



# UCLA UROLOGY

UPDATE



Left: In October, the UCLA Institute of Urologic Oncology (IUO) moved into the third floor of the Edie & Lew Wasserman Building. Right: At the dedication (l. to r.): IUO director Arie Belldegrun; Mark S. Litwin, UCLA Urology chair; and IUO associate director Stuart "Skip" Holden.

## Institute of Urologic Oncology: New Era of Patient-Centered Care

For the approximately 400,000 Americans diagnosed with kidney, bladder, testicular or prostate cancer each year, the anxiety associated with the diagnosis is often increased by the need to make multiple appointments with a slew of disparately located specialists. At a time when they need comfort and compassion, many patients find themselves mired in a process that can take weeks, and often yields confusing or conflicting advice.

The UCLA Institute of Urologic Oncology (IUO), which in October moved into dedicated space on the third floor of the Edie & Lew Wasserman Building at UCLA, represents a dramatic break from the traditional approach, providing a "one-stop shop" for patients with urologic cancers – and eliminating the need for multiple visits and disjointed decision-making. In addition to a more personalized and convenient experience, the IUO aims to advance treatment and improve outcomes through better coordination and communication among a multidisciplinary team of experts.

"The UCLA Institute of Urologic Oncology is leading medicine into a new era of patient-centered care," says UCLA Chancellor Gene Block. "This commitment to improving the experience of patients by bringing together all of the specialists they need represents an important step forward for urologic cancer patients, as well as a model for all of medicine."

"This is a true multidisciplinary collaboration to improve the quality of care for our patients," says A. Eugene Washington, MD, MSc, vice chancellor

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for UCLA Health Sciences and dean of the David Geffen School of Medicine at UCLA. “Having everyone working in a coordinated fashion to provide the best individual care for the patient promises to improve outcomes as well as making the care more cost-efficient. It will also foster the types of conversations that can lead to ideas that can result in breakthrough treatments.”

Arie Belldgrun, MD, director of the IUO, began pushing for the idea of bringing together urologic cancer specialists in shared space after seeing how successful it was for the UCLA Kidney Cancer Program, of which Dr. Belldgrun serves as surgical director. “All the patient knows is that he or she has cancer, with different options for treatment,” Dr. Belldgrun says, “and dividing people into separately operating departments doesn’t make sense from that perspective.”

At the IUO, members of all disciplines involved in caring for patients with urologic cancers are part of the same team – urologic oncologists, including those who perform minimally invasive robotic surgery; medical oncologists; diagnostic and interventional radiologists; pathologists; nurses; basic scientists; and clinical trials specialists. Working together, these experts provide seamless, fully integrated care to address the comprehensive health needs of patients. This patient-centered care occurs in a state-of-the-art facility awash in open space and natural light. The Wasserman Building’s award-winning design by Michael Palladino of Richard Meier & Partner Architects houses not only the IUO, but also UCLA’s Stein Eye Institute and Department of Neurosurgery.

All of this was made possible by support from donors. Singer and actor Steve Lawrence made a lead gift to the IUO to honor his late wife and performance partner, Eydie Gormé, who died in August 2013. The gift will establish the Steve Lawrence and Eydie Gormé Patient Center within the UCLA Institute of Urologic Oncology, which will serve as the waiting area for the IUO’s new consultation clinic. The patient center, featuring plush seating surrounded by artwork provided by the Los Angeles County Museum of Art and a large-screen monitor presenting educational information to visitors, is designed to be a space of healing while providing added privacy for IUO patients. The gift is especially meaningful because of the relationship the Wassermans had with Steve Lawrence and Eydie Gormé – they were fans and friends of the performing duo, often flying around the country to attend performances. With programs in prostate, bladder, kidney and testicular cancer, along with clinical trials and educational fellows, the IUO is offering many other opportunities for donor support.

