

DEPARTMENT *of* UROLOGY

UPDATE



New Treatments for Benign Prostatic Hyperplasia

Expanded Choices Provide Relief for a Common Condition

The symptoms of an enlarged prostate gland, called benign prostatic hyperplasia (BPH), are familiar to a substantial proportion of men older than 50.

About half of men in their 50s and 80-90 percent of those older than 80 have enlarged prostates, caused by changes in hormone balance and cell growth. As their prostate begins to squeeze or partially block the surrounding urethra — the tube that carries the urine from the bladder out of the body — many of these men experience bothersome urinary symptoms, which can

include a weak stream, trouble starting and stopping, the frequent feeling of needing to urinate, and the sense that the bladder isn't empty after urination.

“To some degree, BPH affects all men as they age,” says Allan Pantuck, MD, MS, associate professor and physician in the UCLA Integrative Urology Program, which combines the best of preventative approaches, medical counseling, nutritional science, and complementary medical approaches for patients interested in the prevention and treatment of urologic conditions. “The prostate forms a channel that the urine passes through as it comes out of the bladder. As the prostate enlarges, there is increased resistance to the bladder’s ability to empty. This tends to also lead to changes in the bladder, including a decreased ability to hold urine.” BPH can wreak havoc with quality of life — in addition to the discomfort, some men are forced to get up several times during the night.



Pictured above: Dr. Christopher Saigal (left), Dr. Allan Pantuck (middle), and Dr. Robert Reiter (right)

continued on page 2

FALL 2008 Vol.19 | No.2

Clinical Update	p. 4
Kidney Cancer Vaccine	p. 5
Erectile Dysfunction Research	p. 5
Clinical Trials	p. 6
Profile: Oscar Rivera, LVN	p. 8
Kudos	p. 9
Donor Notes	p. 9
Profile: Arthur Schapiro	p. 9



Frank Clark Urology Center

And although BPH has nothing to do with cancer (as the “benign” in its title suggests), in the most severe cases it can lead to urinary tract infections, stones in the bladder or kidney, urinary retention or kidney damage. For reasons of quality of life as well as for the potential of such complications, Dr. Pantuck notes, bothersome symptoms should not be ignored.

A Growing Number of Treatment Options

The case for seeking treatment has become even stronger in recent years. For those who need

hospitalization and catheterization for 48 hours or more and it comes with risks associated with anesthesia; bleeding during and after the operation; and in rare cases, fluid absorption that can be life-threatening. An alternative has emerged in laser surgery. Like TURP, the so-called GreenLight Laser Therapy offered at UCLA aims to create a channel through the urethra through which men can urinate more freely — but the surgery is considerably less invasive. Instead of cutting tissue out, the newer technique creates the channel by vaporizing the tissue using laser energy.



surgery, lower-risk, less invasive alternatives to transurethral resection of the prostate (TURP), the traditional surgical approach, are now offered. And for patients 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.

TURP surgery, in which the obstructing portion of the enlarged prostate tissue is removed, is an effective procedure. But it does require

Thus far, almost every study has shown that when done by experienced urologists, the laser surgery produces results that are equal to those with TURP, but without the severe side effects and risks. “This is an outpatient procedure with minimal to no bleeding, no risk of fluid absorption, and catheterization only overnight, if at all,” says Robert Reiter, MD, MBA, professor of urology, who was the first to perform the procedure at UCLA more than six years ago.

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, explains Dr. Pantuck, who performs both the GreenLight Laser surgeries and the thermotherapy surgery. The downside to the thermotherapy is that it takes 6-8 weeks for the impact of the treatment to be realized, and although the risks are relatively minimal, the results are not comparable to those of TURP or laser surgery. “There are pros and cons to all of the treatments; it’s a matter of determining what’s appropriate for the individual patient,” Dr. Pantuck says.

as a result, the evidence on their efficacy is less certain, and the contents of each product can vary widely.

