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UCLA UROLOGY

UPDATE

The UCLA Stone Treatment Center includes multiple fellowship-trained endourologists who specialize in treating the most complex stone cases using state-of-the-art surgical techniques, as well as conducting research and collaborating with patients on prevention strategies. Above left photo: Drs. Matthew D. Dunn (l.) and Alan Yaghoubian; Right: Dr. Kymora B. Scotland.

Stone Treatment Center Experts Bring Relief for a Painful Condition

It's one of the most common urological conditions, and also among the most painful — when the solid mineral deposits known as stones form and then become lodged in the kidney or elsewhere in the urinary tract. The period of discomfort during a stone episode can be excruciating, and many patients are unable to pass them without treatment. Some patients — including those with challenging anatomies or certain medical conditions — are difficult to treat without special expertise. And once the acute issue is resolved, patients must live with the reality that nationwide, up to half of individuals who experience one kidney stone episode will have a second within five years.

For all of these reasons, the UCLA Stone Treatment Center serves as a critical resource in Southern California and beyond. The center includes multiple fellowship-trained endourologists who specialize in treating the most complex cases using state-of-the-art surgical techniques. Beyond bringing patients relief from their acute episodes, the center's multidisciplinary team of health care professionals conducts metabolic studies designed to determine the cause and makeup of each patient's stone, then works with patients to develop strategies that will reduce their likelihood of experiencing a recurrence. The center is making its expertise available to increasing numbers of patients in the Los Angeles area — with a high-volume

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UCLA Stone Treatment Center

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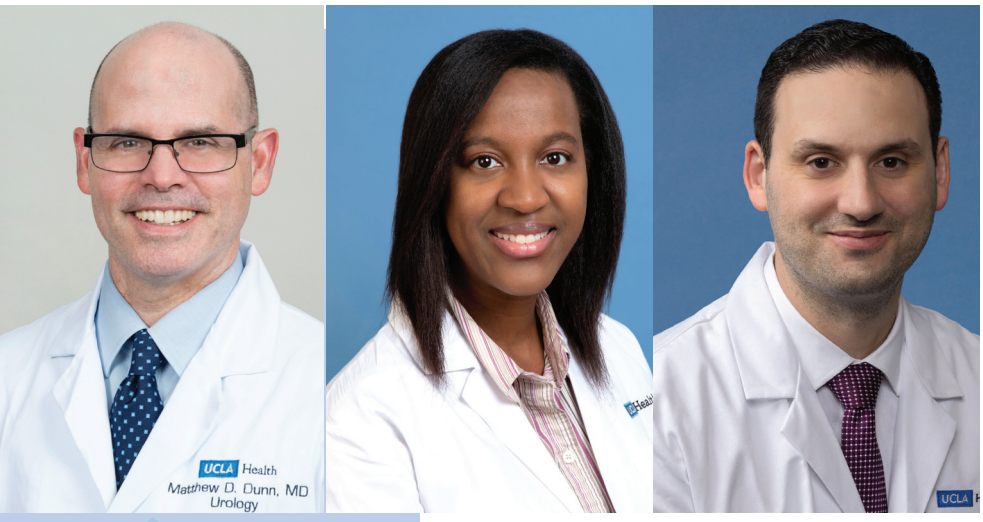


Above: UCLA Stone Treatment Center endourologists (l. to r.) Matthew D. Dunn, MD; Kymora Scotland, MD, PhD; and Alan Yaghoubian, MD. Opposite page: Drs. Dunn and Yaghoubian review a patient's x-rays prior to performing a ureteroscopy.

practice that includes sites in Westwood, Santa Monica, and Santa Clarita, along with plans for further expansion in the near future.

Approximately one in 10 people will develop at least one stone in their lifetime — a percentage that is on the rise, for reasons that are unclear. Rates of obesity, a major risk factor, are increasing, and worldwide the biggest risk is not consuming enough water. But neither fully explains the rise. "It's likely multifactorial, involving both genetic and environmental factors," says Matthew D. Dunn, MD, UCLA Urology associate clinical professor and director of the UCLA Stone Treatment Center. "This is a huge societal problem, and we are seeing increasing numbers of patients with stone disease."

