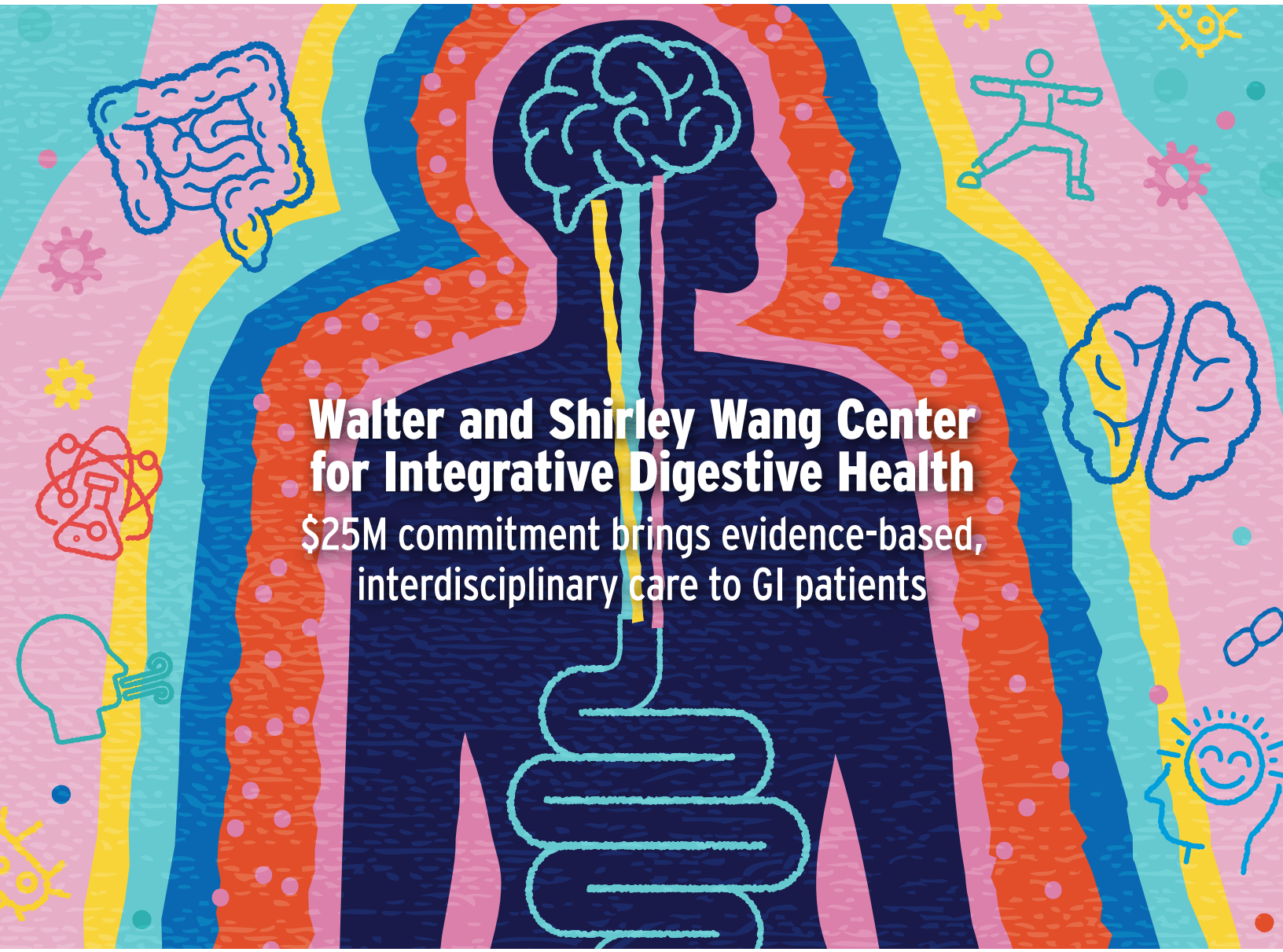
UCLA Health

Beyond the Scope

A REPORT OF THE VATCHE AND TAMAR MANOUKIAN DIVISION OF DIGESTIVE DISEASES



Walter and Shirley Wang Center for Integrative Digestive Health

$25M commitment brings evidence-based, interdisciplinary care to GI patients

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Going ***Beyond*** *the Scope*

