



UCLA UROLOGY

UPDATE



Left: UCLA Urologist Dr. Christopher Tarnay regularly visits Uganda to perform life-changing surgeries on women with obstetric fistula – a common condition in developing countries that leaves the women incontinent to urine and stool following a birth injury. Right: To build a sustainable presence, Dr. Tarnay also trains Ugandan surgeons such as Dr. Musa Kayondo, shown with Dr. Una Lee, a former UCLA Urology fellow now at Virginia Mason Medical Center in Seattle; and a patient.

Changing Lives, Building Capacity in East Africa

For the Ugandan woman, as with so many of the other patients seen by Christopher Tarnay, MD, during his annual two-week visits to the East African nation, life had been miserable since a traumatic childbirth experience 20 years prior.

On that day she had not only lost her daughter, but suffered a childbirth injury known as obstetric fistula – a hole between the birth passage and the bladder or rectum that leaves women incontinent to urine and stool. The social consequences, particularly in a region without access to protective pads or undergarments, were devastating. The woman’s husband had left her, and most of the time she felt too ashamed to be around others. “For two decades, all she wanted was to have this fixed so she could return to her village, start to socialize again and maybe one day find another husband,” says Dr. Tarnay. “When we told her we could perform a surgery that would solve the problem, she smiled and then wept.”

Obstetric fistula is almost non-existent in the United States, but is all too common in developing countries such as Uganda, where many young women give birth in remote villages without medical help. When the labor doesn’t progress and the baby is stuck in the birth canal for hours and even days, it can lead to tragic consequences. Often, by the time the woman makes it to a hospital that performs C-sections, the baby has died and the woman – or in many cases, young girl – is left incontinent and subject to a life of social ostracization and psychological trauma. Surgery can take care of the problem, but it is a challenging procedure. In Uganda and other sub-

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Above left: Ugandan women awaiting reparative fistula surgery are invited to a “fistula camp,” where they stay in temporary housing prior to the surgery and during their postoperative management. Above right (l. to r.): Dr. Kayondo; Dr. Erin Mellano, UCLA fellow; a patient following her fistula surgery; Dr. Lee; and Dr. Tarnay.

continued from cover

Saharan African countries, access to specialists in the technique is extremely limited.

Dr. Tarnay, a member of the UCLA Urology faculty who also serves as director of urogynecology in UCLA’s Department of Obstetrics and Gynecology and is an expert in such surgeries, epitomizes UCLA Urology’s commitment to assisting disadvantaged communities across the globe. He regularly brings a medical team to Uganda and other low-resource settings in an effort to improve women’s health care. In addition to performing the life-changing surgeries on women with obstetric fistula, Dr. Tarnay and colleagues educate local surgeons in the procedure so that they can continue to perform them after Dr. Tarnay’s team has left.

The trips are part of Dr. Tarnay’s work as medical director of Medicine for Humanity, which seeks to improve the health of women in poor countries by bringing much-needed medical care and creating sustainable programs of education, prevention and treatment. The organization, funded by private donations, has sent teams to Eritrea, the Philippines, Mongolia, Nepal, Ethiopia, Kenya, Cameroon, Niger and, for the last several years, southwestern Uganda through a partnership with the teaching hospital at Mbarara University of Science and Technology. Donor support also enables the organization to send UCLA Urology and other residents and fellows for an invaluable training experience.

Twice a year, Medicine for Humanity holds a “fistula camp,” encouraging women who have the condition to come to the Mbarara hospital for a reparative surgery. Dr. Tarnay, who attends one of the camps each year, organizes the trips, raises the funds, acquires the medical resources and recruits a team that includes UCLA residents and fellows. Working from sunup

to sundown, the team performs the surgery on 30-40 women over a two-week period. “What we’re able to do is really dramatic,” says Dr. Tarnay. “These are patients who just want to be able to wake up with a dry bed.”