> *"This is a huge societal problem, and we are seeing increasing numbers of patients with stone disease."*

The center's leadership in the field can be traced back nearly 40 years — in 1985, UCLA was the first on the West Coast to use noninvasive shockwave lithotripsy to remove kidney stones. "Because of our depth of experience and expertise, we continue to serve as a center of excellence for the most complicated patient referrals," Dr. Dunn notes. He explains that these include patients with complex medical conditions or challenging anatomies — such as individuals with spinal cord injury; scoliosis; cerebral palsy; and heart, lung, or liver comorbidities, as well as patients with a reconstructed bladder or alternative bladder drainage system.

In addition to taking on the most challenging cases, Dr. Dunn has focused on approaches to make the treatment less invasive. UCLA is among the few sites in the region that performs percutaneous nephrolithotomy (PCNL) for patients with the largest stones or challenging anatomies. For these surgeries, a small incision is made in the patient's back, then a scope and a special instrument are inserted to locate, break up, and remove the stones. Dr. Dunn and his colleagues have been leaders in the mini-percutaneous nephrolithotomy — using a smaller incision in order to minimize bleeding and pain, with many patients able to go home on the same day.

For patients with small- to medium-sized stones, the mainstay of treatment is the flexible ureteroscopy, an outpatient procedure in which a scope is placed through the urethra (the tube that empties urine from the body) to reach the bladder and ureters and eradicate the stone. In recent years, two laser technologies that enable the "dusting" of the stones have rapidly become the standard for this minimally invasive procedure. "These lasers go through the scope and blast the stones into tiny dust particles," explains Alan Yaghoubian, MD, UCLA Urology assistant clinical professor and a member of the UCLA Stone Treatment Center team. "Whereas in the past, the laser would break the stones into smaller pieces that we still had to grab out of the kidney individually, the pieces are so fine now that they can come out in the patient's urine without any discomfort, which makes the surgery faster and less invasive."

In many cases, the UCLA Stone Center endourologists are doing these procedures without the need to leave a temporary stent in the patient, reducing the discomfort associated with the device and its removal. Dr. Yaghoubian is currently the principal investigator at UCLA of a multi-institutional clinical trial comparing the efficacy of the two laser technologies — the holmium YAG and the thulium fiber laser, both of which are used at the UCLA Stone Center.

Dr. Yaghoubian has also been on the cutting edge of efforts to make the highly specialized PCNL surgery less invasive. In addition to the move toward miniaturizing the surgery, the UCLA endourologists now perform the vast majority of them with the patient lying face up, which reduces the amount of anesthesia and the risks associated with operating while patients lie on their stomach. Dr. Yaghoubian and his UCLA colleagues also increasingly rely on ultrasound rather than X-ray to guide the needle into the kidney, which

provides a better view of the anatomy.

After treating the patient's acute condition, the UCLA Stone Center conducts tests — including a 24-hour urine study and metabolic work-up — to determine the type of stone the patient had as well as the likely cause, which helps to inform the optimal prevention strategy. "Patients will go online and see a lot of things about how to prevent stones, but it depends on the type of stone you have," says Kymora B. Scotland, MD, PhD, UCLA Urology assistant professor and a member of the UCLA Stone Center team. For any type of stone, one of the most important prevention strategies is to drink a sufficient amount of fluid — approximately 3 liters of water each day. But Dr. Scotland notes that beyond that, the guidance is related to the type of stone — there are approximately five major categories, along with less common types — as well as the driving factors behind its formation, which can range from dehydration to genetics or certain medical conditions.

In her laboratory, Dr. Scotland studies ways in which kidney stones form. Her group is investigating the role of bacteria in accelerating the growth of the calcium oxalate crystals that are the precursors to a common type of stone. "Our hope is that identifying the role of bacteria might lead to medication-based ways that we can use to address kidney stones," she says.

Dr. Scotland is also conducting research evaluating the information online about stone disease. "We know patients have a lot of questions about risks, how they should be preventing stones, and even how the stones are treated," she says. "But a significant amount of the information that can be found online is not accurate. We understand that people are going to have questions outside of their doctor's appointments, so we are trying to develop tools for sharing information that is reliable and easy to understand." Dr. Scotland's team will collaborate with a patient advisory group as well as health educators in an effort to improve on the content available to patients.