At a moment when the future of scientific and technological discovery has never looked brighter, academic medical centers and the programs within them face considerable uncertainty when it comes to the traditional sources of funding that have fueled our current era of unprecedented progress. At the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases, we are incredibly fortunate to have a remarkable group of private philanthropists and foundations who have stepped up to ensure that our work in advancing the health of current and future patients continues to accelerate.

In fact, as this issue of *Beyond the Scope* illustrates, generous supporters have contributed to an expansion of our division's clinical and research efforts — starting with the transformational $25 million commitment from Shirley and Walter Wang to establish the UCLA Walter and Shirley Wang Center for Integrative Digestive Health. As one of the few programs of its kind in the nation, the Wang Center brings together a multidisciplinary team of gastroenterologists, GI psychologists, GI dietitians, integrative health practitioners, and others to work with patients on evidence-based, GI-specific, individually tailored strategies. More on the center can be found in the article beginning on page 2. It is directed by Dr. Lin Chang, our division's vice chief, whose introduction to the Wang Center article (opposite page) details how the center's approach is based on growing evidence — much of which originated here at UCLA — of the critical role of GI function in overall health, which points to the value of whole-person, multidisciplinary care for individuals with chronic GI disorders.

The division has also launched our first-ever dedicated Small Bowel Endoscopy Program thanks to a generous contribution from Daria, Esther, Juliana, and Luca Mashouf through Mozaik Philanthropy, Inc. To lead the program, we have recruited F. Otis Stephen, MD, a national leader in endoscopic therapy and imaging of the small bowel. The article starting on page 6 depicts how Dr. Stephen's expertise in the diagnosis and treatment of complex conditions of the small bowel — long considered an elusive area of the GI tract because of the difficulty reaching it through conventional techniques — will allow the program to deliver timely and accurate diagnoses, along with endoscopic treatments. Dr. Stephen will also be working with our Center for Inflammatory Bowel Diseases as one of three new faculty members who have strengthened the center by bringing in new areas of expertise.

We also continue to reap the benefits of the generosity of supporters in years past. The article beginning on page 10 outlines the considerable progress being made by the Goodman-Luskin Microbiome Center, which was established in 2022 with generous support from philanthropists Andrea and Donald Goodman and Renee and Meyer Luskin. Based in the division, the center brings together researchers from across the UCLA campus for interdisciplinary collaborations into the role of gut microorganisms in wide-ranging conditions. As it grows, the center is now increasingly focused on translating laboratory findings into novel microbiome-based therapies.

All of this growth and sustained excellence is a boon to our recruitment efforts. In addition to Dr. Stephen, this year we were fortunate to bring in Dr. Bishuang Cai, an outstanding young investigator whose laboratory has already made significant strides in the area of endocytic membrane trafficking in Metabolic Dysfunction-Associated Steatohepatitis (MASH), which affects more than 15 million Americans (see page 8). This issue also provides short introductions, starting on page 14, of the other outstanding faculty clinicians and scientists who have joined our division to serve in UCLA and across UCLA Health locations throughout great Los Angeles.

These are just some of the many examples of the excellent people and programs that can be found throughout our division. Buoyed by our cadre of committed supporters, they are relentlessly pursuing improved diagnostics, treatments, and potentially cures for patients with digestive diseases. I look forward to celebrating the many important achievements to come from this ongoing partnership.

A New Chapter in the Management of Chronic GI Conditions

Lin Chang, MD

Vice Chief, UCLA Vatche and Tamar Manoukian Division of Digestive Diseases

Director, Walter and Shirley Wang Center for Integrative Digestive Health

Over the years, a growing body of evidence has demonstrated the extensive interconnectedness of the gastrointestinal tract with other bodily systems and the profound ways in which GI function influences overall health. As a result, targeting the GI system can be one of the most effective strategies for improving a wide range of conditions. Much of this understanding has been shaped by research at UCLA and our Vatche and Tamar Manoukian Division of Digestive Diseases, where investigators have produced seminal research over the last several decades on the interactions between the digestive system and the brain in the pathophysiology of common chronic abdominal disorders.