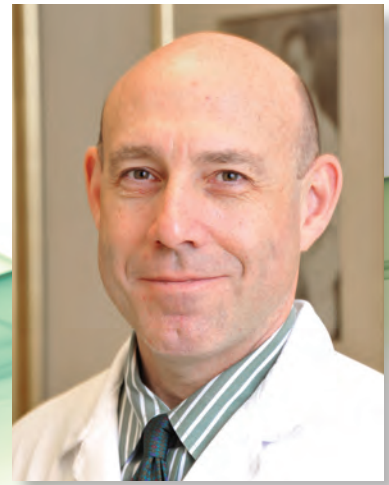
Medicine for Humanity helps provide temporary housing (initially using large tents) where the women stay prior to the surgery and during their postoperative management. “Some of these women are housed together for a month,” says Dr. Tarnay. “They develop friendships and bond over the fact that they have all been suffering from this same condition and can support each other.”

Just as important as the surgeries Medicine for Humanity offers is the education it provides. “We want to leave something sustainable, so that the work doesn’t stop once we are gone,” says Dr. Tarnay. His group works closely with the Ugandan physicians, one of whom has become a skilled fistula surgeon and hand-picked two of his residents to learn from Dr. Tarnay’s team during the most recent visit.

“What we’re able to do is really dramatic. These are patients who just want to be able to wake up with a dry bed.”

In bringing UCLA residents and fellows from urology, obstetrics/gynecology and other specialties, Medicine for Humanity provides an unparalleled experience that Dr. Tarnay believes will prove invaluable to the trainees, regardless of where they end up practicing. “I learn so much every time I’m there,” Dr. Tarnay says. “It teaches you how to manage problems with limited resources. And seeing the extreme poverty is an eye-opener that makes you realize that some of the things we complain about here are really small by comparison. Every time I go it resets my perspective. We work really hard in the heat and the difficult conditions, but when you talk with the women and realize how much their lives can change from the work that we do, it’s so gratifying.”

Letter from the Chair



*“The measure of a country’s
greatness should be based on
how well it cares for its most
vulnerable populations.”*

-Mahatma Gandhi

A core part of our mission at UCLA Urology is to help heal humankind, one urological patient at a time. In doing so, we are ever cognizant that some groups are at risk of suffering poor health outcomes due to factors such as race/ethnicity, socioeconomic status, geography, language barriers and disability, to name a few. In this issue you can read examples of how we go the extra mile to meet the needs of vulnerable populations – from life-changing surgeries and training provided for poor women in Uganda to our strong presence at the soon-to-be-opened Martin Luther King Jr. Community Hospital in South Los Angeles, an area where health services have been severely lacking.

Efforts such as these continue UCLA Urology’s longstanding involvement with underserved communities. Through relationships with county hospitals all over Los Angeles, our residents and fellows see low-income and uninsured patients while gaining the type of invaluable exposure to these vulnerable groups that leads many of them to dedicate their careers to addressing their needs. In addition, for more than a decade we have directed IMPACT, a state-funded program in which UCLA Urology partners with community providers, local health departments and other community-based health organizations to deliver free high-quality prostate cancer treatment to California men with little or no health insurance.

At UCLA’s hospitals and clinics, our emphasis on patient-centeredness ensures that everyone, including those with vulnerabilities, receives uncompromised care. One way we do this is through multidisciplinary teams. As an example, our new Institute of Urologic Oncology brings all cancer specialists together under one roof, so that patients don’t have to make multiple appointments at disparate locations. Faculty in our Clark-Morrison Children’s Urological Center are renowned for their expert and family-centered care of children, including those with severe disabilities. Our faculty are also developing unique systems to empower patients by helping them assess and communicate their needs when discussing treatment options with their physicians for such conditions as incontinence and prostate cancer, as well as for palliative care.

For a variety of reasons – health, economic and social – some patients are more prone to suffering poor outcomes from urological conditions than others. We are steadfast in our commitment to meeting the needs of these patients, because to paraphrase Gandhi, we believe the measure of a urology department’s greatness should be based on how well it cares for its most vulnerable populations.

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



Stanley Frencher, Jr., MD, MPH, joins the UCLA Urology faculty as assistant professor and director of urology at Martin Luther King, Jr., Community Hospital.

New Faculty Member Will Spearhead Effort to Bring Urology Services to South L.A. Community

For Stanley Frencher, Jr., MD, MPH, the opportunity to join the UCLA Urology faculty as assistant professor and director of urology at Martin Luther King, Jr. Community Hospital (MLKCH) represents “a dream job.”