Some physicians have shied away from recommending them, but at the UCLA Integrative Urology Program, Drs. Saigal and Pantuck take a different approach. “We meet with patients, review their goals and will discuss complementary strategies that can help them,” Dr. Saigal explains. “We will direct them toward natural products that are supported by some evidence, and help them find appropriate

Beta-sitosterol. Many different preparations of this plant-based medicine have been used, with the most common employing the extract of South African star grass. Several studies have shown an improvement in urinary symptoms, but the evidence is still scant.

“None of these is likely to be as effective as the FDA-approved drugs,” says Dr. Pantuck. “But for some men with mild symptoms, the improvement that they find with the alternative approaches is sufficient so that they don’t need a stronger medicine, at least for that particular time in their life.”

With all of these newer therapies added to what was already an effective arsenal of BPH treatments, Dr. Saigal notes, men should never be content to simply live with the discomfort.

“Too many men assume that BPH is just part of getting older, and they let the problem slowly creep up on them without doing anything about it,” he says. “It’s important for them to realize that we now have many effective options that can eliminate or significantly reduce their symptoms.”

For more information on the UCLA Integrative Urology Program or to make an appointment, see www.uclaurology.com/integrativeurology.htm or call (310) 395-4542.

“Too many men assume that BPH is just part of getting older, and they let the problem slowly creep up on them without doing anything about it.” – Dr. Christopher Saigal

The Pros and Cons of Alternative Medications

Overall, the medications that are available to treat BPH can 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 (finasteride, or Proscar; and dutasteride, or Avodart). While some patients experience side effects, they tend to be mild, ranging from dizziness and decreases in blood pressure to decreased libido and occasional problems with erection or ejaculation.

“These drugs improve symptoms in most people and are safe,” says Christopher Saigal, MD, MPH, associate professor and UCLA Integrative Urology Program physician. “Although there are known side effects, they occur right away, and are reversible once the person stops taking the drug.”

Still, Dr. Saigal notes, herbal supplements for BPH are gaining in popularity — an estimated one-third of men with the condition have tried them. When used appropriately, herbal medicines tend to have few side effects. In Europe, they are a frontline therapy for BPH. However, Dr. Saigal points out, in the United States supplements do not undergo the same rigorous testing and regulation as medications;

suppliers. These products can also work in concert with pharmaceuticals for people who are interested in both approaches.”

The most common herbal medicines for BPH include:

Saw palmetto. Derived from the berry of the plant *Serenoa repens*, saw palmetto has been extensively studied — including a recent randomized placebo-control clinical trial in Shanghai, China on which Dr. Pantuck was an author — and has been shown to decrease symptoms and improve urinary flow rates, although some studies have failed to show a benefit. The therapy is currently being investigated in a Phase II trial sponsored by the U.S. Food and Drug Administration.

Pygeum africanum. Another commonly used herbal therapy, pygeum africanum is an extract from an African plum tree. In randomized trials it has been shown to provide moderate improvement of urinary symptoms compared to a placebo, but most of the studies have been short — only a few months — and a year’s worth of data is typically required to demonstrate that an agent is effective, Dr. Saigal notes.

Stinging nettle. This plant-based therapy has proved popular in Europe (where herbal therapies are widely prescribed as front-line treatment for BPH), and small studies have shown symptom improvements.



An experimental drug that has shown dramatic results in patients with chemotherapy-resistant advanced prostate cancer has moved to a Phase III clinical trial at UCLA.

Phase III Trial Launched for Prostate Cancer Drug

An experimental drug that has shown dramatic results in patients with chemotherapy-resistant advanced prostate cancer has moved to a Phase III clinical trial at UCLA.

Abiraterone, manufactured by Cougar Biotechnology, takes advantage of basic research, much of which occurred in UCLA Department of Urology laboratories, on the role of the testosterone pathway in end-stage prostate cancer. In earlier-phase studies, the experimental drug more than doubled survival in up to three-fourths of men with the deadliest form of the disease: cancer that no longer responds to hormone-deprivation therapy.

