



UCLA UROLOGY

UPDATE



At a UCLA Urology "teaching kitchen," held over Zoom to maximize access, patients of Dr. Kymora Scotland as well as participating friends and family members were taught recipes for reducing their risk of kidney stone recurrence. The live event took place in the kitchen of Dr. Carol Bennett and included UCLA Urology faculty, residents, a registered dietitian, and student researchers. From left to right: Ellie Mehrara (UCLA undergraduate); Shelby Yaceczko, RDN-AP (UCLA registered dietitian); UCLA Urology faculty members Dr. Bennett, Dr. Scotland, and Dr. Lynn Stothers; Kyle Zuniga, MD (UCLA Urology resident); and Ava Mousavi, MPH (UCLA medical student).

Nutrition and Dietary Strategies Play a Growing Role in Urology

While medications and surgical procedures have historically served as cornerstones of urologic treatment, it's become increasingly clear that for many conditions, the foods and liquids we consume can play a pivotal role in reducing disease risk, avoiding triggers, and improving outcomes.

"When my patients have a new diagnosis of prostate cancer, one of the first questions nearly all of them have is what they can do about their diet," says UCLA Urology professor William Aronson, MD, chief of urology at Olive View-UCLA Medical Center and chief of urologic oncology at the West Los Angeles VA Medical Center. "Everyone understands that 'you are what you eat,' and wants to know what might be helpful to them," explains Dr. Aronson, a leader in research on the role of nutrition in prostate cancer. "And for many patients, it's empowering to have information

about something they can control."

After Lynn Stothers, MD, MHSc, completed her UCLA Urology pelvic medicine and reconstructive surgery fellowship in 1995, she became a leader in clinical care and research on the diagnosis and management of lower urinary tract symptoms. But during the course of her career, Dr. Stothers, today a UCLA Urology professor, grew frustrated with the limitations of conventional treatment approaches and was drawn to integrative

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At the UCLA Urology teaching kitchen in June, Kymora Scotland, MD, PhD, UCLA Urology assistant professor and director of endourology research, was among the expert team that used a cooking demonstration to educate patients on ways to change eating habits in ways that reduce their risk of kidney stone recurrence.

medicine — which focuses on therapies and lifestyle approaches that make use of all health care disciplines to optimize health and healing. In doing so, she began to pursue promising nutritional strategies, including the role of cranberry products, supplements and botanicals in the prevention of recurrent urinary tract infections.

Dr. Stothers, who completed an integrative medicine fellowship at the Andrew Weil Center for Integrative Medicine at the University of Arizona last year, says there is now evidence ranging from suggestive to strong on the role of nutrition and dietary strategies in various urologic conditions. For example, a host of nutritional strategies are known to be vital in reducing the risk of recurrence for patients with kidney stones, depending on the type of stone. Cranberries and other foods high in

antioxidants, as well as certain supplements, have been shown to contribute to reducing urinary tract infections. For patients with overactive bladder, removing triggers from the diet — including caffeine, carbonated beverages, alcohol, and certain spices — can be critical.

As part of her effort to bring evidence-based integrative medicine concepts to UCLA Urology, Dr. Stothers is developing and testing strategies to assist patients in making sustainable dietary changes that have been shown to improve urologic outcomes. “In the field of cardiovascular disease, there has been research into the most effective ways to move the needle in terms of changing food intake,” she explains. “We want to apply those findings to urology — helping people learn how to prepare and cook the foods with the highest evidence to influence symptoms.”

Toward that end, Dr. Stothers approached Kymora Scotland, MD, PhD, UCLA Urology assistant professor and director of endourology research, about offering a “teaching kitchen” for Dr. Scotland’s patients at the UCLA Stone Treatment Center. They held the first one in June

— on a Saturday morning over Zoom, to maximize access. Over the course of an hour and 15 minutes, participants were taught two recipes taken from the Urology Care Foundation’s “Living Healthy: Fight Kidney Stones With Food Cookbook,” available for free download on the foundation’s website. Discussions were held as to the rationale for specific types of dietary change. “The idea is to give directed, hands-on education, using practical examples from recipes that demonstrate foundational principles patients can use to change their eating habits,” Dr. Stothers explains.