With that knowledge has come a growing recognition that effectively caring for patients with chronic GI disorders requires replacing the traditional organ-specific, single-discipline approach with one that views the patient as a whole person and brings in a multidisciplinary team of experts who address the myriad factors contributing to their symptoms, working together and with the patient on strategies tailored to their circumstances and goals.

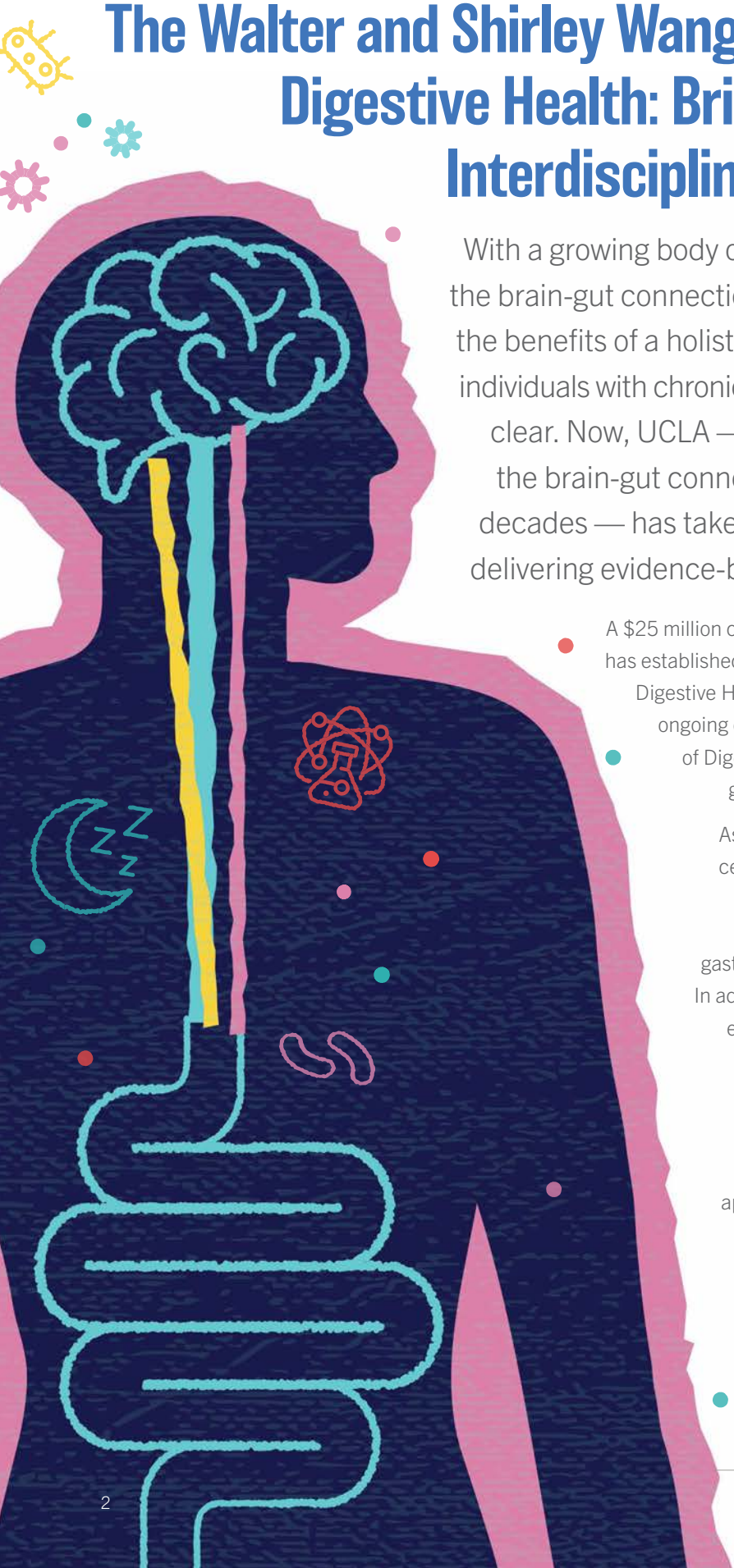
As is detailed in the article that follows, a $25 million commitment from Shirley and Walter Wang has established the UCLA Walter and Shirley Wang Center for Integrative Digestive Health, which provides a substantial boost to our ongoing efforts in this area. The center includes gastroenterologists, GI psychologists, GI dietitians, an integrative health practitioner, and others, working not on parallel tracks but in a truly integrated fashion to bring our knowledge and skills to the shared mission of improving the health and quality of life of our patients.