Hormone-deprivation therapy — which aims to block testosterone from being produced by the testes or adrenal gland — can be effective for a period of time in treating advanced prostate cancer. But nearly all patients eventually experience a recurrence, explains Robert Reiter, MD, MBA, professor of urology and director of the UCLA Prostate Cancer Program. “We have learned that one of the central reasons for the recurrence is that the tumors themselves are able to produce enough testosterone from cholesterol and other precursors to grow,” Dr. Reiter explains. The new drug blocks an enzyme that is critical to the production of testosterone from cholesterol.

The multicenter Phase III trial, headed at UCLA by Matthew Rettig, MD, is enrolling chemotherapy-resistant prostate cancer patients.

New Robotic Surgical System

UCLA has acquired a second robotic surgical system, the *da Vinci S*, which will enable the Department of Urology to expand the number and scope of its robotic procedures. The new

system, which is faster than the first and able to provide high-definition images, will allow the department to at least double its volume of robotic surgeries. Robotic prostatectomies offer the advantages of short hospital stays and recovery times and less blood loss and scarring. UCLA has also successfully integrated the use of pre-operative magnetic resonance imaging to improve outcomes.

New ORs Point Toward the Future

With the move earlier this year into the new Ronald Reagan UCLA Medical Center, faculty in the Department of Urology are using operating rooms geared toward the future of surgery.

Designed in consultation with industry partners by a team of surgeons that included Peter Schulam, MD, PhD, associate professor of urology and chief of the Division of Endourology and Minimally Invasive Surgery, the 24 operating rooms in the new hospital give the surgeon greater control of his or her environment — both inside and outside the OR — than ever before. With the touch of a screen or a voice command, for example, the surgeon has the ability to control the lights and sound and to access patient records or pull up X-rays.

Robotic prostatectomies offer the advantages of short hospital stays and recovery times and less blood loss and scarring.

Kidney Cancer Vaccine Showcased by NCI

The new kidney cancer vaccine developed in the laboratory of Arie Belldegrun, MD, UCLA professor of urology and surgical director of the UCLA Kidney Cancer Program, has earned the distinction of being showcased at the annual National Cancer Institute Translational Science Meeting, to be held in November in Washington, DC.



Dr. Arie Belldegrun

Dr. Belldegrun and co-discoverer Allan Pantuck, MD, MS, associate professor of urology and the UCLA Kidney Cancer Program's director of translational research, will present on GM-CA9, a vaccine for kidney cancer that is being manufactured by the NCI's Rapid Access to Intervention Development program in preparation for a clinical trial. The vaccine, the culmination of research that began a decade ago in Dr. Belldegrun's laboratory, is a fusion of two proteins: CA9, a tumor antigen expressed in the majority of kidney cancers; and GM-CSF, which stimulates the immune system. The strategy is not unlike that involved in vaccines for diseases such as tuberculosis or polio: to promote the body's ability to have an immune response against the protein common in kidney tumors.

Correction

The following chart illustrates the individual costs associated with a variety of urological diagnoses. In our previous issue, in the article "UDA Emerges as Vital Resource for Researchers, Policy Makers," this illustration contained formatting errors and the data were not clearly presented. We are including this corrected table because we believe the information is important and relevant to patients and healthcare providers.

Estimated annual cost to an individual with urologic diagnosis

Diagnosis	Individual annual cost*
Kidney Cancer	\$12,155
Bladder Cancer	\$9,585
Prostate Cancer	\$7,019
Testicular Cancer	\$6,236
Urinary Incontinence	\$4,498
Urolithiasis	\$4,472
Painful Bladder Syndrome	\$4,396
Interstitial Cystitis	\$4,251
Male Urinary Tract Infection	\$2,829
Prostatitis	\$1,759
Female Urinary Tract Infection	\$1,574
Benign Prostatic Hyperplasia	\$1,536
Erectile Dysfunction	\$1,101

*Privately insured patients 18 to 64 years of age.