A former Robert Wood Johnson Foundation (RWJF) Clinical Scholar at UCLA who returns to Los Angeles in February after spending the last three years at Yale, most recently as chief urology resident, Dr. Frencher will focus on outcomes and community-partnered research, as well as leading the urology effort at MLKCH. The new hospital for South Los Angeles is projected to open in early 2015; it will operate under a partnership involving Los Angeles County and the University of California, with the latter providing physician staffing and quality oversight. The original MLK hospital was closed in 2007.

“It’s a unique opportunity to help develop from scratch a health system that will provide the highest quality of care in a community with limited resources.”

“I’m excited,” says Dr. Frencher. “This will be the perfect combination of being active clinically as a urologist while working in a largely minority community that has been in desperate need of both general and subspecialty care. It’s a unique opportunity to help develop from scratch a health system that will provide the highest quality of care in a community with limited resources. As someone who grew up in Detroit with similar issues, this is ideal for me.”

Dr. Frencher was inspired to follow this path by his parents. His mother is a nurse practitioner who earned her doctorate earlier this year; his father is an internist who has devoted his career to practicing in the same low-income Detroit communities where he grew up. “Dad’s a Marcus Welby throwback – someone who still makes house calls and never turns anyone away,” Dr. Frencher says of his father, whom he accompanied on rounds beginning as a small child. “He always used to say we were blessed with a lot of talents and ‘from those to whom much is given, much is expected.’ That has resonated with me.”

Dr. Frencher has dedicated his academic career to understanding health disparities affecting minority

communities – particularly prostate cancer screening patterns – and finding ways to best address these concerns through community-based partnerships. As an RWJF clinical scholar he worked with the Black Barbershop Health Outreach Program to increase understanding of cardiovascular disease and prostate cancer in African American communities of Los Angeles. The grassroots program targets black-owned barbershops because of their standing as a cultural institution where African American men congregate in an environment of trust.

Many of the lessons learned, skills honed and contacts

made during that experience will come in handy for Dr. Frencher in his new position at MLKCH, as he seeks to engage with a community that is at higher risk for urologic diseases such as prostate cancer and that has not only lacked access to services, but has tended to view the health care system with mistrust. “There will be some skepticism on the part of many in the community that we will need to overcome, based on the failures of the previous hospital,” Dr. Frencher says. “We can’t rely on putting up a great-looking building and hiring outstanding physicians to staff it. We have to reach out to the community, build partnerships, and show that we plan on being there to work with them for the long haul.”



Active Surveillance for Prostate Cancer

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.

Unlike most other cancers, prostate tumors are often not lethal and may never require treatment. Thus, patients with early-stage, slow-growing tumors, as well as older patients with more serious health conditions, may choose active surveillance over a treatment that is likely to come with side effects.

Active Surveillance is a structured program of monitoring for men who, because they are deemed to be low risk, choose to defer surgery or radiation therapy – in many cases for the duration of their lives. These men are monitored through prostate-specific antigen (PSA) blood tests, digital rectal exams, ultrasounds and, when called for, prostate biopsies to determine whether the cancer is growing. As long as their cancer remains low-risk, these patients can be spared the pain and side effects of surgery or radiation therapy. Some men in active surveillance do show cancer progression that moves them to a higher-risk category, and at that point choose treatment.

The key to the success of the active surveillance strategy is an accurate prostate biopsy. In men with suspected prostate cancer, the prostate biopsy is the standard diagnostic procedure. Small samples are removed from the man's prostate gland to be tested for the presence of cancer. After the

biopsy sample has been taken, the prostate tissue is examined by a pathologist to see how far the prostate tissue is from normal. The pathologist assigns a score using the Gleason Grading System. Cancers with a higher Gleason score are considered more aggressive, requiring immediate treatment.

Finding reliable ways to use the prostate biopsy to predict which patients need treatment and which ones can simply be monitored through active surveillance has proved challenging in the past. But UCLA Urology, in collaboration with radiologists, pathologists and biomedical engineers, has been on the forefront of new technology that may provide a vastly improved prostate biopsy. By fusing magnetic resonance imaging with real-time, three-dimensional ultrasound, the “targeted biopsy” appears to offer a more accurate method of obtaining biopsy specimens from suspicious areas within the organ.

The Active Surveillance for Cancer of the Prostate Program, directed by Leonard S. Marks, MD, is a vital part of UCLA Urology's prostate cancer program.

