



UCLA UROLOGY

UPDATE



Left: A kidney transplant patient exam room at the Connie Frank Transplant Center; right: at the center's ribbon-cutting ceremony (l. to r.): Gregory Zeiger, Connie's Frank's brother; Connie Frank; Evan Thompson, Ms. Frank's husband; Bradley Zeiger, Ms. Frank's brother; Dr. David T. Feinberg, then-president of UCLA Health; Dr. Gabriel Danovitch, professor of medicine and director of kidney and kidney/pancreas transplantation; Chancellor Gene D. Block; and Dr. Jeffrey Veale, associate professor of urology and director of the UCLA Kidney Exchange Program.

New Spaces Promote Comfort, Convenience, and Better Care

UCLA Urology is growing.

In Westwood and Santa Monica, and for patients with wide-ranging urological needs, the department is expanding access to its services with new and larger spaces. But size is only part of the story. Through a purposeful and coordinated effort, the new facilities are bringing together diverse teams of experts and trainees in ways that promote more communication and, as a result, enhanced training and clinical care. And through more attractive and centralized facilities, the growth is dramatically improving the patient experience.

“The best way to achieve our missions of teaching, research and clinical care is to offer a state-of-the-art environment for our patients, practitioners and trainees,” says Mark S. Litwin, MD, MPH, professor and chair of UCLA Urology. “These new facilities are being designed in ways that best support the teaching

and practice of urology in the 21st century. That means not only the most advanced diagnostic and therapeutic equipment, but also spaces that are aesthetically pleasing, convenient for patients, and foster interactions that will advance training and clinical outcomes.”

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Above left: At the new Pelvic Medicine and Reconstructive Surgery (PMRS) suite (l. to r.): UCLA Urology residents Aaron Laviana and Victoria Scott; UCLA Urology fellow Seth A. Cohen; and Dr. Ja-Hong Kim, UCLA urologist and associate director of the Female Pelvic Medicine and Reconstructive Surgery Fellowship Program. Above middle: Dr. David Leff, UCLA urologist, with Lynn Hopkins, office manager, at Frank Clark Urology-Santa Monica. Above right: Patient room at the new PMRS suite. Opposite page: Meeting of the clinical trials team.

continued from cover

The expansion cuts across urological subspecialties. At **Frank Clark Urology-Santa Monica**, the department has taken over the entire 12th floor of the building on 1260 15th Street – expanding to 11 exam rooms and four procedure rooms, as well as adding an entire video urodynamics suite. In addition to general urology and urologic oncology, the Santa Monica location now features programs in pediatrics and pelvic medicine, as well as a program for patients with kidney stones. A men’s health program will be added later this year.

“This is a beautiful new facility that improves the entire patient experience, in addition to allowing us to offer additional services to people in the Santa Monica community,” says Kelli Baker Scott, UCLA Urology director of clinical and business operations.

In Westwood, UCLA Urology’s **Division of Pelvic Medicine and Reconstructive Surgery (PMRS)**, which has helped define the state of the art for simple and complicated treatments of conditions related to pelvic disorders and voiding dysfunction, now has its own state-of-the-art space as well. The new pelvic medicine suite, part of the Clark Urology Center, Westwood, adds eight exam and procedure rooms along with space for faculty, staff, and pelvic medicine fellows. The remodeled space has dramatically improved the ambiance while bringing together the PMRS team in a location dedicated solely to the diagnosis, treatment and consultation services that the program offers.

“Having a dedicated team together in our own space

has promoted more interaction with patients, among members of our team, and with our trainees,” says Shlomo Raz, MD, professor and chief of the division. “All of those factors lead to better quality of care.”

The same can be said for the dramatic new space that the **UCLA Institute of Urologic Oncology (IUO)** moved into last fall on the third floor of the Edie & Lew Wasserman Building at UCLA. Among other things, the centralized location enables a “one-stop shop” for patients with urologic cancers – eliminating the need for them to make multiple visits to specialists at disparate sites on different days. Moreover, by having members of all disciplines involved in caring for patients with urologic cancers together in close quarters – urologic oncologists, including those who perform minimally invasive robotic surgery; medical and radiation oncologists; diagnostic and interventional radiologists; pathologists; nurses; basic scientists; and clinical trials specialists – the IUO fosters seamless, integrated care and coordinated decision-making.