Dr. Jacob Rajfer

Dr. Nestor Gonzalez-Cadavid

Researchers Continue Pioneering Work in Erectile Dysfunction

In 1988 Dr. Jacob Rajfer advanced the notion that nitric oxide was the chemical released in the penis to produce an erection, and he and his UCLA colleague, Dr. Louis Ignarro, demonstrated that this was the case in both animals and humans. The discovery laid the groundwork for the first oral drug for impotence, Viagra, and made UCLA one of the top basic science research centers in the field of erectile dysfunction. Twenty years later, Dr. Rajfer and another member of the faculty of the Department of Urology, Dr. Nestor Gonzalez-Cadavid, are continuing to unravel the processes by which men become impotent — whether it is from diabetes, following radical prostate surgery, or from the most common cause of impotence, simply the aging process. Their goal is to ultimately be able to prevent or reverse all forms of erectile dysfunction by using some form of medical therapy together with stem cells.

Insights from Peyronie's Disease

As part of these studies, which are being conducted at the urology research laboratory within the grounds of the Los Angeles Biomedical Institute on the campus of the Harbor-UCLA Medical Center, Drs. Rajfer and Gonzalez-Cadavid are also examining the biochemical processes involved in Peyronie's disease, a fibrotic disorder that affects the tissue that encases the erectile bodies of the penis. This research was initiated with funding from a generous donor, and the work that emanated from these studies has made their laboratory one of the few in the world working on Peyronie's disease, a relatively common but misunderstood disorder.

A number of years ago, Drs. Rajfer and Gonzalez-Cadavid recognized that the cellular changes that occur within the tissues of the

penis as men age and subsequently develop erectile dysfunction also seemed to occur within the arterial blood vessels throughout the body. As a result, they proposed that these aging-related changes within the vascular system were the cause of essential hypertension, also known as arteriosclerosis, the major cause of high blood pressure in men. This observation led the team to suggest that what ails the penis very commonly afflicts the vascular system. Today, many experts are suggesting that men with erectile dysfunction should consider having their cardiovascular system evaluated for silent cardiovascular disease. "Many of the things that we have identified over the years that occur in the penis are now being looked at by cardiologists," Dr. Rajfer notes.

Degeneration of Nerves a Key

Another of the most interesting observations that the research team found was that it appears as if the actual event that precipitates the onset of the development of erectile dysfunction in the tissues of most men — whether it is due to aging, diabetes, or following radical prostate surgery — is degeneration of the nerves that innervate the penis. This neural degeneration in turn leads to the degeneration of the muscle that these nerves innervate — in this case the spongy muscular tissue within the penis — and because this spongy tissue is responsible for initiation and maintenance of the erectile response, when this occurs the patient experiences impotence.

"We believe we have determined the physiological reasons men become impotent with age," Dr. Rajfer says. "Now we hope to come up with pharmacological treatments that can either prevent or cure impotence if and when it occurs."



Clinical Trials Update

Discovering New Ways to Care

The UCLA Department of Urology is committed to ongoing research in a quest to develop new treatments and cures for all urologic conditions. Our team has been instrumental in making major breakthroughs in the areas of:

- Prostate cancer, prostatitis, and BPH (benign prostatic hyperplasia) treatments
- Kidney cancer and transplantation
- Male infertility and sexual dysfunction
- Pelvic medicine, incontinence and reconstructive surgery

Featured Clinical Trial: A Study Examining the Use of CB7630 and Prednisone in Patients with Prostate Cancer Who Have Stopped Responding to Docetaxel Based Chemotherapy. (Pharmaceutical company: Cougar)

The purpose of this study is to test whether a new oral drug known as abiraterone can extend life expectancy (survival) in patients with castration-resistant metastatic prostate cancer. Once prostate cancer spreads (metastasizes) and continues to progress despite therapies aimed at eliminating the male hormones (i.e., medical castration), the cancer is termed castration-resistant. The only treatment that has been shown to extend life expectancy for patients with metastatic castration-resistant prostate cancer is a form of chemotherapy called docetaxel (Taxotere). No effective treatments have been established for after docetaxel has stopped working. In this study, patients will be randomly assigned into one of two groups: One group will get the abiraterone and one group will get a placebo. The study is designed so that two out of three patients will get the abiraterone, and only one out of three patients will get the placebo. In order to

be eligible for the study, patients must have received docetaxel (Taxotere) and have metastatic prostate cancer.

