



UCLA UROLOGY

UPDATE



UCLA Urology brings state-of-the-art care and research to veterans at the VA West Los Angeles Medical Center (above left), as well as at the VA Sepulveda Ambulatory Care Center and the VA Los Angeles Ambulatory Care Center. Pictured above right: Carol Bennett, MD (r.), UCLA Urology professor and chief of urology at the VA West Los Angeles Medical Center, with Isla Garraway, MD, PhD, UCLA Urology associate professor and an attending urologist at the VA.

“A Life-Affirming and Rewarding Experience”: UCLA Urology at the VA

For the UCLA Urology faculty and trainees who staff the Department of Veterans Affairs West Los Angeles Medical Center (WLA) and affiliated VA facilities throughout the VA Greater Los Angeles Healthcare System (VAGLAHS), the time spent in clinical, research and training activities carries a special significance.

“Our physicians feel to a person that they are here to serve the veterans, and that it’s a great privilege to take care of them,” says Carol Bennett, MD, UCLA Urology professor and chief of urology at WLA. “There are challenges, but overall it is a life-affirming and rewarding experience.”

With UCLA Urology staffing the VA medical center in West Los Angeles as well as the VA Sepulveda Ambulatory Care Center (headed by Drs. William Aronson, Jeremy Shelton and Farhad Motamedi) and

the VA Los Angeles Ambulatory Care Center (headed by Dr. Scott Zeitlin), patients receive state-of-the-art urology services. “We strive to provide the vets with the same high-quality care that we provide to patients at UCLA, which is consistently ranked as the best hospital in the West,” says Dr. Isla Garraway, MD, PhD, UCLA Urology associate professor and an attending urologist at VAGLAHS. That includes the availability of minimally invasive robotic surgery, the latest imaging technologies

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UCLA Urology faculty who staff the Department of Veterans Affairs West Los Angeles Medical Center and affiliated facilities throughout the VA Greater Los Angeles Healthcare System include (above, left to right) Dr. Isla Garraway, Dr. Carol Bennett, Dr. Jeremy Shelton, Dr. Gladys Ng, Dr. Christopher Saigal, Dr. William Aronson, Dr. Jonathan Bergman, Dr. Ja-Hong Kim, and Dr. Matthew Rettig. Opposite page, below: Dr. Garraway with Josemanuel Saucedo, study coordinator.

continued from cover

and the newest medications. It also includes the ability of patients to enroll in UCLA-run clinical trials, both at the VA and at UCLA, that might not otherwise be accessible.

The veterans served by the UCLA Urology faculty and trainees are highly diverse and, on average, older and sicker than the general population and lower on the socioeconomic spectrum. “Many of our patients have chronic conditions — diabetes, hypertension, and cardiovascular disease are common — which makes the urological care more complex,” Dr. Bennett says. Mental health problems, including post-traumatic stress syndrome, also need to be considered.

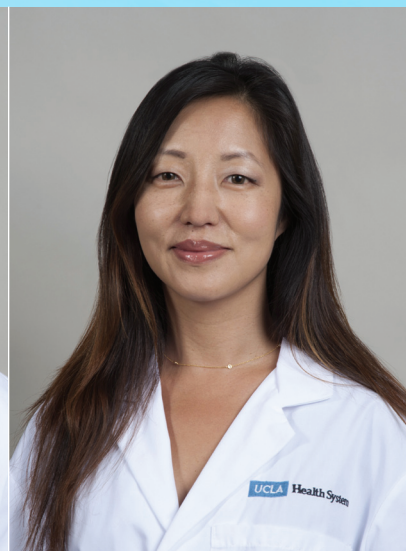
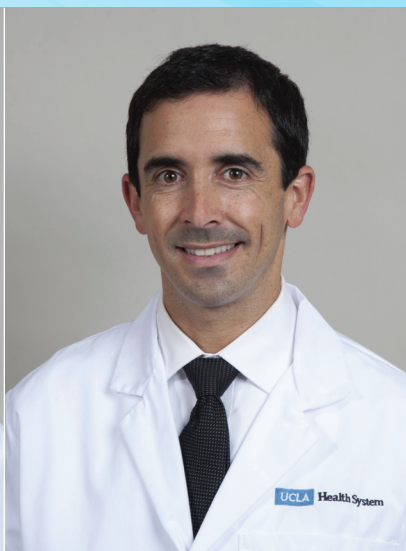
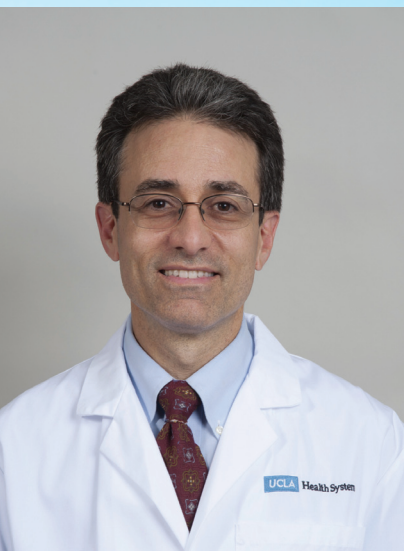
Perhaps the biggest challenge is that many patients have difficulty accessing care. “Even though the VA is open to any veteran, they often come from very far away, and many have economic hardships,” Dr. Garraway explains. “That means the onus falls on the physician to work with patients and support staff to ensure appropriate follow-up and continuity of care is achieved.” Some veterans have to travel as much as 4-6 hours for an appointment, Dr. Bennett notes. To accommodate these patients, the UCLA Urology team offers a remote-access telemedicine clinic in which patients can be evaluated and in some cases treated without ever needing a face-to-face visit at a VA facility.