"Kidney stones are quite common and have a substantial impact on quality of life, even when patients aren't having an acute episode," Dr. Scotland says. "Our goal is to do as much as we can to relieve that burden and make these patients' lives better."

DONOR SPOTLIGHT

John Lyddon

When John Lyddon was diagnosed with prostate cancer in 1996, he was given the same advice as the vast majority of men who were diagnosed with the disease at that time — that his two options were surgery to remove the prostate, or radiation therapy. Lyddon ended up coming to UCLA, where he was counseled on a third option that has served him well for nearly 30 years: actively monitoring rather than treating his cancer, given that it was determined to be slow growing. "I was at the beginning of the 'watchful waiting' trend," says the retired oil industry executive.

Over the years, Lyddon says, the UCLA Urology team continued to meet on his case and conclude, based on the surveillance, that he didn't need treatment, particularly given that it could bring significant side effects. "In the U.S., we now know there has been a history of overtreatment of slow-growing prostate cancers," Lyddon says. "I am fortunate that mine wasn't aggressive and that I received this excellent advice at UCLA."

To help others benefit from UCLA Urology's expertise, Lyddon has made significant contributions over the years to support the priorities of the department chair. "UCLA is the best place to go for any health issue," he says. "Giving during my lifetime, and being able to enjoy seeing the benefits of the donation, has been a really good feeling. I'm not super rich, but I know that every donation helps, and it's been great to be part of this organization, supporting all of these smart doctors and scientists."

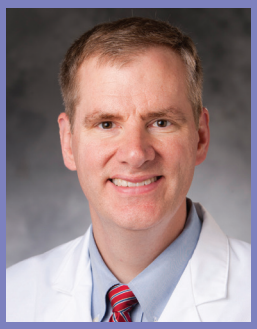
In recent years, Lyddon has continued to benefit from UCLA Urology's excellence. "They now use the PSMA PET/CT scan to be able to closely watch the cancer, which UCLA had a big hand in bringing about," he says. "Knowing where the cancer is, and that it's contained, provides a lot of comfort."

At 92, Lyddon is still pursuing his interests in the ocean and piloting planes — in April, he flew to Mazatlan to view the solar eclipse. "A lot of people don't make it to 92, let alone doing this kind of thing," he says. "I feel very fortunate."

UCLA Urology, past and present, was well represented at the February 2024 Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction Winter Meeting in Fort Lauderdale, Florida. At the UCLA and NYU joint alumni dinner, pictured from left to right: Dr. John Cabri, UCLA Urology resident; Dr. Victor Nitti, chief of the UCLA Division of Female Pelvic Medicine and Reconstructive Surgery (FPMRS); Dr. Daniela Kaeding, former UCLA FPMRS fellow; Dr. Christine Burke, UCLA FPMRS fellow; Dr. Rahul Dutta, UCLA FPMRS fellow; Dr. Cindy Gu, UCLA Urology resident; Dr. Alice Drain, UCLA FPMRS fellow; Dr. Claire Burton, former UCLA Urology resident; and Dr. Kyle Zuniga, UCLA Urology resident.

ALUMNI PROFILE

Charles D. Scales Jr., MD, MSHS



As a second-year medical student on his pediatric hospital rotation, Dr. Charles Scales was surprised to observe less-than-optimal care. "I had this assumption that because the stakes were so high, the system should work really well," Dr. Scales recalls. "That awakened me to the idea that how we deliver care really matters."

The experience prompted Dr. Scales to pursue an academic career as a urologist with a special interest in health services research — and, specifically, issues of health equity. After completing his residency training at Duke University, he came to UCLA in 2011 for a two-year fellowship as part of the Robert Wood Johnson Clinical Scholars Program, under the mentorship of Dr. Mark S. Litwin, UCLA Urology chair. During that time, Dr. Scales was the first author on a seminal study showing that the prevalence of kidney stone disease had nearly doubled over the previous decade, with faster increases among minoritized populations. The article, which included Dr. Christopher Saigal, UCLA Urology professor and vice chair, has been cited more than 1,750 times in the 12 years since its publication.