Beyond making the experience more convenient for patients, the IUO’s dedicated facilities and collaborative environments can foster better communication among the scientists, physicians and other healthcare professionals – ultimately leading to better patient care, enhanced training and education,

and more rapid translation of laboratory findings to new and improved treatments. “When everyone is sitting down at one time discussing the case and coming up with the best plan for the individual patient, that removes the discontinuity of care that can occur when patients see different specialists on different days,” says Mark S. Litwin, MD, MPH, professor and chair of UCLA Urology. Dr. Litwin notes that the informal “water-cooler” conversations made possible by the shared space afford additional opportunities for specialists to engage on the management of patients’ care. The IUO also provides an ideal setting for urologic oncology fellows by exposing them to mentorship from the full spectrum of cancer experts.

While cancer centers typically hold periodic conferences, known as tumor boards, in which all disciplines come together to discuss and reach a consensus on care for the most difficult cases, the IUO is taking the next step, providing what Dr. Litwin refers to as a “personalized tumor board” for every patient. “Patients and their families can sit in our consultation suite, and with the technology we have, they gain immediate access to the doctors from all of the disciplines involved in their care,” he explains. “We can have a meeting of the minds, pull up x-rays and pathology slides, discuss treatment options, and come up with the best plan to meet the needs of that individual patient.”

Dr. Belldgrun also expects that the increased face time among clinicians, basic scientists and translational researchers will expedite the development of new urologic cancer treatments. “Working together to treat the whole patient, we can move innovative therapies out of the lab and into practice much sooner and ensure that patients receive the best treatment for any stage of disease,” he says.

The IUO will enhance patients’ access to clinical trials of the latest urologic cancer drugs. “There are hundreds of different types of cancers, each with their own molecular signatures,” Dr. Belldgrun says. “The best strategy is to develop tumor-specific therapies and use them to treat the subset of patients most likely to respond.” As an example, he notes, the drug Zytiga (abiraterone acetate), which recently received FDA approval for the treatment of late-stage prostate cancer, was initially offered at UCLA in 2005. Sunitinib, a new class of targeted kidney-cancer therapy, was first tested at UCLA in 2003; it was approved in 2006, and since then a number of drugs equally or more effective have been introduced, each of them available to UCLA patients through clinical trials prior to FDA approval.

All of these advantages can lead to better outcomes for patients with urologic cancers, notes Dr. Belldgrun. “We are challenging the traditional model of academic departments operating independently of each other with this new entity, which I like to call Switzerland,” he says. “It’s one group working together for the benefit of patients.”

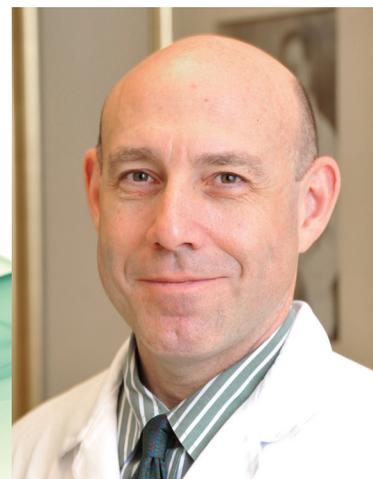


Top photo (l. to r.): Dr. Rebecka Belldgrun; UCLA Institute of Urologic Oncology (IUO) director Arie Belldgrun; and UCLA Urology supporters Sherry Lansing and William Friedkin.

Middle photo (l. to r.): UCLA Urology supporters Tony Pritzker, Henry Gluck, Arline Gluck, Steve Gordon and Laura Davis Gray.

Bottom photo (l. to r.): Michael Palladino, Wasserman Building architect; Dr. Arie Belldgrun, IUO director.