“Our goal is to bring all our resources to the patient, rather than patients going from office to office to see everyone they need to see.”

“Our goal is to bring all our resources to the patient, rather than patients going from office to office to see everyone they need to see,” says Arie Beldegrun,

MD, the Roy and Carol Doumani Chair in Urologic Oncology and IUO director.

And finally, one of the world’s leading kidney transplant programs is about to move into a spectacular new space on the fifth floor of the Peter Morton Medical Building at 200 UCLA Medical Plaza in Westwood. **The Connie Frank**



Transplant Center at UCLA is named after the philanthropist and patient advocate who has spent the last three decades supporting organizations and projects that improve the patient care experience, particularly for those with long-term chronic diseases. With the new space, the kidney transplant program will expand from a 3,500-square-foot shared suite to an approximately 10,000-square-foot suite exclusive to the center, with 14 exam rooms along with on-site blood-draw and infusion stations wholly dedicated to pre- and postoperative kidney transplant recipients and donors.

“Kidney transplantation has always been a leader in the integrated team approach to care, and this takes that to the next level for outpatients,” says H. Albin Gritsch, MD, surgical director of kidney transplantation and associate professor in the UCLA Department of Urology. “We see our center serving as a model for multidisciplinary healthcare to better treat complex conditions.”

The Connie Frank Kidney Transplant Center at UCLA also epitomizes the shift toward more patient-centered environments within UCLA Urology facilities, both in terms of convenience and atmosphere. “The center was designed, with Connie Frank’s significant input, from the patient’s perspective,” says Dr. Gritsch. “It brings together all of the services patients need, including a calming waiting area and beautiful video-conference center, exam and treatment rooms. The patient-centric design has exam

rooms on the outside, so that they have the windows and view, while the administrative, doctors’ offices and conference facilities are in the core.”

In consulting with architects during the planning for the IUO space several years ago, and then in the subsequent planning for the pelvic medicine remodeling and Connie Frank Transplant Center, Dr. Litwin came to better appreciate the critical role design can play in the patient experience. “When you have an open, attractive space with lots of natural light, that makes a huge difference in how patients experience their illness and their healing,” he says. As part of the Wasserman Building’s award-winning design by Michael Palladino of Richard Meier & Partner Architects, the IUO is awash in open space and natural light.

But the benefits go beyond patient comfort and convenience. “With all of these facilities, we have worked hard to create spaces in which there will be more interaction among members of the healthcare team,” Dr. Litwin explains. “While allowing for a certain amount of privacy, we also want people in close proximity to each other much of the time so as to encourage the ‘water cooler’ conversations about cases and research that can lead to better care and training.”

Dr. Beldegrun, who began advocating to bring together urologic cancer specialists in shared space after seeing how successful it was for the UCLA Kidney Cancer Program (for which he serves as surgical director), points out that in addition to the informal exchanges, the space facilitates more formal collaborations across disciplinary boundaries in the management of each patient. For example, a multidisciplinary group meets regularly to discuss complicated and challenging urologic cancer cases referred to UCLA.

“The care of patients is much more complex now, with many more choices,” says Dr. Beldegrun. “UCLA has such a breadth of expertise that it makes sense to put these different experts together so that patients can benefit from the knowledge of the entire team

rather than from just one doctor.”

The new setups also advance UCLA Urology’s teaching mission, both by exposing trainees to a diverse group of experts and by fostering more interaction. As an example, Dr. Litwin says, the IUO suite where trainees are stationed was built without walls to promote more conversation and collective learning. “It used to be that much of our learning was through going to the library and studying from books, but training is much more of a participatory, media-enhanced team effort today,” he says.

That is particularly beneficial in the PMRS program, where faculty members, led by Dr. Raz, have been pioneers in developing new treatment options, making a PMRS fellowship at UCLA a much-coveted position. “Previously, with such a shortage of space, the team was spread out and interaction between the faculty and fellows was more limited,” Dr. Litwin says. “We designed the new space in such a way that everyone is within earshot of each other, which provides much more opportunity for discussion and exchange of ideas.”