BLADDER CANCER AND DISORDERS

- *Uropathogen Detection*, PI: **Bernard M. Churchill, MD** — Using DNA biosensors, this study investigates a detection system that would identify uropathogens quickly and enable point-of-care diagnosis and treatment of urinary tract infections.

KIDNEY CANCER

- *Kidney Cancer*, PI: **Allan Pantuck, MD, MS, FACS** — A comparative study that tests how well clear cell renal cancer can be seen using 124I-cG250 and a PET/CT scanner. The picture produced by this scan will be compared to a traditional diagnostic CT scan of the same body area. (Pharmaceutical company: Willex AG)
- *Kidney Cancer*, PI: **Arie Beldegrun, MD** — A study to collect blood specimens in order to establish immunotherapy to investigate whether a gene called hypoxia-inducible



factor (HIF) can serve as a therapeutic target for the treatment of patients with kidney cancer. (National Institutes of Health)

- **Kidney Cancer**, PI: **Arie Beldegrun, MD** — Compiling a database that will have the ability to track patients throughout their disease course. (Pharmaceutical company: Chiron Corporation)
- **Kidney Cancer**, PI: **Fairooz Kabbinavar, MD** — A treatment protocol for patients continuing from a prior SU011248 protocol. Subjects are asked to take part in this study if they participated in another study using SU011248 without having any unacceptable side effects. (Pharmaceutical company: Pfizer)
- **Kidney Cancer**, PI: **Fairooz Kabbinavar, MD** — A study to evaluate how well an experimental drug (AMG 386) works when used with an approved drug (Sorafenib) for metastatic clear cell carcinoma of the kidney. (Pharmaceutical company: Amgen)
- **Kidney Cancer**, PI: **Fairooz Kabbinavar, MD** — A study of the investigational drug AV-951, being given in combination

with temsirolimus (TORISEL), a Food and Drug Administration (FDA)-approved drug that is prescribed as standard-of-care treatment for people with advanced kidney cancer that has spread to other parts of the body and cannot be cured or easily controlled. (Pharmaceutical company: Aveo)

- **Kidney Cancer**, PI: **Fairooz Kabbinavar, MD** — A Phase II study of M200 (anti- α 5 β 1 integrin monoclonal antibody) in patients with metastatic renal cell carcinoma. This study uses a form of immunotherapy treatment for patients whose disease has stopped responding to other therapy. This drug is designed for a specific form of kidney cancer that is verified by pathology. (Pharmaceutical company: Wyeth)
- **Kidney Cancer — Metastatic Renal Cell Carcinoma**, PI: **Allan Pantuck, MD, MS, FACS** — A trial designed to prospectively validate predictive models of response to high-dose IL-2 treatment in patients with metastatic renal cell carcinoma. This study uses a form of immunotherapy treatment for patients whose disease has spread to other sites. (Pharmaceutical company: Novartis Select)
- **Kidney Cancer — Metastatic Papillary Renal Cell Carcinoma**, PI: **Matthew Rettig, MD** — A Phase II study of Velcade administered as a single agent in metastatic papillary renal cell carcinoma. The study is cell alteration therapy for patients whose disease has spread to other organs and is not responding to other therapy. This drug is designed for a specific form of kidney cancer. (Pharmaceutical company: Velcade)

KIDNEY TRANSPLANTATION

- **Kidney Transplantation**, PI: **H. Albin Gritsch, MD** — A study to evaluate new methods of monitoring the immune system in patients following renal transplantation. The goal is to detect rejection at an early stage before the new kidney is severely injured. These new techniques may reduce the need for biopsy of the kidney and may allow for less immunosuppression in some patients.