Working out of the kitchen of Dr. Carol Bennett, former chief of urology at the West Los Angeles VA Healthcare Center and Henry E. Singleton Chair in Urology at UCLA, the live session was led by Dr. Stothers, Dr. Scotland, UCLA Urology resident Dr. Kyle Zuniga, and a registered dietitian, as well as UCLA student researchers. “We wanted to teach evidence-based concepts not in a lecture format but in a casual and relatable environment, where patients were free to interact via the live chat,” Dr. Stothers explains. “And we know from cardiovascular research that when the patient’s physician has a high degree of involvement, it’s more effective.”

An estimated 90% of people who experience one kidney stone episode will have a recurrence in their lifetime, and approximately half will have one within five years, Dr. Scotland notes. “To prevent stones from forming, patients need to make sustained lifestyle changes,” she says. The most

important prevention strategy for patients with stone disease is to increase hydration. Dr. Scotland and her colleagues advise patients to consume 2.5 to 3 liters of fluid per day — more for those who have cystine stones.

Beyond that, Dr. Scotland collaborates with a registered dietitian who specializes in kidney stones to counsel patients on the best nutritional approaches for preventing future stones. A metabolic workup provides information on the type of stone the patient had and how the diet might affect stone formation, she explains. Patients who have calcium stones with high oxalate levels are encouraged to reduce their oxalate-rich foods, consuming them only when accompanied by a calcium source.

“Everyone understands that ‘you are what you eat’ and wants to know what might be helpful to them.”

Other recommendations may be targeted to address metabolic abnormalities. For instance, patients with high urinary salt are urged to reduce salt intake. Patients with uric acid stones are advised to limit their consumption of meat protein, and those with cystine stones can reduce their risk by increasing dietary citrate.

Dr. Aronson notes that for men with a prostate cancer diagnosis, by far the most important nutritional strategy is to follow a heart-healthy diet. “Cardiovascular disease remains the leading cause of death in men with prostate cancer,” he says. “So when I’m sitting down with a patient, that’s the first thing I discuss in terms of ways to improve their overall health — and if they are overweight or obese, we talk about losing weight. Exercise is also beneficial for the heart, as well as for the prostate.”

For nutritional strategies related to reducing prostate cancer risk, some of the most important evidence has come from Dr. Aronson’s research on polyunsaturated fatty acids. He and his colleagues have found that omega-6 fatty acids — the polyunsaturated fat commonly consumed in fried foods and baked goods — cause rapid prostate cancer progression in animal models. Their research has also found evidence that increasing omega-3 fatty acids — most commonly obtained in the diet through salmon and other fatty fish, as well as walnuts and certain seeds — may improve prostate cancer outcomes, although the omega-6 and omega-3 findings have not yet been proven to impact prostate cancer progression in humans. Research by Dr. Aronson and others has also pointed to the potential benefits of lycopene, an antioxidant commonly found in tomato-based products; and following a plant-based or low-carbohydrate diet.

Among the most common urologic concerns affecting children is nocturnal enuresis, otherwise known as nighttime bedwetting — and there, too, nutritional strategies are at the forefront. Steven Lerman, MD, the Judith and Robert Winston Chair in Pediatric Urology, director of the Clark-Morrison Children’s Urological Center at UCLA and chief of UCLA Urology’s Division of Pediatric Urology, says the patient’s age and family history dictate the level of concern and treatment of bedwetting. “As the child gets older, the bedwetting will usually go away without any intervention,” he says. “I typically tell families that the time to seek help is if and when the child starts to be bothered by it.”