In fact, Dr. Bennett says, more than a dozen urology clinics have been established at the three Los Angeles-

area sites to meet the specific needs of the population. This includes a clinic for female veterans, who are seen by Dr. Ja-Hong Kim of UCLA Urology’s Division of Pelvic Medicine and Reconstructive Surgery; and one for patients who need comprehensive urethral reconstructive surgery, spearheaded by UCLA Urology’s Dr. Gladys Ng. Patients with erectile dysfunction and infertility are seen by Dr. Zeitlin. A bladder tracker system, designed by UCLA Urology’s Dr. Jeremy Shelton, is used to track, evaluate and manage the care of bladder cancer patients. In addition, UCLA Urology’s Dr. Jonathan Bergman, who chairs the ethics committee at the VA, has developed a program designed to ensure that treatment desires and other needs at the end of life are appropriately addressed early in the disease course for terminally ill patients.

A significant amount of research also takes place at VAGLAHS, with clinical trials for prostate cancer, bladder cancer, erectile dysfunction and other urologic conditions. Dr. Matthew Rettig has taken the lead on VAGLAHS’s collaboration with UCLA on a two-year project to provide a streamlined and patient-friendly system for Los Angeles-area veterans to enroll in early-phase cancer treatment trials being led by UCLA scientists. Dr. Bennett’s research focuses on the treatment of neurogenic bladder disorder, sexual dysfunction, and infertility. Dr. Christopher Saigal, in addition to seeing VA patients, is conducting research to improve treatment for men with prostate cancer. Dr. Garraway, who conducts basic and translational research focusing on prostate cancer in her lab at

“Even though the VA is open to any veteran, they often come from very far away, and many have economic hardships.”



UCLA invites her VA prostate cancer patients to participate in clinical studies in which molecular tests are conducted on their tissue and blood specimens. Dr. Shelton is using informatics to develop electronic medical record templates and other tools that improve the diagnosis and continuity of care at VA.

While UCLA Urology brings substantial benefits to VA patients, the department also reaps substantial rewards. Residents and medical students enjoy a unique training experience as part of the large VAGLAHS health care system, working with diverse patients and seeing a high concentration of urologic cases that are among the most common in older men, including prostate cancer, benign prostatic hypertrophy, erectile dysfunction, and stone management.

Similarly, while UCLA Urology offers the VA patients access to clinical trials that they might not otherwise have, the ability to tap into the VA's large patient population is a boon for the department's research mission. "These patients tend to be very willing to participate, even if they might not themselves benefit, and I think that is because there is such a culture among vets of helping others," Dr. Garraway says. Moreover, because so many of the veterans receive all of their care within the VAGLAHS health care

system, which has one of the longest-standing electronic medical records, there is a wealth of data that researchers can draw from to study the natural history of disease processes.

"Service to one's country is noble. These individuals have sacrificed so much, and to be able to provide care for them is a great honor."

For Dr. Garraway, the best part of working with the veterans population is knowing that she and her UCLA Urology colleagues are making a difference. "A lot of these patients have minimal support systems," she says.