Following his UCLA Urology fellowship, Dr. Scales returned to Duke, where he is currently an associate professor of urology and population health sciences. His clinical practice encompasses general urology with a focus on kidney stone treatment and prevention, as well as voiding dysfunction from an enlarged prostate. Dr. Scales has also parlayed his fellowship experience into a national reputation as a leader in epidemiology and health services research. He leads the coordinating center for the National Institute of Diabetes and Digestive and Kidney Diseases' Urinary Stone Disease Research Network. Dr. Scales' own research has focused on improving outcomes for patients with kidney stone disease, as well as advancing health equity for urologic conditions. Among his ongoing studies is one with UCLA collaborators, including UCLA Urology's Dr. Kymora Scotland, testing the hypothesis that historic redlining practices have helped drive the disproportionate increase in the prevalence of kidney stones among minoritized populations in the U.S.

In January, Dr. Scales was appointed associate dean for clinical research initiatives at the Duke University School of Medicine. As part of that role, he is overseeing strategic initiatives to increase equitable access to research, encourage multidisciplinary collaboration, and leverage digital technology and data to promote health, particularly among disadvantaged populations. "The reason I was excited for the opportunity to serve as associate dean is what I love doing most: building organizational capacity and helping people develop their research skills and careers," Dr. Scales says. "I attribute a substantial amount of my success in accomplishing that to the lessons I learned at UCLA."

HEALTHY AT EVERY AGE

Laser Lithotripsy for Kidney Stones

In recent years, two new laser technologies have rapidly become the standard of care for ureteroscopy, the surgical treatment for removing small- to medium-sized kidney stones — in which a small, flexible fiber optic camera is placed in the bladder and ureter and used to break up the stone. These technologies — the high-powered holmium YAG and the thulium fiber laser — have significantly reduced the time for the procedure and have made it more minimally invasive, resulting in less pain and a shorter recovery time for patients.

The use of laser technology for removing stones via ureteroscopy — known as laser lithotripsy — is not new. But in the past, the laser energy was used to break the stone into smaller pieces that then had to be extracted, piece by piece, as part of the surgical procedure. The advance in the newer technologies is in their ability to "dust" the stone, turning it into particles so fine that they can exit the body through the patient's urine over the next several weeks, undetected and without any discomfort. The procedure is performed on an outpatient basis. In the past, a stent was temporarily placed in the ureter to ensure the flow of urine during the healing process, but at UCLA, patients are increasingly able to leave without the stent, reducing the associated pain and discomfort.

Flexible ureteroscopy with laser lithotripsy is a treatment option for most patients who have stones that are 2 centimeters or smaller. Patients with larger stones or certain anatomies generally require a different surgery, known as percutaneous nephrolithotomy.

UCLA Urology's Stone Treatment Center uses both the holmium YAG and thulium fiber laser for flexible ureteroscopy. The center is currently participating in a multi-institutional randomized controlled clinical trial comparing the outcomes with the two technologies.

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

Letter from the **Chair**

In urology, as in most medical specialties, a significant portion of the people we see have chronic conditions requiring ongoing care. Treatment may improve or heal these patients over time, but there is sometimes no "magic fix." One notable exception involves the individuals with solid mineral deposits, otherwise known as stones, lodged in their kidney or another part of their urinary tract. As many as 1 in 10 people will develop kidney stone disease at some point in their lives, and anyone who has had an acute episode knows that few experiences are as painful. But as urologists, we can immediately diagnose the problem, and if it won't pass on its own we have several ways to remove or break up the stone, providing quick and lasting relief.

Stone management covers the entire spectrum of what we do in our department — from basic, clinical, and population science to patient care and prevention.

While this ability to rapidly address and resolve the intense pain and discomfort of patients is extremely gratifying, not every case is easy to treat. As this issue's cover story describes, our UCLA Stone Treatment Center performs an invaluable service by taking on the most difficult cases, including patients with large stones or challenging anatomies. The center's expert faculty are leaders in developing and employing new techniques and technologies to successfully treat these patients. But given the high recurrence rate for people who have a stone episode — approximately half will have a second within five years — treating the acute problem is only the start. The center also relies on state-of-the-art approaches to determining what precipitated the stone's development, and based on those findings, counsels patients on the best strategies for preventing future stones.