PROSTATE CANCER AND DISORDERS

- **Prostate Cancer**, PI: **William Aronson, MD** — Patients who are scheduled to undergo radical prostatectomy (localized disease), who have more than minimal disease, are being recruited for a trial in which they are randomized to a balanced Western diet or a low-fat diet with fish oil capsules, to study serum and tissue biomarkers.
- **Prostate Cancer**, PI: **Arie Beldegrun, MD** — Study of a new treatment regimen prior to radical prostatectomy to improve the results of surgery for high-risk patients. (Pharmaceutical company: Pfizer)
- **Prostate Cancer**, PI: **Allan Pantuck, MD, MS, FACS** — Effects of pomegranate juice or extract or placebo on PSA rising after primary treatment. (Pharmaceutical company: Roll)
- **Prostate Cancer**, PI: **Robert Reiter, MD, MBA** — A large, multi-institutional clinical trial examining the role of biological measures (biomarkers) in determining the appropriate treatment for prostate cancer.
- **Prostate Cancer**, PI: **Matthew B. Rettig, MD** — A study to test the safety and effectiveness of an experimental drug (Aflibercept) when used in combination with another approved drug for metastatic androgen-independent prostate cancer. (Pharmaceutical company: Sanofi)
- **Prostate Cancer**, PI: **Robert Reiter, MD, MBA** — A long-term study examining the treatment of benign prostatic hyperplasia (BPH) with laser. (Pharmaceutical company: AMS)
- **Prostate Cancer**, PI: **Matthew Rettig, MD** — A study to evaluate the use of cancer drugs and hormone therapy to reduce the prostate gland prior to surgery. (Pharmaceutical company: Target)
- **Prostate Cancer**, PI: **Matthew Rettig, MD** — A Phase III, randomized, double-blind, placebo-controlled study of Abiraterone Acetate (CB7630) plus prednisone in patients with metastatic castration-resistant prostate cancer who have failed docetaxel-based chemotherapy. (Pharmaceutical company: Cougar)

Perseverance Pays Off for Clark Urology Nurse

Loved and appreciated by Clark Urology Center patients, faculty and staff, licensed vocational nurse Oscar Rivera personifies love of family and a willingness to work harder than anyone to reach his goals. Born in El Salvador, he was raised by his grandmother Antonia (“Tonia”) until he was 8 and she contracted incurable breast cancer. Tonia taught her grandson that nothing is free, and that perseverance would be required to get what he wanted in life. These teachings are something that Mr. Rivera treasured and carried with him as he grew up in Los Angeles and later moved up through the ranks at UCLA.

Education Plans Deferred

After his grandmother’s health declined, Mr. Rivera joined his parents in Los Angeles, where he completed his primary and secondary education. He then attended Santa Monica Community College and received his associate degree. His plan was to continue his education at Cal State Northridge, where he had already been accepted, and eventually become a bilingual teacher. But problems with his immigration paperwork got in the way. Instead of college, Mr. Rivera started working two jobs to pay for the steep immigration application fees and make ends meet. Eventually he received his temporary residency and met and married his wife, Claudia.

The year they married was challenging in many ways for the young couple. After losing his job, Mr. Rivera found work as a courier at UCLA Medical Center, a position that would eventually take him to places he had never dreamed of. Ultimately the UCLA Department of Urology became part of his route, and Mr. Rivera soon befriended several people who worked in the Clark Urology Center. Soon he was offered a job in Clark Urology as a hospital assistant. It was a job that he didn’t feel completely prepared for, but he told his future supervisors, “If you’re willing to train me, I’m willing to learn and I’ll learn fast.”

From Courier to Nurse

Before long, Mr. Rivera became a certified phlebotomist. He found that by advancing himself professionally, he was able to help more people in the clinic. Mr. Rivera decided that he wanted to keep learning how to help people; he just needed to figure out how to do it.

In April 2006, he began his training to become a licensed vocational nurse (LVN). “In my wildest dreams, I never thought I’d be a nurse; I had wanted to be a teacher,” he says. “But as a nurse you teach patients how to care for themselves, how to change their dressings, how to keep themselves healthy. And in pediatrics, you’re not just teaching the patient, you’re working with their families, too.” Mr. Rivera found a school where he could go to class evenings and weekends and still keep his full-time job at Clark Urology. Once again, he heard the voice of his grandmother saying, “You want something, you work hard for it.” After 18 months of working hard seven days a week, with wife Claudia remaining understanding and helpful along the way, Mr. Rivera finished his training. He received his LVN certification and licensing in July of this year.