If the new designs reflect a trend in which urological care has become more of a “team sport,” it’s fitting that the team members making it all possible are UCLA Urology patients. “The finances of a modern academic medical practice are such that the only way we’re able to do this is through the beneficence of our



supporters, who are in many cases appreciative patients,” Dr. Litwin says. “Some donors give hundreds of thousands of dollars, while others give smaller amounts according to their means. We deeply appreciate all donations and are leveraging every one of them to improve the way we pursue our mission.”

Dr. Vesna Ivančić



For Dr. Vesna Ivančić, a pediatric urologist who completed her UCLA Urology residency in 2008 and is now on faculty at the University of Michigan, the aspects that drew her to the specialty more than a decade ago continue to resonate.

“I like that surgery enables us to fix most of our patients’ problems and make their lives much better,” she says. “Because we are often dealing with issues that are sensitive and difficult to discuss, being a urologist allows me to develop relationships with patients built on trust. I strive to reassure them everything is OK to talk about, nothing is ‘weird,’ I hear about these kinds of problems every day and I’m not here to judge. Being able to convey these messages to patients and serve as someone who cares about them and wants to help them get better is one of the reasons I love urology.”

Dr. Ivančić says she benefits on a daily basis from her UCLA Urology training under the mentorship of Dr. Bernard Churchill, then the Judith and Robert Winston Chair in Pediatric Urology and founding director of the Clark Morrison Children’s Urological Center at UCLA. “Dr. Churchill is amazing and I still hear him in my head when operating,” she says. “The breadth of expertise offered to us as residents at UCLA gave me the experience to clear pediatric patients for kidney transplant and even apply laparoscopic techniques or oncology approaches to the pediatric setting,” she adds.

After completing her UCLA Urology residency, Dr. Ivančić did a two-year pediatric urology fellowship at Cincinnati Children’s Hospital under the tutelage of Dr. Curtis Sheldon, founding director of the hospital’s Urogenital Center and a former trainee of Dr. Churchill. She joined the University of Michigan urology faculty in 2010, and now sees pediatric patients ranging from newborns to teens.

“People who practice pediatric medicine will always say that the most rewarding aspect of their work is interacting with the kids,” Dr. Ivančić says. “I adore the kids, but for me what’s even more rewarding is providing relief to parents. As a parent of four myself, I know how anxiety-provoking it can be to have anything be wrong with your child. When you’re operating on a child, you have not only that child’s health in your hands, but everything that child’s parents live for. To be able to leave the operating room and tell those parents that the surgery went well and their child will soon be back to normal is the best feeling.”

Vasectomy

Urologic conditions affect people across the life spectrum. In each issue of the UCLA Urology Update we will discuss a urologic condition and how it can be addressed.

A vasectomy is a minor outpatient surgical procedure to make a man sterile by closing off the tubes that deliver sperm from the testes to become part of the semen. It is one of the most popular forms of birth control, sought by more than 500,000 men per year in the United States. Vasectomies are considered very safe and are effective nearly 100 percent of the time, with rare complications and no change in sexual function. A man’s sex drive, ability to achieve an erection, ejaculation and sexual enjoyment are not affected. Male hormone levels and secondary male characteristics do not change. A vasectomy is much less expensive and less invasive than tubal ligation, the sterility procedure performed on a woman. It is also more easily reversed, although it should be considered permanent.

The vasectomy is often done in a doctor’s office and takes about 15-30 minutes. After the patient is numbed with a local anesthetic, one or two small incisions are made in the scrotum to access the two tubes, known as the vas deferens, that transport sperm from the testicles into the semen. Each vas is lifted, cut and sealed off before being returned to the scrotum. In recent years, an increasing number of vasectomies are using the “no scalpel” method, in which the same procedure is performed through a pinpoint puncture in the scrotum, resulting in less tissue disruption and no need for suturing. This procedure can reduce postoperative discomfort and the risk for bleeding and infection. An alternative to the vasectomy, the Vasclip, involves no cutting or cauterizing; instead, a small plastic device is clamped around the vas deferens to prevent the sperm from entering the semen. Although recovery time might be shorter, some studies have shown the method to have higher failure rates compared to vasectomy.