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

Kudos

Alan L. Kaplan, MD, UCLA Urology resident, was awarded third prize in the American Urological Association Western Section Miley B. Wesson Resident Essay contest for his paper, “Testosterone replacement therapy following the diagnosis of prostate cancer: Utilization and outcomes.”

Mya Levy, MD, UCLA Urology resident, had an abstract accepted for a poster presentation at the American Public Health Association's 141st annual conference in Boston in November. The presentation focused on describing the use of technology such as smart phones and the Internet by low-income, uninsured men with prostate cancer.

Mark S. Litwin, MD, MPH, UCLA Urology chair, was appointed to the Fran and Ray Stark Foundation Chair in Urology. Dr. Litwin is a distinguished researcher, teacher, mentor, administrator and clinician. He has been continuously funded by the National Institutes of Health since 1997.

Sally L. Maliski, PhD, RN, associate professor of nursing and urology and associate dean of academic affairs for the UCLA School of Nursing, had an abstract accepted for a poster presentation at the American Public Health Association's 141st annual conference in Boston in November. The presentation focused on describing the perception of risk in first-degree relatives of Latino men with prostate cancer.

Jeffrey Veale, MD, associate clinical professor of urology, had two abstracts accepted for podium presentation at the American Public Health Association's 141st annual conference in Boston in November. The presentations focused on innovations and disparities in kidney transplants.



Supporting UCLA Urology: How Your Gift Can Make a Difference

Few opportunities exist to truly make a difference in the lives of others. The mission of UCLA Urology is to improve urologic health and health care by training and supporting world leaders in treating and curing urologic disease – thereby healing humankind, one patient at a time. Your charitable support to UCLA Urology, whether endowing a legacy or providing immediate funds, makes a major difference in our efficacy. Private support is critical to advancing our core initiatives in patient care, education and training, research, and community outreach. You can help to ensure that these programs will continue in perpetuity – and secure a future in which UCLA Urology will continue to improve countless lives in Los Angeles and well beyond. In this end-of-the-year issue of *UCLA Urology Update*, we look at some of the many ways in which you can contribute your support. For more information, contact Keri Eisenberg at (310) 794-2529 or keisenberg@support.ucla.edu.

Inspiring the Next Generation of Healers: Young Investigator Travel Award

Research is an integral part of UCLA Urology's training experience for medical students, residents and postdoctoral fellows. UCLA Urology residents spend their fourth year dedicated to basic or clinical research – an unusual aspect of the program that attracts stellar residency candidates from around the country. However, private funding is needed to ensure that these trainees continue to make the most of this vital experience.

Specifically, traveling to professional conferences gives UCLA Urology residents and fellows valuable opportunities to learn from and network with colleagues, and to be in an environment that promotes the exchange of novel ideas. Generously funded by the philanthropy of Dr. Laurence R. Meyerson and Ms. Deborah L. Faiman, the competitive *Laurence R. Meyerson and Deborah L. Faiman Young Investigator Travel Award for Research in Urologic Oncology and/or Renal Transplantation* provides \$2,500 to a urology resident or fellow toward the

costs of travel and registration to attend a domestic scientific meeting or conference. The inaugural award was given to Gladys Ng, MD, then a fourth-year resident, to present at the 2012 American Transplant Congress Conference in Boston, for which she received a ribbon of distinction. This year's award went to J. Bryant Byrd, MD, urology resident, to present at the 2013 American Urological Association annual meeting.



Dr. Larissa Rodríguez

Ensuring Outstanding Academic Excellence: Endowed Chairs

Endowing a chair offers an unparalleled opportunity to invest in scholarly and scientific achievement, as well as outstanding education and clinical care, by supporting a distinguished faculty member on a permanent basis. Endowed chairs provide the chair holder with a reliable and important source of financial support for graduate student and postdoctoral fellow salaries, as well as resources for research, special projects and teaching. Endowment income also allows the freedom to explore promising new programmatic areas and new research initiatives.

UCLA Urology is fortunate to have endowments such as the Fran and Ray Stark Chair in Urology, established in 1994 by the Fran and Ray Stark Foundation. Dr. Jean B. deKernion, former department chair, held this prestigious chair until his retirement in 2011; Mark S. Litwin, MD, MPH, current UCLA

Urology chair, has been named the new Fran and Ray Stark Foundation Chair in Urology. Wendy Stark-Morrissey, president of the Fran and Ray Stark Foundation, recently presented UCLA Urology with an extraordinary additional gift of \$700,000 to augment the existing endowment.