# Letter from the Chair



*We are fortunate to be urologists – in a position to save and improve countless lives through our knowledge and skills.*

For many, the end of the calendar year is a time for reflection. For those of us who are part of UCLA Urology, when we reflect on our professional lives we never fail to appreciate how fortunate we are. UCLA Urology is renowned for its leadership in patient care, research and service to the community. We are part of one of the world's top academic medical centers within one of the world's elite universities – and as if that weren't enough we are in sunny Southern California, part of the great city of Los Angeles. Beyond all of that, we are fortunate to be urologists – in a position to save and improve countless lives through our knowledge and skills.

We strongly believe in the principle that with such fortune comes obligation. We are well aware that many here in Los Angeles and around the world are not as fortunate, whether due to difficult economic circumstances, health problems, or both. So we give back to our community, and to impoverished communities overseas where urologic expertise is in short supply.

The ongoing work of three UCLA Urology faculty epitomizes this commitment. In Uganda and other low-resource settings, Christopher Tarnay, MD, regularly brings a medical team to improve women's healthcare. In addition to performing life-changing surgeries on women with obstetric fistula – an all-too-common complication of childbirth in many low-income countries – Dr. Tarnay and colleagues educate local surgeons on the procedure so that they can continue the work after the team has left. Steven Lerman, MD, makes annual trips to Guatemala with pediatric urology colleagues around the country to perform complicated surgeries that are otherwise difficult for the population to access because of the lack of specialized training in the region. To help build that capacity, Dr. Lerman and colleagues invite local urologists to shadow them during their visits. And here in Los Angeles, Stanley Frencher, MD, MPH, is addressing the needs of medically underserved communities not only in his role as chief of urology at Martin Luther King Jr. Outpatient Center, but also through community-based participatory research and community outreach in South Los Angeles. Through work with local and national community organizations and partners, along with talks and presentations at churches, barbershops, community/senior centers and elsewhere, Dr. Frencher engages with men and women of color on issues of wellness, disease prevention, and how and when to obtain treatment for urologic conditions.

The work of these and other faculty and staff in making communities healthier doesn't come with our job descriptions. It is not compensated, and often it goes unheralded. But it is an integral part of UCLA Urology's mission. We are indeed fortunate to be in the position to make a difference in people's lives, and we are committed to taking advantage of that fortune to the fullest extent.

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

## Philanthropy's Impact on UCLA Urology Research and Care

These are exciting times in biomedical research, with scientists taking advantage of ever more powerful tools to learn about the causes of diseases and develop new strategies to treat and prevent them. As one of the world's top urology departments within a preeminent research university, UCLA Urology is a leader in efforts to unravel the genetic and molecular processes underlying urologic diseases, and then bring these discoveries to fruition to save and improve lives.

But at this time of unprecedented opportunity, research funding from the National Institutes of Health (NIH) is shrinking. Federal budget sequestration mandates an automatic, across-the-board 5.5 percent annual cut in NIH support, and this comes on the heels of a decade's worth of budgets that have failed to keep pace with inflation. As a result, private philanthropy has never been more essential. Such support serves as a critical catalyst for promising research, in many cases enabling investigators to provide the initial results that they need to secure larger grants from the government or industry.

As the following examples attest, philanthropic supporters of UCLA Urology are making a huge impact on our research and programs – and in doing so, touching the lives of countless patients and their families.

**Jeffrey and Lori Frieden** have made multiple donations supporting the work of **Shlomo Raz, MD**, and UCLA Urology's Pelvic Medicine and Reconstructive Surgery (PMRS) fellowship program. The first gift came in August 2013 to support the PMRS fellowship program headed by Dr. Raz. In March 2014, less than a year later, the couple made an additional donation to support the PMRS suite remodeling and expansion.

Dr. Raz is widely renowned in the field of female urology, having pioneered innovations that are now standards of care worldwide for vaginal and uterine prolapse, urinary incontinence, pelvic floor disorders, voiding dysfunction, and surgical reconstruction after cancer. The Friedens are strong supporters of Dr. Raz and his training

program and are invested in continuing his legacy through the fellowship program.

