

UCLA's new Endocrine Center offers a streamlined approach to comprehensive and innovative care



The UCLA Endocrine Center, launched in December 2015, is one of only a handful of centers nationwide offering a full range of consultative, diagnostic and therapeutic endocrinology care — including all diseases of the thyroid, parathyroids and adrenal glands — in a single-visit, one-location setting.

Service, accessibility and expertise

This streamlined approach affords patients and their families an opportunity to explore treatment options with the entire Endocrine Center team including specialists from endocrine surgery, medical endocrinology, pathology, genetics and nuclear medicine.

With the help of a patient navigator, individuals gain a deeper understanding of their diagnosis and will have a plan of care and even a surgery date, if appropriate, by the end of their first visit. Availability of on-site thyroid biopsy and phlebotomy lab services provide added convenience and reduce stress for patients.

Endocrine Center physicians — both in Westwood and at our satellite offices in Torrance and Westlake Village — are nationally recognized UCLA faculty backed by the state-of-the-art resources of a major academic medical center. UCLA's success rates for treating both common and more complex endocrine disorders are among the best in the U.S.

A continuum of care across disciplines

“Our newly-opened Endocrine Center is committed to providing a personalized, evidence-based treatment plan for each patient delivered in a single convenient location,” says Michael Yeh, MD, associate professor and medical director of the Endocrine Center.

“When an individual is seen at the center, they not only receive outstanding care from their individual physician, but they also have the consensus opinion, clinical support and resources that are provided by the entire collaborative endocrinology team, which meets regularly to discuss patients, processes and results.

“Our unique approach provides a continuum of care that ensures the best possible outcome for each patient no matter where they are on their care path, from a same-day evaluation for a problem newly discovered by a primary-care doctor to a more complex patient with thyroid cancer who has come in for a second opinion or a full assessment by our multidisciplinary tumor board.

“The commitment of the Endocrine Center is simple — to deliver accessible and exceptional healthcare to each patient in an environment of compassion and respect.” explains Dr. Yeh.

Cutting-edge diagnostic and treatment protocols

In addition to the full spectrum of conventional approaches to diagnosis and disease management, the Endocrine Center offers the most advanced imaging and treatment protocols available, and continues to develop new techniques to advance care.

Molecular profiling for thyroid nodules

Although the best initial diagnostic tool for evaluating thyroid nodules has been fine-needle aspiration, needle biopsy yields ambiguous results in approximately one in four cases. These indeterminate cases, which carry a 10- to 30-percent risk of cancer, have typically been managed with partial removal of the thyroid gland in order to establish a definitive diagnosis.

Molecular profiling, a new, non-surgical diagnostic tool that UCLA endocrine specialists use to analyze the genetic “fingerprint” of thyroid nodules, now allows most of these patients to avoid diagnostic surgery.

The UCLA endocrinology team is exploring techniques to further optimize the sensitivity and specificity of molecular profiling.

Single-incision retroperitoneoscopic adrenalectomy (SIRA)

While the use of three- and four-incision laparoscopic adrenalectomy is widespread for treatment of adrenal tumors and enlarged adrenal glands, UCLA is currently the only center in the nation with the expertise to offer the more technically challenging single-incision retroperitoneoscopic adrenalectomy (SIRA).

This minimally-invasive procedure consists of a single, one-inch opening made on the patient’s back below the rib cage. Results include improved post-operative cosmetic appearance, less pain and more rapid recovery.

4D-CT scan

Primary hyperparathyroidism (PHPT), a common endocrine disorder that most frequently affects postmenopausal women, typically occurs when a benign tumor causes the parathyroid glands to produce too much parathyroid hormone. PHPT can result in elevated calcium levels (hypercalcemia) and symptoms such as kidney stones, osteoporosis, gastrointestinal problems, fatigue and cognitive difficulties.

The condition can be effectively treated with a 20-minute outpatient operation, but because the exact location of the parathyroid glands is highly variable from person to person, the rate of failed parathyroid surgery can be as high as 30 percent.

In the process of managing these challenging cases, a team of UCLA physicians has developed and refined an imaging technique called parathyroid four-dimensional computed tomography (4D-CT). With this technology, iodine-contrast dye is absorbed by the parathyroid glands at very specific times — the “wash-in” and “wash-out” phases — dramatically enhancing resolution and localization. Functional information obtained with 4D-CT imaging has improved the success rate for primary hyperparathyroidism revision surgery to 98 percent.

Participating Team Members

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