dr. [Shlomo] Raz, a world-famous expert in female urology. Many of his patients suffer from debilitating pain. Some will cry when their name is called, worried that the test I will give

them will cause greater pain. Mom, for all your worrying initially, it all worked out.”

Working with Dr. Raz and other UCLA Urology physicians for the last 13 years, Ms. McDonough has specialized in urodynamic tests – complete anatomical and functional evaluations of the lower urinary tract – to assist in diagnosing causes of incontinence, frequency of urination, urinary retention, and other urinary conditions. Employing multiple catheters to detect the pressures inside the bladder and abdomen as it is filled and emptied while periodic x-rays are performed, the complex test can provide definitive information leading to treatment with the potential to end the patient’s suffering. “As a nurse I have a very practical orientation, and it’s great to have a test that gives answers – showing exactly why patients are experiencing their symptoms,” Ms. McDonough explains.

She sees her role as not only administering the test, but also offering reassurance that the patient is in the right place. “It’s not unusual for me to start and end the exam with a hug,” Ms. McDonough says. “Patients need to know that we empathize with what they’re going through. They are understandably concerned about the test, but in the hands of someone who is gentle and explains everything, it’s never as traumatic as they envision. When patients tell me that, I know I’ve done my job.”

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