Generous support from philanthropic individuals and organizations enables UCLA Urology residents to take a year away from their clinical training to immerse themselves in research on an important urological issue. **Aaron Laviana, MD**, UCLA Urology resident, recently received funding from the **H & H Lee Surgical Research Scholarships Program** to support his group's research and development of an active surveillance program for renal cell carcinoma. The project aims to better understand when to treat such tumors – minimizing life-altering side effects while improving the quality of life for these patients. Through such a program, effective treatment can begin sooner when needed, and if not, clear reassurance can be provided.

H & H Lee Surgical Research Grants provide funds to support the scholarly work of UCLA surgical residents who are completing a one- or two-year research fellowship as part of their clinical training.

Funding since 2006 from the **Jean Perkins Foundation** has been instrumental in the prostate cancer research of **Isla Garraway, MD, PhD**, leading to key findings that have made it possible for Dr. Garraway to obtain major federal grants. The foundation now also supports research by **Leonard Marks, MD**.

Despite early detection and a wide range of potentially curative interventions, nearly 30,000 men die of prostate cancer in the United States each year. Dr. Garraway and colleagues study the characteristics of benign prostate stem cells – a strategy that has enabled them to identify a biomarker, keratin 13 (K13), that facilitates visualization of these cells in adult prostate tissue specimens. Among other things, support from the Jean Perkins Foundation has allowed Dr. Garraway's lab to develop novel tissue regeneration models for the further evaluation of prostate tumors induced by cells of origin. An understanding of the developmental state of the prostate cell that is most susceptible to tumor

initiation enables biomarkers to be developed and evaluated as tools for predicting cancer risk and severity, which could improve the interpretation of prostate biopsies.

With funding from the non-profit **Phase One Foundation**, **Karim Chamie, MD**, is investigating a new method for delivering chemotherapy in the treatment of urothelial cancer – a hydrogel polymer that is liquid at room temperature but, when combined with chemotherapy, takes the shape of the cavity of interest at body temperature. If successful, this strategy could improve the ability to deliver chemotherapy to the targeted site while minimizing side effects. It could also substantially reduce the number of urothelial cancer patients who have their kidneys, or even bladders, removed unnecessarily.

Phase One fills a critical niche – jump-starting promising cancer therapies through its support of Phase I clinical research and treatment programs. By supporting research at the earliest stage, Phase One provides the spark that is so critical to taking discoveries from the laboratory to the clinic, laying the groundwork for the types of larger-scale studies that are more likely to be funded by pharmaceutical companies and the National Institutes of Health.

**Peter Morton**, co-founder of the Hard Rock Café restaurant chain, has made a gift to support the research of **Jacob Rajfer, MD**, professor of urology at UCLA and chief of urology at Harbor-UCLA Medical Center.

Thanks to Dr. Rajfer's groundbreaking work over the years, UCLA is one of the leading research centers in the field of impotence. The work of Dr. Rajfer and colleagues contributed to the discovery at UCLA of the chemicals that cause erection, ultimately paving the way for Viagra and other drugs to treat impotence. During Dr. Rajfer's tenure at Harbor-UCLA Medical Center, many clinical aspects of urology – including pediatrics, renal transplantation, oncology and andrology – have been expanded and a number of important discoveries have been made.

Pictured from left to right: Dr. Aaron Laviana, Dr. Bernard Churchill, Dr. Isla Garraway, Dr. Jacob Rajfer, Dr. Jeffrey Veale, Dr. Karim Chamie, and Dr. Shlomo Raz.



## DONOR SPOTLIGHT

When **Curtis Reis**' kidney function deteriorated to the point that he needed a transplant, his wife was screened as a potential donor – and found to be a match. Many patients in need of a transplant are not so fortunate. Following his successful surgery, Mr. Reis was moved to learn about the **UCLA Kidney Exchange Program**, directed by **Dr. Jeffrey Veale**, which increases the donor pool by matching patients who have an incompatible donor with other incompatible donor-recipient pairs, or starts a chain when an altruistic donor gives to an incompatible pair, who “pay it forward” to the next pair, and so on.