When that occurs, the first line of treatment is to shift the intake of fluids to the earlier part of the day — so that half of the daily total volume of water is consumed by noon, another 25% between noon and 3pm, and the other 25% between 3pm and 6pm. “We still want the child to drink the proper amount of fluid for a 24-hour period,” Dr. Lerman explains. “But by making that shift, there’s not a challenge to the kidneys and the bladder in the hours when the child is getting ready to sleep and in a deep sleep mode.” The color of the urine in the early part of the day is an indicator of the child’s hydration status, he notes. If the urine is clear or light yellow, it’s a sign the child is getting proper hydration and won’t need to catch up with fluids later. Families are also advised to ensure their children maintain a high-fiber diet to reduce the risk of constipation, which can contribute to bladder instability; and to limit or avoid high-sugar

and caffeinated drinks, which can irritate the lining of the bladder.

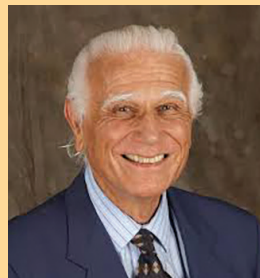
When it comes to urologic health for adults, many of the nutrition and dietary strategies for overall health apply. “Food should bring you joy and make you feel great,” says Jesse N. Mills, MD, UCLA Urology clinical professor and director of The Men’s Clinic at UCLA, whose 2022 book “A Field Guide to Men’s Health” offers evidence-based tips on how men can manage the cornerstones of a healthy and long life. “Laugh off fad diets and stick with ingredients you can grow or hunt; ultra-processed foods — anything with added fat or sugar — destroy your body’s internal fullness meter and make you overeat. Eat a steak, eat a potato — don’t eat chicken-fried steak or French-fried potatoes. Above all, move!”

For many, instituting long-term changes in eating habits can be challenging. “We try to make recommendations that will fit within each person’s lifestyle so that it’s something they can sustain,” Dr. Scotland says. In addition to the individualized education she provides her patients at the clinic and through the teaching kitchen, Dr. Scotland is planning a series of YouTube videos designed to provide clear and reliable information about nutrition and stones as a counter to the misinformation too often found online.

Meanwhile, following the success of the first teaching kitchen, Dr. Stothers intends to work with other faculty in the department in initiating similar events for patients in areas such as chronic pain, bladder control, and prostate cancer. She is also working to incorporate research by Dr. Alice Drain, who completed her UCLA Urology fellowship earlier this year, that helps patients with interstitial cystitis (bladder pain syndrome) calculate their diet inflammatory index. Lowering inflammation has been shown to have a therapeutic effect on many chronic pain conditions.

Dr. Stothers says the enthusiasm for the first teaching kitchen sent a clear signal about patients’ interest in using nutrition to improve their health. “We had a huge turnout, and in most of the homes, it wasn’t just the patient but multiple people viewing,” she says. “The consistent message we kept seeing in the comments was, ‘When is the next one?’”

IN MEMORIAM



Dr. Néstor González-Cadavid, 1934-2024

Néstor González-Cadavid, PhD, UCLA Urology adjunct professor and a professor at Charles R. Drew University for more than 30 years who left an indelible mark on the institution and the broader scientific community,

died August 11. Dr. González-Cadavid’s research and academic endeavors advanced the understanding of endocrinology and molecular medicine, with numerous publications and presentations that significantly contributed to the fields of urology, endocrinology, and molecular biology. He was also a dedicated mentor to junior faculty, students, and residents.

ALUMNI PROFILE

Izak Faiena, MD, MSCR



For former UCLA Urology fellow Izak Faiena, MD, MSCR, some of the most rewarding moments of his work as a urologist at the James J. Peters VA Medical Center in the Bronx, NY, come from the interactions with the patients who enroll in the prostate cancer clinical trials he oversees.

“Veterans are happy to help other veterans,” says Dr. Faiena, an assistant professor at Columbia University Irving Medical Center. “Most of our trials are very early, so we don’t have results to show that the treatment will be successful, but when we have these discussions, patients welcome the opportunity to benefit future patients. That’s heartwarming and gratifying.”

Dr. Faiena is a urologic oncologist who focuses clinically on prostate cancer diagnosis, using MRI fusion and transperineal biopsy; as well as treatment with robotic surgery and focal therapy — a partial-gland approach that ablates cancer cells while leaving the majority of the healthy cells undamaged, reducing side effects. UCLA Urology has been at the forefront of both the targeted biopsy and focal therapy approaches under the leadership of Dr. Leonard S. Marks, professor and deKernion Endowed Chair in Urology.