Multiple evidence-based models of care have validated an integrative health approach to treating GI disorders, in part because these disorders are almost never confined to the gut. The GI tract can be substantially affected by other diseases, including neurologic conditions, cancer, diabetes, and autoimmune diseases; likewise, patients with GI diseases frequently experience non-GI symptoms, including migraine headaches, chronic body pain, insomnia, and mood disorders. We now have data to show that the integrative health approach to managing chronic GI conditions increases efficacy and reduces costs. Although our center's initial priority has been expanding clinical services under the leadership of our director of clinical services, Dr. Megan Oser, we also intend to build and strengthen the evidence base that supports our work. I have begun working with Dr. Rachel Sarnoff, a UCLA internist and researcher, in collaboration with the UCLA Clinical and Translational Science Institute (CTSI), to create a comprehensive patient registry and design research protocols that will allow us to systematically assess the impact of our program on clinical outcomes and patient satisfaction. Looking ahead, we intend to expand this effort to include the evaluation of diagnostic and therapeutic biomarkers within the integrative digestive health program. Under the leadership of Dr. Andrea Shin, the center is also developing educational initiatives for patients and providers, along with a fellowship training program.

Integrative digestive health care has been a top priority for our division under the leadership of Dr. Eric Esrailian, and we are extremely fortunate to have received such generous support from philanthropists who have long championed this approach. Their transformational gift will enable our growing team to bring comprehensive, whole-person treatment, support, and guidance to patients with all types of chronic GI conditions — further advancing our division's leadership in this critical direction in the care of patients at UCLA and around the world.

Courtesy of Walter and Shirley Wang

The Walter and Shirley Wang Center for Integrative Digestive Health: Bringing Evidence-Based, Interdisciplinary Care to GI Patients



With a growing body of research pointing to the importance of the brain-gut connection in a host of gastrointestinal disorders, the benefits of a holistic, interdisciplinary approach to treating individuals with chronic GI conditions have become increasingly clear. Now, UCLA — where much of the pioneering work on the brain-gut connection has unfolded over the last several decades — has taken a major stride forward in its mission of delivering evidence-based, integrative care to these patients.

A $25 million commitment from philanthropists Shirley and Walter Wang has established the UCLA Walter and Shirley Wang Center for Integrative Digestive Health, which has significantly bolstered and expanded the ongoing efforts of the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases to offer comprehensive care, support, and guidance for patients and families living with GI disorders.

As one of the few programs of its kind in the nation, the new center features a multidisciplinary group of experts working as a team to provide patients with GI-specific, individually tailored strategies that draw from the latest evidence in gastroenterology, psychology, nutrition, and integrative health. In addition to clinical services, the center will support research, education, and training of providers in integrative digestive health practices. All GI practices within the UCLA Health system, including community clinics, can access the center's services.

"Throughout my career, I have taken a biopsychosocial approach to the care of patients with chronic GI conditions, but in the past that meant referring to psychologists, dietitians, and other professionals," says Lin Chang, MD, vice chief of the division and director of the new center. "It's exciting to have all of these experts working together as part of a team, leveraging the evidence we now have to optimize our patients' health."