To enrich and expand the program, the Reises established a foundation. The funding has enabled the UCLA Kidney Exchange Program to become the largest single-center chain program in the world, having transplanted more than 100 patients, many of them immunologically and surgically complex. It has also been used to train two fellows at Harbor-UCLA Medical Center, as well as to hire a coordinator and social worker for the expanding program.

The groundbreaking work of **Drs. Bernard Churchill, David Haake** and colleagues has the potential to change medicine and save lives by significantly decreasing the amount of time it takes to determine susceptibility to antibiotics. That work has been made possible by the consistent and generous support over the course of more than a decade from two major benefactors: **Wendy and Ken Ruby** and **Judith and Robert Winston**.

The Rubys and Winstons have donated tremendously over the years – most recently, each donating to the Wendy and Ken Ruby Fund for Academic Excellence in Pediatric Urology to support continuing research in “Revolutionizing Diagnostic Microbiology in Body Fluids.” A previous gift from the Winstons made Dr. Churchill the first holder of the Judith and Robert Winston Chair in Pediatric Urology.

**We invite you to join these generous supporters in our quest to heal humankind, one urological patient at a time. For more information on how to become a supporter, visit <http://giving.ucla.edu/urology> or call (310) 794-2529.**

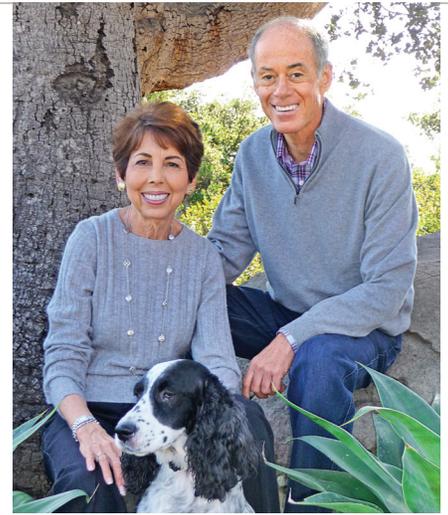
**Connie Frank**, a philanthropist and patient advocate, has spent the last three decades supporting organizations and projects that improve the patient care experience, particularly for those with long-term chronic diseases. The **Connie Frank Kidney Transplant Center at UCLA**, scheduled to open in early 2015, represents a major step in that direction for one of the world's leading kidney transplant programs.

Ms. Frank and her husband **Evan Thompson** have funded a center that will afford the kidney transplant program substantially more space – expanding from a 3,500-square-foot shared suite to an approximately 10,000-square-foot suite exclusive to the center, located on the fifth floor of the Peter Morton Medical Building (200 UCLA Medical Plaza). With 14 exam rooms along with on-site blood-draw and infusion stations wholly dedicated to pre- and postoperative kidney transplant patients, The **Connie Frank Kidney Transplant Center at UCLA** will provide a much more comfortable and convenient environment for patients and their care team.

“In many cases these are individuals who are very ill and fatigued,” says Ms. Frank, who has established a similar center at UC San Francisco. “They may be anxious and stressed, and often they have come from long distances to be here. From the moment they arrive in the waiting room through their experience seeing the doctor, nurse coordinators and social worker, it is important to have a nurturing environment. That is my goal in supporting this center.”

“Connie Frank and her family have made a major commitment to improving the lives of UCLA patients with kidney failure,” says **H. Albin Gritsch, MD**, surgical director of kidney transplantation and associate professor in the UCLA Department of Urology. “The new kidney transplant clinic is a calm and inspiring space for the multidisciplinary Kidney Transplant Program to provide all of the patient care that can be delivered in an outpatient setting. The beautiful waiting room, conference center, and examination and treatment rooms all have her personal attention to details designed to elevate the patient's spirits.”