Much of Dr. Faiena’s research consists of developing and conducting diagnostic and interventional clinical trials at the VA and Columbia University for patients with high-risk localized and advanced prostate cancers. He is the site principal investigator for a national VA trial that provides hormone therapy aiming to restore PTEN function for advanced prostate cancer patients who have the PTEN mutation, which is associated with a poor prognosis. Dr. Faiena is also the site principal investigator for a national Phase 3 trial of a new prostate-specific membrane antigen (PSMA) diagnostic modality. With funding from the U.S. Department of Defense, his team is taking the VA database on prostate cancer patients treated with long-term hormone therapy and using AI and machine-learning methods to improve the ability to predict complications from the treatment.

Dr. Faiena’s current work can be traced to his UCLA Urology fellowship from 2016 to 2019, which included training at the Institute of Urologic Oncology and a Master of Science in Clinical Research program at UCLA’s Clinical and Translational Science Institute. “UCLA was one of the few places where the clinical trials program was heavily integrated into urology,” he says. “Learning everything about the clinical trials infrastructure was invaluable as I sought to build the program here, and on top of that, UCLA has one of the best health services research programs in the world. My fellowship experience was memorable, enjoyable, and rewarding. My mentors were instrumental to my development as a urologic oncologist, and I still call upon them for advice.”

HEALTHY AT EVERY AGE

Improved Treatments for Urethral Stricture

Urethral stricture refers to the scarring of the tissue in the urethra (the tube that carries urine out of the body), which makes it uncomfortable for urine to pass through and difficult to empty the bladder. It affects primarily men, and most often the cause is unknown.

Traditionally, two treatment approaches have been used to resolve this condition. One is known as dilation, in which the scar tissue is stretched open. This is effective for a subset of patients. The other treatment method is open surgery, performed through an incision in the genitals. While much more effective, it is more invasive and carries the risk of erectile dysfunction or altered sensation. Both standard dilation and open surgery require patients to have a catheter in their penis, often for as long as 2-4 weeks, during the healing process.

In recent years, the development of new techniques has led to improved outcomes for both dilation and surgery, while significantly reducing the recovery time and side effect risk. For the dilation procedure, the most important change involves the use of Optilume — a drug-coated balloon that delivers anti-scarring medication into the urethral stricture to prevent the scar from returning after the dilation. Long-term studies have found that Optilume is far more effective than standard dilation for patients who stand to benefit — generally, those with minimal scar tissue. After the procedure, a catheter is required for a week or less, and the risk of erectile dysfunction or altered sensation is extremely low.

For patients who aren’t candidates for the dilation procedure, new techniques have transformed the surgery so that it is nerve- and vascular-sparing as well as minimally invasive, resulting in better outcomes and shorter recovery time while minimizing the risk of sexual side effects. The surgery uses the lining of the cheek inside the mouth to help repair the scar tissue and make the urethra larger. It can be done on an outpatient basis, with the catheter staying in for less than two weeks.

Both updated approaches to treating urethral stricture require fellowship-trained reconstructive urologists who are well-versed in these techniques. UCLA Urology, led by Gladys Ng, MD, MPH, offers both the Optilume for dilation and the minimally invasive, nerve- and vascular-sparing surgery, with excellent results.

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



Letter from the Chair



In urology, a significant proportion of the patients we treat have chronic conditions that affect quality of life more than survival. This is why UCLA Urology emphasizes that although we treat diseases, ultimately the care we provide is to the patient. It is this whole-person approach, along with a growing body of evidence, that have led to an increasingly central role for nutrition within our patient care, research, and training activities.

In recent years it's become clear that diet, as well as other holistic strategies that historically received minimal attention from Western medicine, warrant much greater emphasis from those of us in the health care profession. We have long known that a healthy diet can positively affect everything from energy levels to mood, and that eating well and maintaining a healthy weight are keys to preventing diseases that include heart disease, stroke, and diabetes. But it now appears that there are also biochemical implications to the foods we consume that we don't yet fully understand.