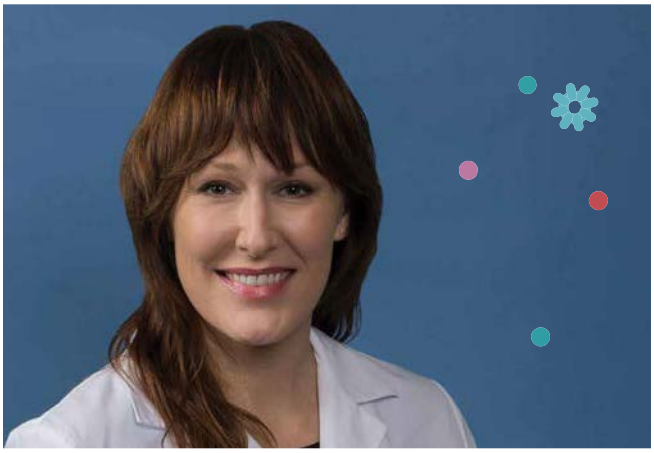
Megan Oser, PhD, a clinical psychologist who is director of the center's clinical program, says that all GI patients can benefit from the integrative care provided at the new center. "We take a holistic approach to patients with any GI condition, working with them at all points of the patient care journey — from diagnosis to treatment and ongoing management of care," Dr. Oser says. "That includes evidence-based treatment protocols for specific GI disorders, as well as strategies that can benefit all patients — such as helping them adjust to a new diagnosis, developing a tailored nutritional plan, and ensuring they receive adequate education on how they can manage symptoms and improve their quality of life."

Dr. Oser notes that the ability of the center's team members to use their specialized training and understanding of GI disorders to offer tailored, evidence-based approaches improves the buy-in among patients. "Our patients appreciate having a specialized team behind them," she says. "They know that we are offering treatments and strategies that have been refined to be specific to their GI condition."

In addition to gastroenterologists, GI psychologists, and specialized dietitians, an integrative health practitioner helps to address GI disorders and empower patients with strategies that include evidence-based wellness approaches, diaphragmatic breathing, mindfulness-based interventions, relaxation, and self-compassion training. Suzanne R. Smith, MSN, NP, CMT-P, explains that all patients can benefit from education on the gut-brain axis and how stress can influence GI symptoms.

Smith is a nurse practitioner with extensive experience in clinical care and research in GI disorders and brain-gut interactions, as well as special training in mind-body approaches. She is trained in gut-directed hypnosis and mindfulness-based stress reduction (MBSR), both of which have been rigorously studied and shown to be effective for certain GI conditions, such as disorders of gut-brain interaction (DGBI). Smith teaches patients breathing exercises as a way of modulating the nervous system and mindfulness-based skills that have been shown to decrease symptom severity and improve quality of life. "It's important to address all of the things that contribute to GI disorders," she says. "That includes diet, exercise, sleep, and stress. I view my role as empowering patients with skills to better manage their GI symptoms, increase stress resilience, and live with more ease."

Suzanne R. Smith, MSN, NP, CMT-P



Megan Oser, PhD

As more is understood about the specific pathways involving the brain-gut axis, microbiome, and immune system that can go awry in patients with chronic GI disorders, Smith educates patients about their condition and non-pharmacologic approaches in addressing symptoms. "When the stress response is activated, symptoms are exacerbated, which can create a negative feedback loop," she explains. "We now have strong evidence that approaches like mindfulness and something as simple as slowing breathing can alter our physiology and interrupt that loop."

The center also includes the GI Nutrition Program, which has grown to include seven registered dietitians specially trained in providing comprehensive care for gastrointestinal disorders. The GI dietitians work closely with the broader care team to deliver evidence-based strategies tailored to each patient's diagnosis and lifestyle. "Whenever a patient is referred to us, we coordinate with each other to make sure we're offering complementary strategies," says Christina Fasulo, MS, RD, CNSC, the program's lead dietitian.

"One of our guiding principles is health equity, and so Walter and I decided the caring treatment our son received should be available to all people, without long waiting times," says Shirley Wang.