"They really appreciate it when you take extra time to listen to them and to counsel or explain

things to them. I believe that our urology team makes every effort to provide patient-centered care, and they appreciate that."

Dr. Bennett's devotion to the veterans is personal: Her father was a major in the U.S. Army. "Part of my dedication to the VA and the veterans is because of that connection and gratitude I feel toward my father," she says. "Service to one's country is noble. These individuals have sacrificed so much, and to be able to provide care for them is a great honor."



He Championed Program for Low-Income Prostate Cancer Patients



Stanley Mikkelson, a prostate cancer survivor who worked tirelessly to advocate in Sacramento for a UCLA Urology-administered statewide program that has provided free high-quality prostate cancer treatment to more than 2,200 California men with little or no health insurance since it was founded in 2001, died in June at the age of 88.

Mr. Mikkelson was part of a group of individuals who started the California Prostate Cancer Coalition (CPCC) in 1997, and he continued to be active in

the organization's fight to eliminate suffering and death from prostate cancer until his passing. A major part of that advocacy involved IMPACT (Improving Access, Counseling and Treatment), which provides linguistically and culturally appropriate treatment to low-income, mostly minority men in their communities while empowering them to manage their prostate cancer care, as well as other health issues.

"Stan strongly believed that health care was a right, and that for the IMPACT program's patients to be denied basic health care or to receive substandard health care, on top of all of the other life challenges they faced, was not acceptable," says Laura Baybridge, the IMPACT program's original administrator and currently the chief administrative officer for UCLA Urology. "He led a group that made regular trips to Sacramento to meet with legislators and demand that the program continue to be funded. They would storm the capitol, visit every state legislator on the health or budget committees, and use stark language, insisting that men would die without the program."

IMPACT was originally funded through the state's tobacco tax, but when that funding dried up in 2003, the program's survival was threatened. Mr. Mikkelson rallied CPCC members behind the program, and after it was threatened again the next year, he led a CPCC team that worked closely with then-Sen. Deborah Ortiz to craft legislation that made IMPACT a permanent part of the state's budget, giving the program significantly more stability.

"When we told Stan and the other CPCC volunteers that IMPACT's future was in doubt, they learned to be experts in how Sacramento ran and became well known in the halls of the capitol," says Sarah Connor, former health team manager for IMPACT and currently research manager for UCLA Urology. "If we needed 500 phone calls to be made to a legislator's office in support of continuing the program, they would contact their support group members up and down the state and within an hour, those calls would be made. Stan was larger than life, with a great laugh and a determination that made all the difference in securing IMPACT for this underserved population."

HEALTHY AT EVERY AGE

New Treatment for Peyronie's Disease

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.

It's estimated that 12-15 percent of adult men have a curvature of the erect penis that makes intercourse difficult, and sometimes impossible. This condition, known as Peyronie's disease, is most often caused by a plaque or scar tissue in the fibrous coating of the erect penile body, leading the erect penis to curve upwards, right or left, and in some case downwards. The disorder can be painful and is often psychologically traumatic — lowering self-esteem, inhibiting normal sexual function and stressing relationships. It is also a condition typically suffered in silence. However, there are many treatment options, including Xiaflex, the first therapy approved by the U.S. Food and Drug Administration for Peyronie's disease.

Peyronie's disease treatment depends on how long the man has had the condition prior to seeking medical advice, how severe the deformity is, the quality of his erections and how bothered the man is by the disease. The first line of treatment typically involves pills or topical creams to the penis. Penile traction and vacuum erection devices are sometimes used in combination with pill or injection therapy.

An exciting recent development is collagenase clostridium histolyticum, or Xiaflex, which in 2013 became the first FDA-approved therapy for Peyronie's disease. Xiaflex is a biological enzyme that is injected by a urologist directly into the plaque. The enzyme digests the abnormal collagen deposits in the plaque, decreasing the abnormal force exerted on the penis. In clinical studies, men had a roughly 40 percent improvement in their curvature and reported significant reductions in the distress they suffered from the disease. Side effects were mild, including temporary pain, bruising and swelling. It is also possible to get a second round of injections if the curvature improves but remains more than 30 degrees. In addition, three different surgical options are available for men with significant Peyronie's disease that is not resolved through the medical or office procedures.

UCLA Urology's Dr. Jesse Mills and the team at The Men's Clinic at UCLA are at the forefront of treating Peyronie's disease both surgically and medically. Dr. Mills was a principal investigator for the late-stage clinical studies of Xiaflex prior to it becoming an FDA-approved treatment. At The Men's Clinic at UCLA, all options for Peyronie's disease are discussed with patients to help them arrive at the most appropriate choice.