“Thanks to Connie's generosity we will have the capacity to see more transplant patients with reduced wait times, and it gives us the option to perform ‘in-house’ infusions,”



adds **Jeffrey L. Veale, MD**, associate clinical professor of urology and director of the **UCLA Kidney Exchange Program**, which increases the donor pool by matching patients who are unable to receive a kidney from a loved one or friend with other incompatible donor-recipient pairs. “The pure aesthetics of the center are off the charts.”

A passion for philanthropy is a message that was given to Ms. Frank by her parents and grandparents. “They were average middle-class people who always stressed the importance of being charitable – if you didn't have money, you gave of your time,” Ms. Frank says. She has instilled the same sense of obligation in her own children and grandchildren: Rather than holiday presents, they receive funds from Ms. Frank's foundation that they can use to donate to charitable organizations of their choosing.

Ms. Frank first became interested in assisting patients with kidney disease approximately 30 years ago, when she held annual fundraising events to raise money to enable children with kidney disease to attend summer camp through a National Kidney Foundation program. By supporting the effort of the **UCLA Kidney Transplant Program** – where each year approximately 300 patients undergo the life-changing surgery and several thousand receive ongoing pre- and post-transplant care – Ms. Frank will make an impact on numerous patients and their families.

“So many lives are changed through this program – not just for patients, but also for the loved ones who have cared for them,” Ms. Frank notes. “These are really miracle operations, and to have the opportunity to support that work is very rewarding.”

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



# Benign Prostatic Hyperplasia (BPH)

*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.*

**B**enign prostatic hyperplasia (BPH) is a non-cancerous condition in which the enlarged prostate squeezes or partially blocks the surrounding urethra – the tube that carries the urine from the bladder out of the body. This can lead to bothersome urinary symptoms that are familiar to a large proportion of men during middle age and beyond. Many assume that BPH is simply an inevitable part of aging, and that they must live with the symptoms. But although it has nothing to do with cancer, untreated BPH can lead to serious complications, ranging from urinary tract infections and stones in the bladder or kidney to urinary retention and kidney damage. Moreover, there are now many more effective treatment options from which to choose than in the past.

No single treatment is best for everyone, and much depends on the symptoms and individual preferences. For minor symptoms, certain lifestyle strategies can help, including simple changes to limit beverages consumed at night; lower alcohol and caffeine consumption; reduced intake of diuretics, antihistamines and

decongestants; and adopting a more active lifestyle. Medications can also be very effective. These include drugs that take aim at BPH symptoms – so-called alpha blockers that relax the bladder muscle to help improve urine flow; and those that attack the problem directly by shrinking the prostate and slowing its rate of growth, known as 5-alpha-reductase inhibitors.

For men with moderate symptoms who are looking for more “natural” alternatives to BPH medications – either because the drugs’ side effects are intolerable or because they simply don’t like the idea of being on medication – options such as herbal treatments have become more widespread. The most common among these are palmetto, pygeum africanum, and beta-sitosterol. When used appropriately, herbal medicines tend to have few side effects, and many men with mild symptoms have found that they provide relief, either alone or in conjunction with FDA-approved drugs. However, several clinical studies have failed to find a benefit of these therapies when compared with a placebo.

Transurethral resection of the prostate (TURP) has long been the mainstay of BPH surgery, but less invasive alternatives are now available, with the potential for equal results. With TURP, the obstructing portion of the enlarged prostate tissue is removed. Although effective, TURP

requires hospitalization and catheterization for 48 hours or more and comes with risks associated with anesthesia, bleeding during and after the operation and, in rare cases, fluid absorption that can be life-threatening.