Christina Fasulo, MS, RD, CNSC

In addition to addressing general GI symptoms, the nutrition team includes subspecialists in complex conditions such as DGBI, inflammatory bowel disease (IBD) and GI oncology. Fasulo points out that there is a rapidly growing body of evidence highlighting how certain diets can help reduce symptoms while others may exacerbate them. "Over the past few years, the expanding research base in GI nutrition has enabled us to move beyond broad, one-size-fits-all recommendations to offer more targeted, condition-specific guidance," she says.

For example, Fasulo notes recent clinical trials confirm that high-fructan foods and galacto-oligosaccharides are the FODMAPs most likely to trigger IBS symptoms such as abdominal pain and bloating. In practice, this evidence, along with the patient's symptoms and dietary patterns, are used to identify which FODMAPs are most likely driving discomfort. "This allows us to tailor dietary modifications to specific FODMAP subgroups most relevant to the patient rather than using a more burdensome full elimination," Fasulo says, noting that this approach creates a less restrictive, sustainable plan that minimizes symptoms while maintaining nutritional adequacy. In IBD, research indicates that dietary patterns such as the Mediterranean diet are linked to reduced inflammation, fewer disease flares, and better quality of life — providing evidence-based tools to personalize recommendations depending on a patient's disease activity, symptoms, and goals.

"Our program stands out because we have a high number of providers with advanced education, such as specialized degrees and certifications, many of whom also serve in national leadership and advisory roles and subspecialize in specific GI conditions," Fasulo says. "We're able to leverage that expertise to ensure that patients see GI dietitians with specialized knowledge in their particular diagnosis."

The GI Nutrition Program has also helped to build interdisciplinary clinics for patients with specific diagnoses — including an IBD clinic in which Fasulo and her colleagues join with other team members to tailor interventions that optimize gut health, nutrient absorption, and the efficacy of medical therapies. Through UCLA's Nutrition for Safer Surgeries initiative, team members assist in optimizing nutritional plans for patients prior to and after surgery to improve well-being, recovery time, and outcomes.

Along with Dr. Oser, the center has three full-time GI psychologists trained in applying evidence-based psychological treatments to influence the brain-gut connection and improve patients' symptoms and well-being. GI-specific cognitive behavioral therapy and gut-directed hypnotherapy are highly effective in reducing GI symptom severity in patients with disorders of gut-brain interaction, Dr. Oser notes. The GI psychologists also work with patients who develop anxiety about their GI symptoms or who are anxious about GI medical procedures.

The gift from the Wangs to establish the new center has enabled a significant growth of the clinical program, contributing to shorter wait times for patient appointments, Dr. Oser notes. Expansion of the GI psychology program reduced the wait for GI psychology services by 50%. The center has recently hired the division's first GI licensed clinical social worker, whose role will be to provide triage and offer same-day screening and brief intervention during a patient's visit with the gastroenterologist. Dr. Oser notes the new position will help to optimize clinical workflows by coordinating care pathways, educating patients about available resources, and ensuring timely communication with providers. Expansion of the administrative staff will further enhance operational efficiencies, she says.

"I cherished my time at UCLA, both as an undergraduate and as the chairwoman of the UCLA Foundation board," Shirley Wang says. "UCLA will always feel like another home

for me, and so, a few years ago my son was very ill and we came to UCLA for his treatment. What I found out was that the specialized, holistic treatment my son received was not readily available to everyone; oftentimes patients would have to wait for treatment for months or even years. One of our guiding principles is health equity, and so Walter and I decided the caring treatment our son received should be available to all people, without long waiting times."

The center has also improved access while increasing patient engagement through the establishment of small-group sessions. Patients can attend an initial, virtual group visit with Smith or a GI psychologist to obtain introductory brain-gut skills and learn about the program's offerings before receiving individualized care. "These group sessions are designed to be patient-centric, with a menu of choices," Dr. Oser says. "Being around others who are going through similar things normalizes the experience and can remove stigma." In addition, several multi-session groups teach specific skills, including one focused on diaphragmatic breathing, another on mindfulness techniques, a third on self-compassion, and a fourth on gut-directed hypnotherapy. The GI dietitians offer group lectures providing nutritional guidance on topics covering specific GI symptoms and diagnoses.