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



Letter from the Chair



*“If you ask our faculty
and trainees about the
time they spend at the
VA, they will tell you
that it is their privilege.”*

UCLA Urology’s relationship with the three Veterans Administration facilities in Los Angeles, featured in this issue’s cover story, is one we take extraordinarily seriously. Our full-time faculty who see patients at the VA West Los Angeles Medical Center, VA Sepulveda Ambulatory Care Center and VA Los Angeles Ambulatory Care Center are extremely dedicated and talented physicians who care deeply about these patients. Many of the veterans they treat have no other insurance, and to have a direct line to one of the nation’s top urology faculties is extremely beneficial to them. Through the VA’s affiliation with a top academic medical center, patients also enjoy access to cutting-edge research, including clinical trials and new initiatives to improve medical decision-making and palliative care, among other programs.

But this is far from a one-way relationship. In fact, if you ask our faculty and trainees about the time they spend at the VA, they will tell you that it is their privilege to care for individuals who have served their country, often at great sacrifice. For our residents and fellows in particular, the experience is profound. During their rotations at the VA they come to understand how to develop the surgical and other skills they need to provide quality care, but more than that, they leave with a deep understanding of the humanity of medicine. Every veteran they see has a compelling story to tell about what he or she has done in service for the country, and our trainees almost invariably report that these patients are the most thoughtful, appreciative and gratifying group of individuals they have seen.

Long after they have moved on to other settings and advanced in their careers, our trainees take these powerful experiences with them, and they are better physicians as a result. For all of us, bringing comfort to patients who sorely need it is the essence of why we chose medicine as a career.

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



Sheldon and Carol Appel

Sheldon Appel was at Cedars-Sinai Medical Center awaiting surgery to remove a kidney stone one day in the early 1980s when a call came through that would prove to be highly significant to the history of UCLA Urology.

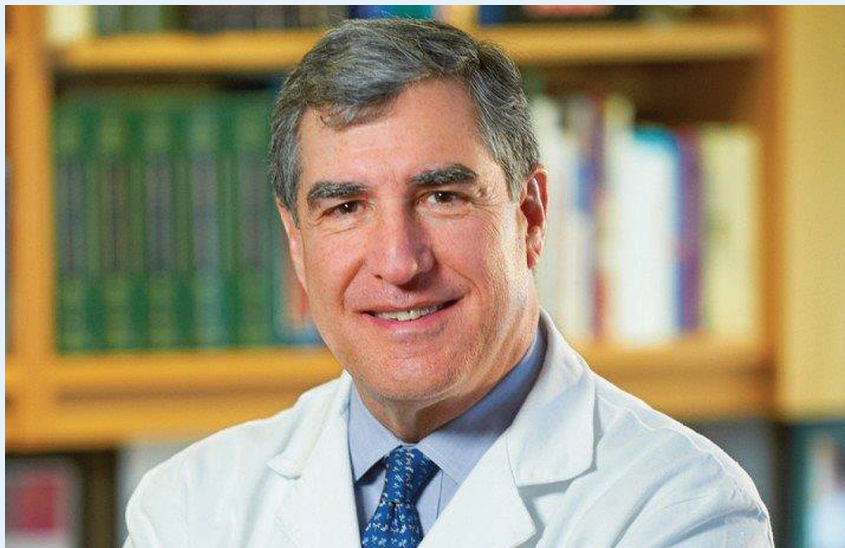
At the time, the treatment for kidney stone removal necessitated that Mr. Appel undergo a major open surgery with a 6-8 week recovery. But a revolutionary new non-invasive treatment was getting excellent results in Munich, Germany. The device, the lithotripter, used extracorporeal shock waves to pulverize and removed ureteral and renal stones. Dr. Joseph J. Kaufman, then chief of the UCLA Division of Urology, had tried to assist Mr. Appel in obtaining the experimental treatment, but with so many Germans on the waiting list, the government had placed restrictions on non-Germans who could be treated, and it appeared that Dr. Kaufman's efforts had fallen short.

That's when word came that a patient who was scheduled for surgery the next day had gotten sick. As a favor to Dr. Kaufman, the medical team in Munich would treat Mr. Appel with the lithotripter...if he could get there by the next morning. Mr. Appel and his wife, Carol, boarded the first plane they could get on, and made it in time for Mr. Appel to become the sixth patient from outside of Germany to receive lithotripsy treatment.