“I’m just doing my job, and I love to do it!” he says. “I wake up in the morning and can’t wait to get to work. I wonder, What am I going to do? What’s going to happen today? I like to help patients who come into the clinic not feeling good, and see them leave with a smile on their face. They are the reason we are here.”



“I wake up in the morning and can’t wait to get to work. I like to help patients who come into the clinic not feeling good, and see them leave with a smile on their face.”

Kudos

Jennifer T. Anger, MD, MPH, assistant professor of urology, was recently awarded a five-year career development award from the NIDDK for her project “Quality of Care Indicators for Overactive Bladder Symptoms.” The goal of the project is to improve the treatment for women with overactive bladder and urge incontinence by developing measures of high-quality care. Dr. Anger’s mentors on this project are Dr. Larissa Rodriguez and Dr. Mark S. Litwin.

A recent study by **William Aronson, MD**, professor of urology, has shown that lowering the intake of the type of fat common in the Western diet helps prevent prostate cancer in mice. The study, which appeared in the April 15 issue of the peer-reviewed journal *Cancer Research*, focused on fat from corn oil, which is made up primarily of omega-6 fatty acids — the polyunsaturated fat commonly found in the Western diet and present in high levels in baked and fried goods. Researchers fed one group of mice a diet with roughly 40 percent of its calories coming from fat, a percentage typical in men eating a Western diet. The other group received a diet with 12 percent of calories from fat, considered a very low-fat diet. Researchers found a 27 percent reduced incidence of prostate cancer in the low-fat diet group. “This is the first time that a low-fat diet was evaluated using a genetic mouse model for prostate cancer that closely mimics human prostate cancer,” says Dr. Aronson. “We think this is an important finding.”

Mark S. Litwin, MD, MPH, professor of urology, received the Franklin D. Murphy Award from the Stein-Oppenheimer Endowment for Medical Research at UCLA. This award honors the accomplishments of a past Stein-Oppenheimer Endowment grantee whose research best demonstrates innovation and leadership in the pursuit of knowledge. When presenting the award, Mr. Oppenheimer noted that Dr. Litwin “has been a wonderful citizen of the UCLA community, serving on and chairing numerous departmental and university committees, presenting a multitude of invited lectures, and representing the university at the national and international level with distinction.”

Larissa V. Rodríguez, MD, associate professor of urology, recently received the 2008 Paul Zimskind Award from the Society of Urodynamics and Female Urology for her continuing excellence and leadership in the field of voiding dysfunction and pelvic medicine. The award is given to an individual with the most contributions to the field of pelvic medicine, reconstructions, and voiding dysfunction within 10 years of graduating from residency. A major grant was recently awarded to Dr. Rodríguez as principal investigator and **Emeran Mayer, MD**, professor of medicine, as co-investigator, from the National Institutes of Health and National Institute of Diabetes and Digestive and Kidney Diseases. The project, “Brain Bladder Interactions in Interstitial Cystitis/Painful Bladder Syndrome (IC/PBS),” is a multidisciplinary study of the interactions between stress, the brain, and bladder symptoms in patients with IC/PBS. Dr. Rodríguez also presented the State of the Art Lecture at the 2008 annual meeting of the American Urologic Association (AUA) earlier this year. Additional recognition from the AUA Annual Meeting included the third prize in the Basic Science Competition ACMI Prize Essay Contest, awarded jointly to Dr. Rodríguez and **Rong Zhang, PhD, DDS**, research associate.

Ariana L. Smith, MD, a fellow in Pelvic Reconstruction, was recently awarded a research fellowship from the California Institute for Regenerative Medicine for her project, “Adipose-Derived Stem Cells for Repair of Bladder Smooth Muscle.” The project explores cell-based therapies using adipose- (or fat-) derived stem cells that are used to construct new tissue to repair bladder smooth muscle deterioration after obstruction.