In the coming year, Dr. Oser says, the center will further enhance the quality of care, improve patient outcomes, and ensure timely access for more patients through the implementation of new interdisciplinary care delivery models. These models will seek to group patient visits so that they can see multiple providers on the same day or in one coordinated visit for the patient (shared medical visits for complex conditions) with the gastroenterologist, GI dietitian, integrative digestive health practitioner, and GI psychologist (as needed), as well as embedding GI dietitians and GI psychologists in clinics on certain days to better facilitate the collaborative nature of patient care.

Andrea S. Shin, MD, MSCR

Through the Wang endowment, the center has begun to take steps toward the establishment of a first-of-its-kind Integrative Disease Health Fellowship, which will give providers a strong foundation in the integrative digestive care model. Andrea S. Shin, MD, MSCR, the center's director of education, says the fellowship will support cross-disciplinary training for physicians, GI psychologists, and GI dietitians rather than being aimed at a certain discipline.

Dr. Shin says the center is taking a broad approach to education. In addition to training the next generation of integrative digestive health providers, her team is developing educational resources for patients, as well as resources for practicing clinicians who interface with the center. "One of our immediate goals is to establish a catalogue of educational lectures and trainings for the groups we are educating," Dr. Shin says. "We want to understand and address the gaps in knowledge related to integrative digestive health, and help providers feel more informed on these concepts and how they could apply an integrative approach to care in their day-to-day practice. And because many patients also want that knowledge, we intend to develop resources that help them become more familiar with the integrative care model and what to expect at each visit."

In Dr. Shin's subspecialty area of disorders of gut-brain interaction, the integrative, whole-person model of care has proven to be especially valuable. "But what we're learning is that this framework applies not only to DGBI, but to many digestive diseases," Dr. Shin says. "In the past, the focus has largely been on pharmacotherapies — which are important — but we also need to consider how best to support all needs of patients living with chronic digestive conditions. For gastroenterologists, it's tremendously helpful to work in a team environment with providers who specialize in brain-gut behavior therapies, body-based techniques, nutrition, and other interventions that can be beneficial for so many patients."

"This model not only helps patients; it also helps the gastroenterologists," Dr. Oser adds. "Given the realities of the healthcare system, they don't have the luxury of spending a lot of time with their patients. Having our team in the fold allows them to be more efficacious in their work, which makes a big difference in not just patient satisfaction, but also physician satisfaction."

UCLA Small Bowel Endoscopy Program Is Launched Under Dr. F. Otis Stephen

As director of the new program, F. Otis Stephen, MD, AGAF, FACG, FASGE, brings extensive experience and expertise in all methods of device-assisted enteroscopy — in particular, double-balloon enteroscopy, which enables the endoscopist to reach lesions located throughout the small intestine, broadening the diagnostic and treatment options.

The two major endoscopic techniques for reaching the small bowel are single-balloon and double-balloon enteroscopy. The latter, though more technically difficult and time-consuming, has the advantage of better enabling complete visualization of the entire small bowel — which, beyond enhancing the diagnostic capabilities, improves the ability to intervene. Double-balloon enteroscopy was first performed in the U.S. in 2004; Dr. Stephen was among the first in the U.S. to perform it, and he performs more per year than almost any physician in the country, with a very high rate of successfully reaching the target lesions.

Dr. Stephen points out that a wide range of conditions can affect the small intestine, including inflammatory bowel disease, celiac disease, infections, various enteropathies, ischemia, angiodysplasias, and both benign and malignant tumors. But unlike the upper GI tract and colon, the small intestine — a far larger area — is difficult to examine endoscopically. “The reason many small bowel diseases aren’t well known is that there hasn’t been endoscopic access the way there is in the colon, the stomach, and the upper GI tract, so we haven’t been able to study and diagnose these diseases well,” Dr. Stephen explains. “Double-balloon enteroscopy allows us to endoscopically examine small bowel lesions and diseases, and then perform the same types of therapeutic interventions that you would in an upper endoscopy. Compared with the other methods of assessing the small intestine, it has proved to be the safest, while allowing for the highest rate of accessing the entire small bowel.”