Upon returning to Los Angeles, Mr. Appel convinced Dr. Kaufman to bring the lithotripter to UCLA. Working with Frank Clark, then a regent of the University of California, Mr. Appel raised the funds to build the Frank Clark Urology Center at UCLA as a modern outpatient facility and site for the new technology. He then convinced the lithotripter's inventors, Drs. Christian Chauncey and Gerhard Fuchs, to come to UCLA and help open the center.

Mr. and Mrs. Appel have been consistent donors to UCLA Urology for decades. "I believe strongly in the UCLA Urology program and the great work it does to improve people's lives," Mr. Appel says. "We are fortunate to be able to give to philanthropic causes, and UCLA Urology is one of our favorites."

Peter T. Scardino, MD



It's been nearly four decades since Dr. Peter T. Scardino completed his urological residency training at UCLA, a period during which he became an internationally prominent prostate cancer surgeon. But his deep admiration for UCLA Urology has never waned.

"The quality and breadth of the UCLA Urology faculty has always been really special," says Dr. Scardino, the David H. Koch Chair of the Department of Surgery at Memorial Sloan Kettering Cancer Center. "UCLA has been an academic incubator for the best and brightest of residents who go there to learn from some of the greatest urologic surgeons and urology faculty in the world before going on to accomplished careers of their own."

Dr. Scardino is among the most accomplished of the program's graduates. As chair of urology at the Baylor College of Medicine in 1992, he received the first prostate cancer SPOR (Specialized Programs of Research Excellence) grant from the National Cancer Institute, a highly coveted award. With the funding, Dr. Scardino put together a team of investigators that developed what became widely used animal models for prostate cancer, as well as tools for predicting prognosis after radical prostatectomy surgery that have been applied to many cancers. Dr. Scardino's group also developed a diagnostic test for prostate cancer called the 4Kscore, and pioneered the use of ultrasound guidance for

prostate biopsy for the evolving field of focal therapy for prostate cancer.

As a surgeon, Dr. Scardino developed a urethra-preserving technique early in his career — an approach that continues to be used today — that significantly improved urinary incontinence after radical prostatectomy. He also contributed to surgical techniques ensuring the complete excision of the cancer, and pioneered so-called salvage radical prostatectomy after radiation therapy treatment. Dr. Scardino's group was also among the first to demonstrate that surgery for high-risk, aggressive prostate cancers could be curative in a surprisingly high percentage of cases.

Dr. Scardino came to UCLA for his training in 1976, drawn by the quality of urologic surgeons such as Drs. Joseph Kaufman, Donald Skinner, Robert B. Smith, and Shlomo Raz. "UCLA had a huge impact on my career," he says. "As residents we were given a great deal of responsibility and treated as colleagues by the faculty, and the learning environment was one of open discussion, debate and questioning in a fun but intellectually rigorous atmosphere. Saturday grand rounds would start at 9am and go on indefinitely. By the time you had been there for six months, you felt like there was no point of view you hadn't explored, and that you were on the cutting edge of everything in urology."



Matthew Dunn, MD

Dr. Dunn, who joined the UCLA Urology faculty as a health sciences associate professor, focuses on the management of patients with kidney stones. Working in collaboration with Dr. Nishant Patel, as well as faculty and staff from nephrology, nutrition, and other specialties, he will lead UCLA Urology's efforts to develop a unified stone program — advancing clinical care, training, and scholarship with a focus on value-based care redesign. Dr. Dunn earned his undergraduate degree from UC Irvine and his medical doctorate from USC. He completed his urology residency training at USC, then completed a fellowship in endourology and stones at the Washington University in St. Louis. He then joined the faculty at LAC+USC, where he served for 18 years, the last five as director of the urology residency program.



Alan Kaplan, MD

As health sciences assistant clinical professor of urology, Dr. Kaplan works with Dr. Stanley Frencher, Jr., at the Martin Luther King, Jr., Community Hospital and its affiliated practice group, and will provide outpatient care at the Los Angeles County Department of Health Services Martin Luther King, Jr., Outpatient Center. Dr. Kaplan earned his undergraduate degree from Claremont McKenna College and his medical doctorate from Tel Aviv University. He completed his urology residency training at UCLA, followed by a fellowship in healthcare leadership and strategy at UCLA Health. He is currently pursuing his MBA from the UCLA Anderson School of Management. Dr. Kaplan's academic focus is in value-based care redesign.