Contemporary medicine is driven by evidence, as it should be. But it's also important that we be open to the possibility that there are factors outside the medical model that impact both how patients feel and the progression of their disease. In counseling our patients, there is a balance — we should support those who are interested in non-Western therapies while also urging them to be mindful of the preponderance of supplements and other products being promoted with no apparent value, and in some cases with the potential to cause harm.

As our cover story in this issue details, we have evidence of the benefits of dietary strategies for a number of urologic conditions. And even where we don't have strong data, we can extrapolate from what we know about the health effects of various foods to advise our patients. In our department and across the UCLA Health system, we are committed to a whole-person care approach that emphasizes diet, exercise, and stress management. When we are attentive to these aspects of our patients' lives rather than just their disease, they feel better cared for — and the result, in many cases, is improved overall health.

❖ **Mark S. Litwin, MD, MPH**

Distinguished Professor and Chair, UCLA Urology

We are committed to a whole-person care approach that emphasizes diet, exercise, and stress management.

Kudos

Wayne Brisbane, MD, UCLA Urology assistant professor, and co-authors **Sakina Mohammed Mota, Alan Priester, Joshua Shubert, Jeremy Bong, James Sayre, Brittany Berry-Pusey**, and **Shyam Natarajan**, had their manuscript, “Artificial intelligence improves the ability of physicians to identify prostate cancer extent,” published in the *Journal of Urology*. The study details an advance that can help ensure an accurate diagnosis, precise treatment planning, and effective surgical procedures for prostate cancer using artificial intelligence to help map the boundaries of cancerous prostate tissue, which significantly reduces the risk of underestimating the extent of prostate cancer.

Alexandra Drakaki, MD, PhD, associate clinical professor of urology and hematology/oncology, and co-authors **Nikhita Kathuria-Prakash, Lidia Lopez, Steven Raman, Huihui Ye, Jordan Anaokar, Anthony Sisk**, and **Allan Pantuck**, had “ALK inhibition with alectinib for refractory metastatic renal cell carcinoma with ALK rearrangement: A rare case report and literature review” published in *JCO Precision Oncology*.

Andrew Goldstein, PhD, associate professor of urology and molecular, cell, and developmental biology, was awarded the 2024 UCLA Life Sciences Excellence in Research Award for the Associate Professor category, resulting from his team’s 2023 *Nature Cell Biology* paper, “Prostate lineage-specific metabolism governs luminal differentiation and response to antiandrogen treatment.” Dr. Goldstein also received an Innovation Award from the University of Pennsylvania’s Basser Center for BRCA based on the proposal “Role of BRCA2 mutations in human prostate development and prostate cancer initiation.”

Alexandra Goodwin, MD, UCLA Urology fellow, and co-authors **Anastasiya Holubyeva, Danielle O’Shaughnessy, Nirmala Pillalamarri, Kristen Demertzis, Ana Centeno Rahbani, Dimitre Stefanov**, and **Peter Finamore**, had their manuscript, “Does a preoperative bowel regimen change time to bowel movement? A randomized clinical trial,” published in *Urogynecology*

(*Phila*). The study assessed an intervention to decrease patient discomfort after robotic sacral colpopexy.

Kathy Huen, MD, MPH, UCLA Urology assistant clinical professor, and co-authors **Carlo David-Dao, Lois Syrs, Louis Ehwerhemuepha, Cloe Martin-King**, and **Zeev Kain**, had their manuscript, “Adults with spina bifida fare worse than young adults: A systemic vulnerability in urinary tract infection-related hospital care,” published in the *Journal of Urology*. Dr. Huen also had a research letter, “Misattribution inaccuracy in U.S. News & World Report urology ranking metrics,” published in *Urology Practice*. Her co-authors were **Drs. Mark S. Litwin** and **Christopher Saigal**. Dr. Huen was appointed as a senior quality officer for the UCLA Health Surgical Quality Optimization team.