The risk of complications after a vasectomy is low. For at least 2-3 days following the procedure there is likely to be tenderness, slight swelling and pain that is usually experienced as a dull ache, but most patients are able to resume nearly all of their normal activities within a week. In some men, pain can last longer, particularly if there is a temporary buildup of pressure within the vas deferens. An infection at the site of the incision can occur, and in rare cases sperm that leaks from a vas deferens into the surrounding tissue can form a small lump that will usually heal itself. Contrary to some reports in the media, professional societies such as the American Urological Association advise that a vasectomy does not increase a man’s risk of prostate cancer.

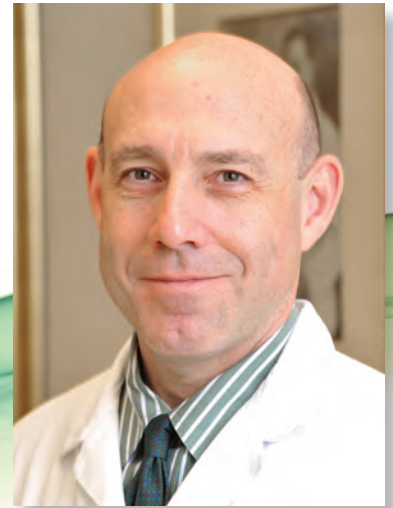
Only 1-2 women per 1,000 have an unplanned pregnancy in the first year after their partner has had a vasectomy. It is important to remember that the effect of the procedure is not immediate – it may take up to 20 ejaculations and 2-3 months before the sperm is cleared from the semen, so other forms of birth control should be used until semen samples have been tested and found to be absent of sperm.

UCLA Urologists Dr. Christopher Saigal and Dr. Jacob Rajfer are available to perform vasectomies.



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

Letter from the Chair



“Taking care of the most vulnerable members of our community strengthens the soul of our department. It is the right thing to do.”

Traditionally, the mission of an academic medical enterprise has consisted of three elements: teaching medical students, residents and fellows; conducting research, both to learn about the factors underlying health and disease states, and to bring improved diagnostics and treatments to fruition; and, of course, providing first-rate care to the patients who come to our facilities. Several years ago, UCLA Health went through its strategic planning process and added a fourth pillar to the mission: community service. The reason is simple. Unlike many fields, healthcare is a service discipline. All of us go into medicine pursuing some variation of the same theme – to heal humankind. As such, we feel compelled to support not only patients who can afford our services, but also those in our community who can’t.

At UCLA Urology we are deeply committed to this aspect of our mission. Our profound loyalty to the community in which we live and work is reflected in our deeds. This commitment is longstanding. One of the best exemplars is IMPACT: Improving Access, Counseling and Treatment, a State of California-funded program administered by UCLA Urology. Since 2001, our network of IMPACT providers have delivered free, high-quality prostate cancer treatment and case management to low-income, uninsured men across the state. Through IMPACT, life-saving services have been provided to more than 2,000 indigent patients – men who would otherwise have no place to turn for support.

More recently, UCLA Urology has played a central role in the planning and development leading to this year’s opening of Martin Luther King (MLK), Jr. Community Hospital – and our urologists have begun providing services for a South Los Angeles community that has had limited access to healthcare since the 2007 closure of Martin Luther King, Jr. Harbor Hospital. Our department has also been deeply involved, dating back decades, in managing and providing urological services at two of the three public county hospitals in Los Angeles: Olive View-UCLA Medical Center and Harbor-UCLA Medical Center.

We have full-time faculty at these county hospitals, as well as at MLK, while many other faculty volunteer on special cases within their expertise as needed. We also send our fellows to provide unreimbursed care at these sites, and our residents manage it all. It’s an ideal way to support our teaching mission – exposing trainees to diverse and complex patient populations. But more than that, taking care of the most vulnerable members of our community strengthens the soul of our department. It is the right thing to do.