The field of kidney stone management has brought in some of the most innovative and exciting technological innovations of any medical specialty, including lasers, ultrasounds, shock waves and other energy sources used to image and break up or bypass stones. Because kidney stones are, by and large, made from calcium, uric acid, and other inorganic materials, they demand an understanding of basic chemistry. And through both the research conducted in the laboratory and the population-based studies that seek to explain factors driving the rising incidence of stone disease, we can identify the most effective ways to reduce the chances of these painful occurrences. In that sense, stone management covers the entire spectrum of what we do in our department — from basic, clinical, and population science to patient care and prevention — and, given the impact we can have on our patients, represents one of the most rewarding areas of urology.

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

Kudos

Juan José Andino, MD, MBA, UCLA Urology assistant professor, was an invited reviewer for the *AUA* News annual diversity issue and was co-author of an article in the issue highlighting his leadership role in the Hispanic Urologist Society of North America, "DIVERSITY Hispanic Urologists of North America, Tenemos Que Hacer Mas!" Dr. Andino was also appointed chair of the Sexual Medicine Society of North America Spanish-Language Committee, tasked with expanding Spanish-language educational opportunities for urologists and patients. He completed the UCLA Language Proficiency Assessment for Spanish.

Asha Ayub, MD, Aboubacar Kaba, MD, and **Austin Lee, MD,** third-year UCLA Urology residents, each received $25,000 H.H. Lee Foundation Research Grants to support their fourth-year resident research. Dr. Ayub will be mentored by **Dr. Joseph Shirk** for research evaluating the use of virtual three-dimensional, patient-specific models generated from CT or MRI to guide decision making for patients with newly diagnosed renal masses. Dr. Kaba will be mentored by **Dr. Brian Shuch** for research focusing on the management of individuals with cT1a renal tumors in need of a kidney transplant. Dr. Lee will be mentored by **Dr. Christopher Saigal** for research focusing on the impact of shared decision-making tools in the management of urolithiasis and whether greater patient education and preference prioritization through the decision aid impacts treatment decisions, patient satisfaction, formulation of a decision concordant with their values, overall clinical course, and health care expenditures. An abstract co-authored by Dr. Ayub, "Effect of 3-dimensional digital models for surgical planning of robotic prostatectomy on trifecta outcomes: Final outcomes from a randomized clinical trial," was accepted for presentation at UCLA's annual Longmire Surgical Society in May.

The U.S. Food and Drug Administration has approved the immunotherapy-boosting drug N-803, marketed under the brand name Anktiva, to be used in combination with the immunotherapy Bacillus Calmette-Guerin (BCG) for the treatment of patients with BCG-unresponsive non–muscle-invasive bladder cancer. The decision was based on results of the QUILT 3.032 clinical trial led by **Dr. Karim Chamie,** UCLA Urology associate professor. Findings from the phase 2/3 trial were presented at the 2022 American Society of Clinical Oncology annual meeting and published in *NEJM Evidence*. Dr. Chamie, who was the trial's principal investigator, reported that this combination treatment resulted in longer overall survival and was more effective and safer than other treatments available for BCG-unresponsive non–muscle-invasive bladder cancer.

Alexandra Drakaki, MD, PhD, UCLA Urology assistant professor, and her co-authors had their manuscript, "Enfortumab vedotin and pembrolizumab in untreated advanced urothelial cancer," appear in the *New England Journal of Medicine*. Their study reports that Enfortumab vedotin and pembrolizumab significantly improved outcomes compared with chemotherapy in patients with untreated locally advanced or metastatic urothelial carcinoma, with a safety profile consistent with previous reports.

Richard Ehrlich, MD, UCLA Urology professor emeritus, has a new book, *Windmills of My Mind*, published by Edition One and available on Amazon. Dr. Ehrlich's book *Floral sublimity*: A *Tetrology*, also published by Edition One, is being released in July.