Nima Nassiri, MD, UCLA Urology health sciences assistant clinical professor, performed the first robotic kidney transplant at Ronald Reagan UCLA Medical Center. The transplant built off the initial success of **Jeremy Blumberg, MD**, UCLA Urology associate clinical professor and chief of urology at Harbor-UCLA Medical Center, who previously performed the first robotic kidney transplant in California. These milestones represent a major step forward in being able to offer robotic kidney transplant to patients at UCLA.

Robert E. Reiter, MD, UCLA Urology professor, chief of urologic oncology, and director of the Prostate Cancer Program, and **Nicholas Donin, MD**, UCLA Urology health sciences assistant clinical professor, were named to *Newsweek’s* America’s Best Prostate Cancer Surgeons 2024 list.

Shannon Richardson, UCLA David Geffen School of Medicine student, was awarded a highly prestigious 2024 Urology Care Foundation Medical Student Fellowship to support her project, “Assessing an Artificial Intelligence Tool for Predicting Extracapsular Extension of Prostate Cancer.” Under the guidance of **Drs. Leonard Marks, Wayne Brisbane, Alan Priester**, and **Adam Weiner**,

she will use an AI tool based on pre-treatment imaging and clinical data to delineate the extent of the prostate cancer tumor and characterize any extracapsular extension, which is critical for decision making and treatment planning.

Christopher Saigal, MD, MPH, UCLA Urology professor and executive vice chair, and **Jonathan Bergman, MD**, UCLA Urology associate professor and holder of the Mark S. Litwin, MD, Endowed Chair in Mentorship, led a team of UCLA investigators, including **Brett Hollenbeck, David Penson, Kristen Williams, Lorna Kwan**, and **Josemanuel Saucedo**, that identified distinct patient preference-based profiles among men diagnosed with low-risk prostate cancer regarding their treatment options, which could help enhance shared decision-making and patient satisfaction in prostate cancer care. Results of the study were published in *Urology Practice*.

Brian M. Shuch, MD, UCLA Urology professor, director of the Kidney Cancer Program, and Meinhardt Chair for Kidney Cancer Research, and **Heather Christofk, PhD**, UCLA professor of biological chemistry, received an \$800,000 2024 Translational Program Award from The V Foundation for their project, “Targeting Purine Salvage Dependence in FH-Deficient Kidney Cancer,” which will focus on finding new ways to treat and prevent a severe form of kidney cancer associated with a hereditary syndrome caused by mutations in the fumarate hydratase gene.

Renea Sturm, MD, UCLA Urology assistant professor, and her research team had two manuscripts published in the *Journal of Pediatric Urology*: “Application of intraoperative structured light scanning to enable post-operative evaluation of digital and 3D-printed penile models,” and “Assessing the effects of bladder decellularization protocols on extracellular matrix (ECM) structure, mechanics, and biology.”

NEW FACES

The following individuals recently joined the UCLA Urology faculty:

Fuad Elkhoury, MD



A health sciences assistant clinical professor, Dr. Elkhoury did his urology residency training at UCLA, where he also completed his fellowship in endourology and stone disease. Dr. Elkhoury's academic interests are in the development of novel minimally invasive surgical approaches to treating patients with benign prostatic hyperplasia and kidney stones. His clinical work covers

all aspects of endourology, with a special focus on holmium laser enucleation of the prostate (HoLEP) and percutaneous nephrolithotomy (PCNL).

Patrick Lec, MD



A health sciences assistant clinical professor, Dr. Lec completed his residency training as well as a fellowship in urogynecology and pelvic reconstructive surgery at UCLA Urology. Dr. Lec's academic interests are in complex voiding dysfunction, neuro-urology, and benign genitourinary reconstruction. His clinical work includes all aspects of

female and male urologic reconstructive surgery, as well as general urology. He sees patients at Harbor-UCLA Medical Center.

Adam Weiner, MD



An adjunct assistant clinical professor, Dr. Weiner completed his urology residency at Northwestern Medicine in Chicago and a fellowship in urologic oncology at UCLA, where he was the recipient of the Ginsburg Fellowship in Precision Genomic Medicine and Prostate Cancer Foundation Young Investigator Award. Dr. Weiner's research interests include biomarker development

for patients with high-risk prostate cancer.