One alternative that has emerged is laser prostate surgery. Like TURP, the so-called GreenLight Photovaporization technology aims to create a channel in the urethra through which men can urinate more freely – but the surgery is considerably less invasive than TURP and performed on an outpatient basis. Instead of cutting tissue out, the newer technique creates the channel by vaporizing the tissue using laser energy. Another alternative is electrovaporization (“bipolar TURP”), which has the same benefits of laser treatment but is associated with fewer postoperative overactive bladder symptoms, which can occur after all types of prostate surgery. An even less invasive option, thermotherapy, delivers microwave energy through a catheter inserted into the bladder in an effort to shrink the inside of the prostate. The office-based outpatient procedure takes an hour or less and requires only mild sedation. The downside to the thermotherapy is that it takes 6-8 weeks for the impact of the treatment to be realized, and the results are not comparable to those of TURP or laser surgery.

UCLA Urology faculty who treat BPH include Drs. Chad Baxter, Karim Chamie, Gregory S. Jack, David A. Leff, Leonard S. Marks, Allan Pantuck, Robert E. Reiter, Christopher Saigal, and Robert B. Smith.

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



## UCLA Urology Supports Movember

**D**uring the month of November, UCLA Urology faculty and staff participated in Movember as team “Mo Bruins” to raise funds and awareness for men’s health. The Movember Foundation (<http://us.movember.com/>) aims to change the way men’s health issues are understood and discussed – putting a fun twist on this serious topic by challenging men to grow mustaches during November. Since its inception in 2003, the Movember Foundation has raised more than \$580 million for prostate cancer, testicular cancer and men’s mental health research. The Movember Foundation works closely with the Prostate Cancer Foundation, which has given more than \$28 million to UCLA departments, most notably the Department of Urology.

## Dr. Alec Koo



Former UCLA Urology resident Alec Koo, MD, is helping to fill an important niche in Los Angeles through his leadership in the development of a large, successful community urology group practice in response to the changing face of medicine.

After completing the UCLA Urology residency program in 1992, Dr. Koo joined two other urologists in private practice in the South Bay community of Torrance. In 2007, he began talking with a number of other urologists around Los Angeles County about coming together as a larger group.

“Up to that time, most private-practice urologists were in small groups,” Dr. Koo says. “But with changes in healthcare, particularly after the advent of the Affordable Care Act, there is a greater emphasis on demonstrating the quality and value of the care we deliver. Small groups do not have the infrastructure or resources to deliver that type of care, and we felt that pooling the resources of a larger group of urologists was the best way to meet this growing challenge.”

In 2008, Dr. Koo was part of an initial group of 12 urologists – six in the South Bay area and six in the San Fernando Valley – who formed Urology Specialists of Southern California. The practice, which in 2013 was renamed Skyline Urology, has grown to approximately 50 urologists as well as 10 physician assistants and nurse practitioners, operating in 29 clinic locations stretching from Simi Valley to Mission Viejo. Dr. Koo, who continues to practice in Torrance, is one of the group’s managing partners.

In his own practice, Dr. Koo sees all types of urology cases – although because sub-specialization is promoted within Skyline Urology, he is able to refer patients who need particular types of care to specialized partners within the group. After more than two decades, Dr. Koo still draws the most satisfaction from his daily interactions with patients. “Everything still comes down to the same reason I went into medicine in the first place,” he says. “It’s the privilege of being held as a confidant – someone who is in that patient’s corner of the boxing ring against the disease. The camaraderie you develop and the ability to participate in a shared decision-making process all add up to a special kind of bond.”

In his approach to patient care, Dr. Koo continues to draw on his experience as a UCLA Urology resident. “UCLA was, and is, the mecca of urology training,” he says. “It’s always been a place where trainees learn not just surgical techniques and disease-state management, but also an approach to patient care that is analytic and compassionate at the same time, combining science and art in the delivery of urologic care.”

# Kudos

**Team UCLA** earned first place in the Stop Cancer 10K and 5K Run/Walk in September. More than 25 colleagues and their friends and families registered and helped to raise over \$2,300 for the Stop Cancer Foundation, which has supported many UCLA Urology researchers in their efforts to develop cutting-edge cancer discoveries through basic science and clinical trials.