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

Septembeard Partnership Enters Third Year

With September fast approaching, teams are being formed for the annual Septembeard campaign for prostate cancer awareness. This will mark the third year UCLA Urology has partnered with Septembeard.org, a nonprofit organization that raises money for prostate cancer research by having men grow a beard in September while asking friends, family members and colleagues to sponsor their pursuit through donations. Septembeard has raised more than \$800,000 for prostate cancer research through an event that promotes both competition and camaraderie, as well as awareness, while bringing in vital funds for research. Funds raised by UCLA Urology teams help to support the department. Check www.urology.ucla.edu for updates.



Barbara Heinrich



Barbara and her husband Greg have donated in support of the research of UCLA Urology's Dr. Shlomo Raz, whom Barbara credits with "giving me my life back" through his compassion and expertise after several years of treatment by other physicians failed to provide relief.

Barbara Heinrich went in for mesh implant in 2008 near her home in Las Vegas, and by 2009 she was experiencing severe discomfort. "I spent all my time in a chair, not moving for fear that it would trigger excruciating pain," she recalls. "I could barely walk to the kitchen, which was less than 10 feet away."

The only solution, she was told, was to remove the mesh – but that is not an easy task, and often pieces remain and cause considerable havoc. That was the case for Barbara after she underwent a series of treatments that made a bad situation worse. In 2011 she was referred to Dr. Raz, professor and chief of UCLA Urology's Division of Pelvic Medicine and Reconstructive Surgery. After two surgeries, Dr. Raz was able to remove all of the remnants of the implant. Unfortunately, all of the problems she experienced prior to seeing Dr. Raz took their toll. Barbara was diagnosed with fibromyalgia, a pain syndrome experienced by many patients who have had complications from the mesh implants. The additional surgeries Dr. Raz performed to fix the damage created by the mesh resulted in her requiring a bladder augmentation with a urethrectomy and the creation of a continent abdominal stoma in 2012.

All told, Barbara has had 13 surgeries, nine of which have been performed by Dr. Raz. "I've been a challenge for Dr. Raz, but he doesn't give up on me," she says, fighting back tears. "I have never met a more caring and compassionate doctor. He doesn't just see me as a patient to fix and send on my way. He wants to know why this happens and what he can do." Barbara adds: "To be able to go out and enjoy things again without the terrible pain or fear of leaking is a wonderful feeling."

"I spent all my time in a chair, not moving for fear that it would trigger excruciating pain. I could barely walk to the kitchen, which was less than 10 feet away."

With their donation to support Dr. Raz's research, the Heinrichs hope to contribute to solutions that will ensure that other women don't experience the same ordeal. "Dr. Raz is making great strides in finding out why some women are affected with this mesh and some aren't," Barbara says. "If any doctor can help other women so they don't have to endure this debilitating pain, we feel it will be Dr. Raz and UCLA."

Kudos

Avi Baskin, a UCLA medical student who has been working on a urology research project, presented at the Urologic Society for Transplantation and Renal Surgery meeting at the American Urological Association annual meeting in May. His talk, “Polyethylene Glycol Accelerates Return of Bowel Function and Decreases Postoperative Narcotic Use in Renal Transplantation,” was co-authored by **Eric Treat, MD**; **Andy Lin**; and **Albin Gritsch, MD**, surgical director of the UCLA Kidney Transplant Program. Mr. Baskin received the Andrew Novick Award from the Urological Society for Transplantation and Renal Surgery for the best presentation, which came with a \$1,000 check.

Carol Bennett, MD, clinical professor of urology, was the 2015 recipient of the “Secretary’s Coin” from US Secretary of Veterans Affairs Robert McDonald for her work promoting patient-centered care. During the awards ceremony, Dr. Bennett received a prolonged ovation from her peers at the Greater Los Angeles VA Medical Center.



Jonathan Bergman, MD, MPH, assistant professor of urology and family medicine, was a 2015 recipient of the David Geffen School of Medicine at UCLA Excellence in Education Award. This peer-reviewed award was established to recognize outstanding dedication, innovation, and sustained excellence in clinical and classroom teaching. He received it on a sun-drenched afternoon in May with many department members in attendance.