Isla Garraway, MD, PhD, UCLA Urology professor and director of urologic research, and her colleagues had their manuscript, "Prostate Cancer Foundation screening guidelines for Black men in the United States," published in the journal *NEJM Evidence*. The publication outlines new prostate screening guidelines organized by the Prostate Cancer Foundation that are aimed at addressing the longstanding health disparity in prostate cancer: Black men are diagnosed with, and die from, prostate cancer at a much higher rate than white men. In an effort to reduce this disparity, a panel of diverse, interdisciplinary experts was formed to establish practical guidelines addressing prostate-specific antigen (PSA)-based screening in Black men. The new guidelines include having baseline PSA testing starting between the ages of 40 and 45. Dr. Garraway presented the findings at the 2024 American Society of Clinical Oncology Genitourinary Cancers Symposium in San Francisco.

Andrew Goldstein, PhD, UCLA Urology associate professor, and his collaborators had their manuscript, "Prostate lineage-specific metabolism governs luminal differentiation and response to antiandrogen treatment," published in *Nature Cell Biology*. Dr. Goldstein and his team identified a specific process in prostate cells that helps determine how they evolve from one type of cell to another, which plays a crucial role in determining a response to treatment. Dr. Goldstein and his team had a second study, "MYC is a regulator of androgen receptor inhibition-induced metabolic requirements in prostate cancer," published in *Cell Reports*.

Jennifer Gutierrez, third-year student at the UCLA David Geffen School of Medicine, received a Viola G. Hyde Scholarship Research & Travel Award. **Dr. Joseph Shirk** will serve as her mentor for a pilot study to develop methods to generate 3D tumor maps for bladder cancer from MRI, and to assess the efficacy of these tumor maps. She also won Best of Session for her presentation, "Effect of 3D digital models for surgical planning of robotic prostatectomy," which was presented at the Latino Medical Student Association's annual meeting in April. Her co-authors

included **Joseph Shirk, Robert Reiter, Eric Wallen, Ray Pak, Thomas Ahlering, Ketan Badani**, and **James Porter**.

Kathy Huen, MD, MPH, was selected to attend the Association of American Medical Colleges' Early Career Women Faculty Leadership Development Seminar. Dr. Huen and her co-author **Shannon Richardson** had their manuscript, "Common pediatric urologic conditions: Contemporary management of cryptorchidism, the retractile testis, and phimosis," published in *Advances in Pediatrics*. Dr. Huen and her co-authors **Anthony Bettoncourt, Jonathan Bergman,** and **Christopher Saigal** had their abstract, "Drivers of preventable emergency department visits in urology: Using the model for improvement as a framework to learn," accepted for presentation at the American Urological Association annual meeting in San Antonio.

Charles Loeb, MD, UCLA Urology fellow, and his co-authors had two abstracts accepted for presentation at the American Urological Association's annual meeting in San Antonio — "Forced sterilization in California: A haunting past and persistent inequity (podium presentation)," and "A 25-year celebration of the little blue pill that revolutionized an industry (poster)."

Matthew Rettig, MD, UCLA professor of urology and medicine (hematology/oncology), received the John B. Barnwell Award from the Department of Veterans Affairs' Office of Clinical Science Research and Development for his significant contributions to prostate cancer research and clinical practice. The award recognizes Dr. Rettig's commitment to improving health care for veterans, as well as his scientific leadership. Along with the honor, Dr. Rettig will receive $150,000 over the next three years in research support from the Office of Clinical Science Research and Development.

Amy Rosenman, MD, UCLA health sciences clinical professor of urology and obstetrics/gynecology, has been selected to receive the 2024 Jack Robertson Lifetime Achievement Award from the American Urogynecologic Society. This prestigious award recognizes an individual who has had a lifetime of outstanding achievements in the field of urogynecology and pelvic reconstructive surgery and has served as a role model through service, basic or clinical research, and teaching. Dr. Rosenman is the 15th recipient of the award.

Brian Shuch, MD, UCLA Urology associate professor, director of the Kidney Cancer Program and Meinhardt Chair for Kidney Cancer Research, along with collaborator **Dr. Christine Mona** (Nuclear Medicine), received a Rivals United for a Kure Research Project Grant of $100,000 for "CAIX-Directed Theragnostics for the Treatment of Clear Cell Kidney Cancer." Dr. Shuch also received a National Cancer Institute (NCI) Research Specialist/Clinician Scientist Award for Urologic Oncology Research to support his work in the NIH Clinical Trials Network as co-chair of both the Southwest Oncology Group Renal Committee and the NCI Renal Task Force.