Leaving a Legacy: Planned Giving

Many donors choose to build a personal legacy by creating a bequest, or planned gift, through their will in which they name UCLA as a beneficiary. Bequests are gifts that are commonly given for general-purpose use, but particular departments and programs can also be strategically supported.

Earlier this year, UCLA Urology received a \$4.6 million gift from the estate of Frank and Dorothy H. Clark, longtime benefactors who helped to create state-of-the-art pediatric and adult urology centers in Westwood and Santa Monica. This generous gift, the first installment of the Clarks' bequest to the Clark urological centers, will support UCLA Urology's ongoing research, educational and clinical endeavors.

During their lifetime, the Clarks were staunch supporters of UCLA and UCLA Urology. A gift of similar size from the Clark estate is expected next year, further securing UCLA Urology's ability to remain at the forefront of urologic care. "This generous gift serves as an anchor for the Clark urological centers, enabling UCLA Urology to become a leading model for urologic health care," says Dr. Mark Litwin, chair of UCLA Urology. "It is sure to inspire others to give in this capacity."

For more information on bequests or to discuss how you can make a legacy gift while receiving income today, please contact Keri Eisenberg at (310) 794-2529 or keisenberg@support.ucla.edu.

Making Immediate Impact: Critical Funding Needs

Dr. Larissa Rodríguez, a UCLA Urology clinician, surgeon and basic science researcher,

Joseph C. Liao, MD

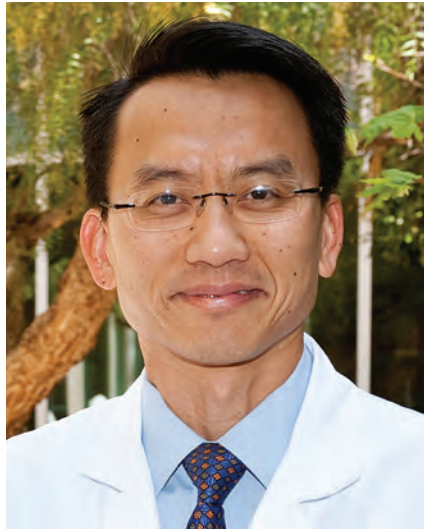
is the director of the UCLA Pelvic Medicine and Reconstruction Surgery (PMRS) Fellowship – one of several examples of critical-need areas that would immediately benefit from donor support.

“The conditions we treat in the PMRS division may sound to some like a natural part of aging – something women can expect and must endure – but they aren’t,” says Dr. Rodríguez. “We offer effective treatment options that can help our patients to dramatically improve the quality of their lives.”

“Because the conditions are not necessarily life-threatening, it is hard if not impossible to obtain government funding for pelvic reconstruction research.”

Dr. Rodríguez says research is critical to the field of pelvic medicine and reconstructive surgery. She oversees an active basic science laboratory that is moving in exciting directions. For example, Dr. Rodríguez’s group is looking at the science behind stem cells derived from adipose tissue to reconstruct muscles in the bladder and urethra. “Although we do pelvic reconstruction, with stem cell science we could regenerate the aging cells that cause many of the problems our patients face,” she says. “This type of tissue engineering is definitely the future of the field, and this division should be leading the way.”

Dr. Rodríguez says philanthropy is needed to sustain this research effort. “Because the conditions are not necessarily life-threatening, it is hard if not impossible to obtain government funding for pelvic reconstruction research,” she explains. “That makes donor support absolutely essential.”



In the nine years he spent in Westwood as a UCLA Urology resident, research fellow and clinical fellow, Joseph C. Liao, MD, learned to think about patient care and research in new ways. “My UCLA experience introduced me to the idea that the boundaries don’t have to be so concrete – whether it’s between basic research and clinical medicine, or between biomedical research and engineering,” Dr. Liao explains. “That blurring of those traditional lines has continued to be a theme for me.”

After completing his postdoctoral training at UCLA in 2006, Dr. Liao joined the faculty at Stanford University, where he is currently associate professor of urology and chief of urology at the Veterans Affairs Palo Alto Health Care System. At Stanford, Dr. Liao balances clinical activities with running an active research lab and teaching medical students, residents and postdoctoral fellows.