Special kudos to those who received awards at the Department of Urology’s reception commemorating the end of the 2007-2008 academic year. **Vesna Ivančić, MD**, chief urology resident for 2007-2008, received the Willard E. Goodwin Resident Teaching Award; **Arnold Chin, MD**, urology resident 2007-2008, the Guy Dalla Riva Award; and **Christopher Ng, MD**, the Clinical Faculty of the Year honor.

Donor Notes

Lynda and Stewart Resnick, long-time friends and benefactors of the Department of Urology, have made a \$1 million contribution to the Department of Urology through the Prostate Cancer Foundation. This gift will provide multi-year support for the Resnick Family-PCF Young Investigators, as well as postdoctoral fellows, who are launching transformational and preclinical research focusing on prostate cancer.

The donation also will help fund projects within the department’s Specialized Program of Research Excellence (SPORE) in prostate cancer, a partnership with the National Cancer Institute and one of 11 such programs in the country. “The Resnicks’ dedication and the Prostate Cancer Foundation’s thoughtful involvement combine to make this gift both a truly meaningful resource and a visionary commitment,” says Dr. Jean B. deKernion, department chair.

Dr. Arthur Schapiro Retires After 38 Years on Faculty

When he started training as a UCLA urology resident in 1964, Arthur Schapiro had no intention of going into private practice. Dr. Schapiro remembers discussing his options with Dr. Willard E. Goodwin, then the chairman of the UCLA Department of Urology. There were opportunities in other cities to become involved in the emerging field of kidney transplantation, but Dr. Schapiro ultimately decided to pursue a private urology practice in Los Angeles, where much of his family lived. “It was a wise decision,” he says, having recently retired following 38 years on the Department of Urology’s clinical faculty. “I was very happy with the nature of the work I did, the people I worked with, and the communities I worked in.”

During the nearly four decades he spent as a general urologist on the department’s clinical faculty, Dr. Schapiro was often called on to assist in teaching residents and medical students. In addition to his clinical practice, Dr. Schapiro was involved in efforts to ensure utilization effectiveness and total quality improvement as vice president of medical affairs at Daniel Freeman Hospital. In retirement, Dr. Schapiro is continuing to serve as a consultant to the Medicare program on quality and billing issues, as well as spending more time with his family, which now includes four grandchildren. Once a week, he spends an hour with third-year medical students at UCLA, discussing urology.

Did You Know?

An Opportunity to Make Tax-Free Gifts from Your IRA!

The IRA Charitable Rollover created under the Pension Protection Act of 2006 has been extended through the end of 2009. Donors who are 70½ years of age or older may make a charitable gift from a traditional or Roth Individual Retirement Account (IRA) of up to \$100,000 per year tax free. To qualify for IRA rollover treatment, the donor must direct the IRA manager to transfer funds directly to The UCLA Foundation. The deadline for gifts in the 2008 tax year is December 31, 2008. For more information about ways to take advantage of this important giving opportunity, please call the UCLA Office of Gift Planning at (800) 737-8252.

Give Now. Here's How.

Contributions to the Department of Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can learn more about how to support the Department of Urology by logging on to www.uclaurology.com/gifts. Please feel free to call (310) 825-5056 if you have any questions about making a gift to UCLA Urology.



If you received multiple copies of this newsletter, please feel free to share with a friend or colleague.

DEPARTMENT of UROLOGY UPDATE

FALL 2008 | VOL. 19 | NO. 2

DEPARTMENT CHAIR
Jean B. deKernion, MD

CHIEF ADMINISTRATIVE OFFICER
Glenda Hale

EDITORS
Dan Gordon
Jenny Shepard

DESIGN
Sargent & Berman

Copyright © 2008 by UCLA Department of Urology
All rights reserved.

Urology Appointment Line: (310) 794-7700
UCLA Department of Urology Website:
www.uclaurology.com

UCLA Health System

Department of Urology
Box 951738
Los Angeles, CA 90095-1738

NON-PROFIT
ORGANIZATION
U.S. POSTAGE

PAID
U C L A



U.S. News & World Report's
Best Hospital Survey ranks
UCLA as the No. 3 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.