Andrew Zilavy, MD



A health sciences assistant clinical professor, Dr. Zilavy completed his urology residency training at the University of New Mexico and his fellowship in genital-affirming surgery and urologic reconstruction at UCLA. Dr. Zilavy's academic interests are in advancing reconstructive care for transgender patients. His clinical work includes all aspects of urologic reconstruction and surgical care

for transgender patients, as well as general urology.

DONOR SPOTLIGHT

Charlie and Barbara Umamoto



Charlie Umamoto was in his mid-60s, running a successful business and enjoying the tranquility of life on the Big Island of Hawaii with his wife, Barbara, when results of a routine blood test intruded.

On the island where Umamoto has lived since birth, the one urologist had retired. So when his bloodwork showed an elevated PSA, suggesting the possibility of prostate cancer, he made an appointment to see the first urologist who rotated in from one of the other islands. A biopsy didn't find a tumor, but the PSA number didn't go down. A few months later, another urologist ordered a second biopsy along with an MRI, which were also inconclusive.

Frustrated by the lack of answers, Barbara Umamoto obtained a referral to a third urologist, this one in Honolulu. When he recommended a more extensive biopsy, the couple showed him a magazine they had just subscribed to. Featured on the cover was Dr. Leonard S. Marks, the UCLA Urology professor who had pioneered the targeted biopsy approach — using MRI to identify suspicious areas in the prostate, then fusing the findings with real-time ultrasound in a special device. The approach is far more likely than traditional biopsies to find cancer when it's present — or to provide reassurance for patients with elevated PSA that they don't have a tumor.

"I asked the urologist if he knew about this, and he said he didn't and wouldn't be able to follow that protocol," Barbara Umamoto recalls. "So I looked at Charlie and said, 'Let's go to UCLA.'"

Dr. Marks' targeted biopsy found no cancer, and a decade later, Charlie Umamoto remains cancer-free — his PSA having returned to normal with medication. He continues to see Dr. Marks annually for monitoring.

The peace of mind Dr. Marks' innovation has provided led Charlie and Barbara Umamoto to become financial supporters of Dr. Marks' research, which also focuses on active surveillance for patients with low-risk, localized prostate cancer; and various focal therapy treatments that use energy sources to target slow-growing tumors while leaving healthy tissue intact.

The Umamotos were motivated to support Dr. Marks' work by the hope that it will help future patients enjoy the same benefits. But there was also a personal connection: the zeal both have for their work. Thirty years ago, Charlie Umamoto started Hilo Fish Co. on a shoestring budget; it has grown exponentially and is now the largest seafood company in the State of Hawaii, with a distribution network that stretches across the continental United States.

"Every year, Dr. Marks and I ask each other when we plan to retire, and we both have the same answer," Charlie Umamoto says. "We love what we're doing too much to stop."



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U.S. News & World Report's annual Best Hospitals survey ranks UCLA Health on the 2024-2025 Best Hospitals Honor Roll, which represents the top hospitals nationally for excellence in multiple areas of care. In California, UCLA Health ranked as the #1 state and regional hospital. UCLA Urology was ranked as the nation's #4 urology department.



The Men's Clinic at UCLA

DID YOU KNOW?

The most common cause of impaired male fertility is varicocele — 15-20% of men have these enlarged veins around the testicle that can affect sperm production and quality. The specialists at TMC@UCLA can diagnose varicoceles with an office visit and an in-house semen analysis, and perform state-of-the-art, microsurgical repair to maximize fertility success and minimize recovery time.

The Men's Clinic at UCLA is a comprehensive, multidisciplinary health and wellness center located in Santa Monica, with a satellite clinic in Burbank. For more information or to make an appointment, call (310) 794-7700.



**Give Now.
Here's How.**

Contributions to UCLA Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can make a gift to UCLA Urology by logging on to <http://giving.ucla.edu/urology>. Please call (310) 968-1560 if you have any questions about making a gift to UCLA Urology.

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