Nishant Patel, MD

Dr. Patel, who joined the department as a health sciences assistant clinical professor, is focused on the management of patients with kidney stones. He practices endourology, percutaneous and extracorporeal lithotripsy, benign laparoscopy and robotics, and general urology, as well as building and enhancing UCLA Urology's stone program in collaboration with Dr. Matthew Dunn. Dr. Patel earned his undergraduate degree and medical doctorate from the University of Arizona and completed his urology residency training at UC San Diego. He then completed a fellowship in endourology and stones at the Cleveland Clinic.

Kudos

Richard Ehrlich, MD, UCLA Urology professor emeritus, had his Holocaust Archives Portfolio accepted into the permanent collection of the J. Paul Getty Museum.

Stanley Frencher, Jr., MD, MPH, UCLA Urology assistant professor and director of urology at Martin Luther King, Jr. Community Hospital, was honored at the Celebrate Life Cancer Ministry Community Service Awards event in August.

Isla Garraway, MD, PhD, UCLA Urology associate professor, received a 2017 PCF Challenge Award from the Prostate Cancer Foundation to support her group's prostate cancer research.

Tonye Jones, MD, UCLA Urology resident, received an NIH/National Medical Association (NMA) Travel Award to attend the NMA Annual Convention and Scientific Assembly in July.

James Lau, MD, has been promoted to UCLA Urology volunteer clinical professor. Dr. Lau has volunteered his time training urology residents at Olive View-UCLA Medical Center for more than 25 years and continues to be a critical part of UCLA Urology's teaching program.

Allan Pantuck, MD, MS, UCLA Urology professor, was invited to be the only urology presenter at the September 19 U.S. Food and Drug Administration Oncology Drug Advisory Committee meeting considering the marketing approval of Sutent as the first drug to successfully demonstrate a decreased risk of cancer recurrence after surgery for patients with high-risk kidney cancer.

Nishant Patel, MD, UCLA Urology assistant professor, placed first in the clinical category of the Endourological Society's annual fellowship essay contest for his paper entitled "CT-based diagnosis of low vertebral bone mineral density is associated with hypercalciuria and hypocitraturia on opportunistic imaging," and was invited to present the paper at the 35th World Congress of Endourology in Vancouver in September. Dr. Patel received the 2017 Cleveland Clinic Educational Foundation Excellence in Teaching Award from the Cleveland Clinic Foundation.

The UCLA Kidney Transplant Program was the busiest transplant program in the nation for the year ending April 30, 2017, performing 334 transplants.



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



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



INTRODUCING... The New UCLA Urology Residents:



Katherine Fero, MD

Medical School: UC San Diego School of Medicine

Areas of Interest: Male and Female Reconstructive Urologic Surgery; Health Services Research

Why UCLA Urology: "What attracted me to UCLA initially was the high-volume surgical training, quality research opportunities, and diversity of patients and training sites. What sealed the deal were the welcoming, supportive and patient-oriented faculty, residents, and staff who make up the UCLA Urology family."



Efe Chantal Ghanney, MD

Medical School: Icahn School of Medicine at Mount Sinai

Areas of Interest: Global Urology; Intersection of Palliative Care and Urologic Oncology

Why UCLA Urology: "As a medical student, I did a sub-internship with UCLA Urology and quickly realized that this department's culture epitomizes the two principles that govern all that I do. First is a true appreciation of people, and the second is a deep-rooted desire to learn and to push the boundaries of our knowledge."

Desiree Sanchez, MD

Medical School: University of Washington School of Medicine

Area of Interest: Underserved Populations

Why UCLA Urology: "I chose UCLA urology because of the amazing faculty, residents, and diverse patient population."

As a resident here I will have the opportunity to work with leaders in the field while training at a variety of different hospitals that will inspire me and push me to be the best surgeon and clinician for my patients."



Alvaro Santamaria, MD

Medical School: David Geffen School of Medicine at UCLA

Areas of Interest: Urologic Oncology; Minimally Invasive Surgery; Biotechnology

Why UCLA Urology: "As a medical student at UCLA I was able to see firsthand the exceptional clinical training, unparalleled mentorship, and breadth of research opportunities at this program. I am excited to train with the best and work toward helping to advance the field of urology."



UPDATE

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