His research focuses on translating innovative new technologies from the laboratory to the clinics and operating room to improve treatments. One focus is in what is called “lab on a chip.” Dr. Liao and colleagues have embarked on an effort to harness the diagnostic potential of urine

samples – both for urinary tract infection (UTI) and for bladder cancer. With major funding from the National Institutes of Health, they are developing a microchip capable of point-of-care diagnosis of UTI as well as detecting immunity proteins that could guide treatment; they are exploring a similar tool for the rapid diagnosis of bladder cancer. The UTI application represents a continuation of work Dr. Liao began at UCLA Urology as part of a multidisciplinary team that included Dr. Bernard Churchill, the Judith and Robert Winston Chair in Pediatric Urology and founding director of the Clark-Morrison Children’s Urological Center at UCLA, along with faculty in the engineering school.

Separately, Dr. Liao and colleagues are seeking ways to better see cancer cells inside the patient’s body during surgery. They were the first to successfully insert a tiny microscope inside of patients’ bladders to visualize live cancer cells and the surrounding blood vessels within the tumor. “Real-time cancer imaging will allow us to perform image-guided surgery through precise ‘optical biopsy’ of the cancerous regions without the time delay of a traditional biopsy,” Dr. Liao explains.

In his clinical work, which focuses on minimally invasive urologic surgery and urologic oncology, Dr. Liao has often used the operating room to generate and test new ideas. The patients he sees are mostly veterans who come to Dr. Liao through the VA hospital affiliated with Stanford. “My goal is to deliver state-of-art urological care for these patients, who have done a lot for the country and are a joy to care for,” Dr. Liao says, adding: “This is really an ideal job. I’m very appreciative of the training and mentors I had at UCLA, where the concept of working collaboratively and thinking outside the box was crystallized for me.”

“That blurring of those traditional lines has continued to be a theme for me.”



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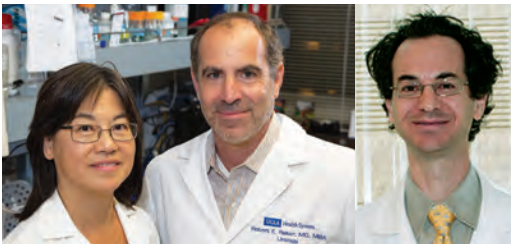
U.S. News & World Report's
Best Hospital Survey ranks UCLA as
the No. 5 hospital and UCLA Urology
as the No. 4 department in the country.



UCLA Medical Group ranks as
one of California's top-performing
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UCLA Urologists Receive Major Funding for Stem Cell Research



Anna Wu, PhD, Robert Reiter, MD, MBA, and Gerald Lipshutz, MD

Two UCLA Urologists are among four researchers from UCLA's Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research who received awards totaling approximately \$13 million from the California Institute for Regenerative Medicine (CIRM), the state's stem cell agency. The UCLA researchers received four of the 12 Early Translational Research Awards from the agency; no other institution received more than one.

The awards, announced in August by the Independent Citizens Oversight Committee, CIRM's governing body, included approximately \$4 million to a group headed by Robert Reiter, MD, MBA, Bing Professor of Urologic Research and director of UCLA Urology's Prostate Cancer Program; and approximately \$1.8 million to a group headed by Gerald Lipshutz, MD, associate professor of urology and surgery.

Dr. Reiter's grant will support research in developing a type of drug called a monoclonal antibody to target castration-resistant prostate cancer cells. Castration-resistant prostate cancer is an aggressive, recurrent form of the disease. This potentially transformative treatment for cancer patients could eliminate the cancer stem cells responsible for recurrent disease and lead to long-term remissions. Anna Wu, PhD, professor and vice chair in the Department of Molecular and Medical Pharmacology, is the co-principal investigator of the grant.

The CIRM grant awarded to Dr. Lipshutz will support his effort to develop a treatment for arginase deficiency, a rare genetic disorder of the liver that causes stiffness and muscle spasticity, slower-than-normal growth, developmental delay and eventually tremors, seizures and intellectual disability. Dr. Lipshutz's group is seeking to develop a source of gene-corrected liver-like cells for treating patients with this disease.

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