Grace Sollender, MD, UCLA Urology resident, and co-authors **Andre Belarmino, Thiago Furtado, Vadim Osadchiy, Jesse Mills, Matteo Pellegrini,** and **Sriram Eleswarapu,** had their manuscript, "The interplay of varicoceles, sperm epigenetics, and male infertility: A focused, contemporary review," published in *Andrologia*.

Renea Sturm, MD, UCLA Urology assistant professor, and her co-authors, **Danial Booth, Ranak Afshari, Mahsa Ghovvati, Kaavian Shariati,** and **Nasim Annabi,** had their manuscript, "Advances in 3D bioprinting for urethral tissue reconstruction," published in *Trends in Biotechnology*.

UCLA Urology was well represented at this year's American Urological Association annual conference in San Antonio, Texas, with more than 60 presentations from residents, medical students, fellows, and faculty. Of note, **Cecilia Wada,** medical student, who is mentored by **Dr. Jonathan Bergman,** won the award for best presentation, "Integrated Care in a Large Public System Improves Efficiency Costs for Kidney Stone Management."

UCLA Urology's **Drs. Nicholas Donin, Sriram Eleswarapu, Kathy Huen, Jesse Mills, Gladys Ng,** and **Jennifer Singer** were named as *Los Angeles Magazine* Top Doctors 2024.

Dr. Carol Bennett Honored for Career Leadership

Carol Bennett, MD, UCLA Urology professor, chief of urology at West Los Angeles VA Healthcare Center and Henry E. Singleton Chair in Urology, was honored by the Society of Women in Urology with the Jean Fourcroy Leadership Award for her extraordinary leadership in the field of urology throughout her career. She was also honored with the Lifetime Achievement Award by the Association of Black Women Physicians. Dr. Bennett was the nation's first Black woman in the field of urology. In addition to her research in treating diseases of the urinary tract and defects in the male reproductive system, her work has made a lasting impact on men with neurogenic injuries resulting from spinal cord trauma.

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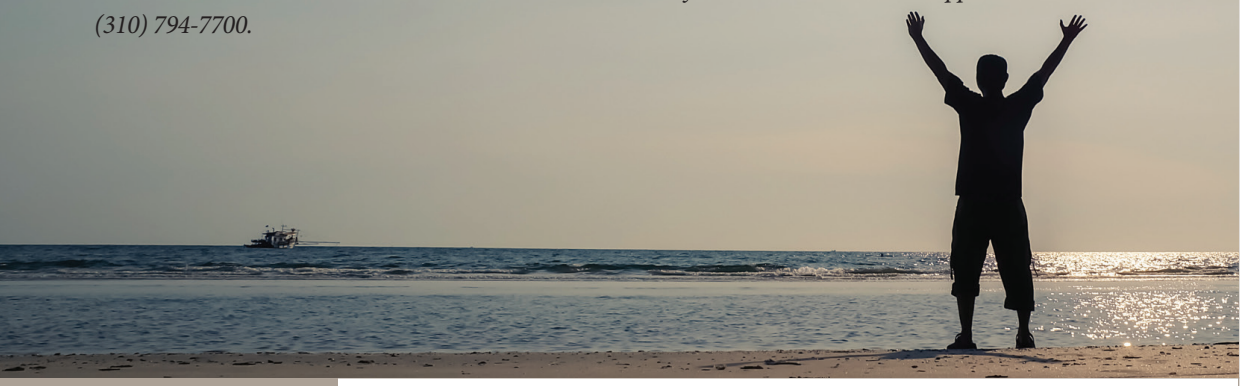
UCLA Health placed #1 in California and in Los Angeles in the 2023-24 U.S. News and World Report rankings.

The Men's Clinic at UCLA

DID YOU KNOW?

The Men's Clinic at UCLA and its director, Dr. Jesse N. Mills, were recently named by Boston Scientific as a Center of Excellence for penile prosthetic surgery. The prestigious designation reflects TMC's high volume, outstanding outcomes, and education. Penile implants represent an effective option for men to restore erectile function, and are usually covered by most insurance plans, including Medicare.

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.



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UPDATE
Summer 2024 | VOL. 35 | NO. 3

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