Seth A. Cohen, MD, UCLA Urology fellow, will serve a two-year term, 2015-2017, on the American Urological Association’s National Medical Student Curriculum Committee. His efforts will focus on revamping/revising the curriculum with a new online educational interactive case format.

Christopher Filson, MD, UCLA Urology fellow; **Leonard S. Marks, MD**, professor of urology; and **Mark S. Litwin, MD, MPH**, professor and chair of UCLA Urology, had their study, “Expectant management for men with early-stage prostate cancer,” published in *CA: A Cancer Journal for Clinicians*. Dr. Filson presented two abstracts selected for the media day at the American Urological Association annual meeting in May: “Should a normal multiparametric MRI preclude prostate biopsy?” and “MR-US fusion biopsy to diagnose prostate cancer: First 1,000 men at UCLA.”

Isla Garraway, MD, PhD, was selected to participate as an organizer of the 2016 American Association for Cancer Research Annual Meeting Scientific Program Committee.

Stuart Holden, MD, clinical professor of urology and associate director of the UCLA Institute of Urologic Oncology, was appointed as the inaugural holder of the newly established Spielberg Family Chair in Urologic Oncology.

Alan L. Kaplan, MD, UCLA Urology resident, was awarded best poster at the American Urological Association annual meeting’s Epidemiological Trends session in May. Dr. Kaplan’s abstract, “Observing shared decision-making in the urology clinic: A pilot study among men with prostate cancer,” was a product of his research year under the mentorship of **Christopher Saigal, MD, MPH**, senior author of the study. Dr. Kaplan received a Resident Scholar Award from IVUmed and the AUA Western Section to travel to Dakar, Senegal this summer, where he will be under the mentorship of local university urologists.

Ja-Hong Kim, MD, associate professor of urology and associate director of the Female Pelvic Medicine and Reconstructive Surgery Fellowship Program, was selected as a David Geffen School of Medicine at UCLA Exceptional Physician for 2015, recognizing her commitment to patients and demonstration of UCLA values: compassion, respect, excellence, discovery, integrity, and teamwork.



Aaron Laviana, MD, UCLA Urology resident, was the project lead on “Small Renal Masses,” a winner of the UCLA Institute for Innovation in Health “Putting the Patient’s Voice into Actions” contest. The project, which also included team members **Sylvia Lambrechts, MPH, MA**; **Annette Ilg**; and **Christopher Saigal, MD, MPH**, interviewed patients with small renal masses to better understand which factors are most important to them when choosing a specific treatment.

Pei Liang, PhD, UCLA Urology postdoctoral fellow under the mentorship of Drs. William Aronson and Lily Wu, received a 2015 postdoctoral research award from the U.S. Department of Defense for her study, “Effect of Omega-3 Fatty Acids on Inflammation and Cancer Progression in Castration-Resistant Prostate Cancer.”



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

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



Annual UCLA Urology-Hosted Conference Explores State of the Art

The UCLA State-of-the-Art Urology Conference, which held its 40th annual meeting at the Ritz-Carlton in Marina del Rey, CA, in March, has earned a reputation as a premier conference exploring the most challenging management problems facing the practicing urologist.

“We design our course to provide practical and state-of-the-art information that our attendees can take back and use in their practices for the benefit of their patients,” explains William Aronson, MD, UCLA Urology professor and course chair for the conference. “Each year I work closely with our faculty to make sure we present state-of-the-art, and often controversial, topics that will be of the greatest interest to our attendees. Many have told me they think our course is the best of its kind.”

This year's conference included nearly 20 UCLA Urology faculty presenters, as well as other UCLA faculty and guest faculty from other institutions.

Attendees participated in interactive learning and panel discussions at the picturesque venue.

“One of the strengths of our course is that we cover numerous areas of interest in urology,” says Dr. Aronson. “In addition to a thorough review of genitourinary oncology, we also cover important non-oncologic areas, including female urology, stones, andrology, surgical tips and tricks, and numerous other areas. By encouraging interaction between participants and our distinguished UCLA and guest faculty, we ensure an outstanding educational experience for attendees.”



Dr. William Aronson

**Next year's conference is set for March 3-6, 2016.
Check www.urology.ucla.edu for updates.**

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