**Timothy Daskivich, MD**, UCLA Urology fellow, had his abstract, “An Age-Adjusted Comorbidity Index for Prediction of Long-Term, Other-Cause Mortality in Men with Prostate Cancer,” accepted for presentation at the Society of Urologic Oncology’s annual meeting in December. His was one of four abstracts selected by the Society of Urologic Oncology’s Young Urologic Oncologists section.

**Christopher Filson, MD**, UCLA Urology fellow, received a postdoctoral fellowship award from the American Cancer Society entitled “Understanding Surveillance Strategies for Veterans with Prostate Cancer.”

**Alan L. Kaplan, MD**, UCLA Urology resident, published “Measuring the cost of care in benign prostatic hyperplasia using Time Driven Activity-Based Costing (TDABC)” in *Healthcare: Journal of Delivery Science and Innovation*, a new publication being widely distributed to policy makers. The manuscript describes the application of a novel strategy to measure the cost of care in BPH. A second manuscript, “Use of patient ethnography to support quality improvement in benign prostatic hyperplasia,” was accepted for publication in the same journal. **Dr. Christopher Saigal**, professor and vice chair of UCLA Urology, was Dr. Kaplan’s mentor and senior author on both publications.

**Sally Maliski, PhD, RN**, associate professor of nursing and urology, was awarded her first Research Project Grant Program (R01) funding from the National Institute of Nursing Research of the National Institutes of Health for her proposal, “Staying Strong and Healthy during Androgen Deprivation Therapy for Latino Men.” The purpose of the study is to test a program designed to promote health for Latino men starting androgen deprivation therapy for prostate cancer through case management and mobile health strategies. Dr. Maliski also had her manuscript, “Latino men and familial risk communication about prostate cancer,” accepted for publication in *Oncology Nursing Forum*.

**Robert Reiter, MD**, professor of urology, had his manuscript, “Ultra-sensitive PSA following prostatectomy reliably identifies patients requiring post-op radiotherapy,” accepted for publication in the *Journal of Urology*.



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U C L A



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

UCLA Medical Group ranks as  
one of California's top-performing  
physician organizations.



## SPORE in Prostate Cancer Symposium Held

The UCLA Specialized Program of Research Excellence (SPORE) in Prostate Cancer hosted a public research symposium at the UCLA California NanoSystems Institute (CNSI) Auditorium in September. The symposium, organized by SPORE principal investigator Dr. Robert Reiter and SPORE co-principal investigator Dr. Owen Witte, focused 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.



SPORE principal investigators, symposium speakers and External Advisory Board members (l. to r.): Westley Sholes, Joel Nelson, Fred Waldman, Hsing-Jien Kung, Maha Hussain, Karen Knudsen, Tanya Stoyanova, Phillip Febbo, Owen Witte, Peter Nelson, Robert Reiter, and Matthew Rettig. For more information: <http://spore.healthsciences.ucla.edu/pages/>

## Save the Date

**UCLA State-of-the-Art Urology**

**March 12-15, 2015**

**The Ritz-Carlton**

**Marina del Rey, CA**

UCLA State-of-the-Art Urology explores the most challenging management problems facing the practicing urologist. Distinguished faculty present current information and techniques in urologic trauma, prosthetic surgery, female urology, reconstructive and urethral stricture surgery, overactive bladder, incontinence, management of renal stones, endourology, robotics, urologic oncology (including kidney, prostate, bladder, and testis cancer imaging and ablative therapies), varicocele management, infertility, hypogonadism, Peyronie's disease, urologic surgery techniques and managing complications, and pediatric urology. The conference emphasizes interaction among participants and faculty and allows ample time for case presentations and group discussions, ensuring an outstanding educational experience for attendees.

**For more information,**  
please visit [www.cme.ucla.edu/courses/](http://www.cme.ucla.edu/courses/)

### UPDATE

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