Dr. Stephen estimates that 5% to 10% of all GI bleeds are in the small intestine. “What often occurs is patients will go into a hospital with active gastrointestinal bleeding or have a low blood count for unknown reasons,” he says. “Most hospitals will do an upper endoscopy and colonoscopy, but if it’s in the small bowel, it can be challenging to detect.” As a result, he explains, many patients with unexplained bleeding will be sent home once the bleeding stops, then return to the

hospital multiple times, in some cases requiring multiple blood transfusions.

Options outside of endoscopy have limitations, Dr. Stephen notes. Imaging, such as CT or MRI, often fails to identify lesions that are flat and involve blood vessels, such as angioectasias. Surgery is associated with significant morbidity and mortality, and requires knowing where the bleeding is occurring. Video capsule endoscopy can help identify small bowel lesions, but does not allow for specific interventions to stop bleeding. "Having a scope that can go all the way through the small intestine changes the dynamics completely," Dr. Stephen says, "because now, not only can we see bleeding lesions, but we can treat it and if it is something we cannot treat with the enteroscope, we can tattoo it with ink so the surgeon can easily find and remove it or we can place a hemoclip so interventional radiology can perform angiography."

Among other things, double-balloon enteroscopy enables close monitoring of patients with severe celiac disease and genetic polyposis syndromes like Peutz Jeghers syndrome, who are at increased risk of developing small bowel cancers. It is especially beneficial for patients with Crohn's disease in the small intestine who experience strictures from the chronic inflammation and scar tissue, potentially leading to repeated bowel blockages. "The ability to dilate strictures endoscopically can significantly decrease the incidence of small bowel obstruction and the need for the bowel to be resected," Dr. Stephen says. In addition to dilating strictures, he notes, the enteroscope can be used for wide-ranging interventions depending on the problem — including cauterizing bleeding and removing polyps or abnormal lesions. It can also be employed to evaluate tumors and mark them to provide a better target for surgeons through laparoscopic techniques, sparing the patient significant morbidity. Essentially, he explains, most of the therapeutic procedures performed during EGD and colonoscopy can be performed in the small bowel.

The division's first Small Bowel Endoscopy Program was launched with the help of a generous contribution by Daria, Esther, Juliana, and Luca Mashouf through Mozaik Philanthropy Inc. Instrumental in the recruitment of Dr. Stephen was Jenny S. Sauk, MD, director of clinical care for the UCLA Center for Inflammatory Bowel Diseases (IBD). Dr. Stephen is now working closely with the IBD center to diagnose and treat patients with Crohn's in the small bowel using double-balloon enteroscopy. The UCLA Small Bowel Endoscopy Program will also provide care for non-Crohn's small bowel mucosal diseases, as well as collaborating with other programs in which the small bowel is affected.

Beyond these and other clinical activities, the new program will advance the field through research. Dr. Stephen is currently leading studies investigating potential limitations to small-bowel endoscopy, such as the patient's size and prior surgeries; comparing the accuracy of radiologic imaging with double-balloon enteroscopy for the diagnosis of certain diseases; and looking at the potential of new medications to help treat non-IBD small bowel inflammation and ulceration, as well as the ability of other medications to stop the recurrence of abnormal blood vessels in the small intestine (angioectasias) after they have been cauterized. He and his colleagues are also embarking on research into the small intestinal microbiome and the extent to which it differs in various diseases affecting the small bowel to help develop new treatments for various diseases.

Dr. Stephen was in the final year of his fellowship at St. Louis University when Dr. Hironori Yamamoto, the individual who developed double-balloon endoscopy, visited from Japan to deliver a lecture on the new procedure. "I was fascinated, both by the technology and by how it could give us insights into so many diseases of the small bowel that we knew so little about," Dr. Stephen recalls. "But because there were so few people in the U.S. doing this procedure, for the most part I had to learn it on my own."

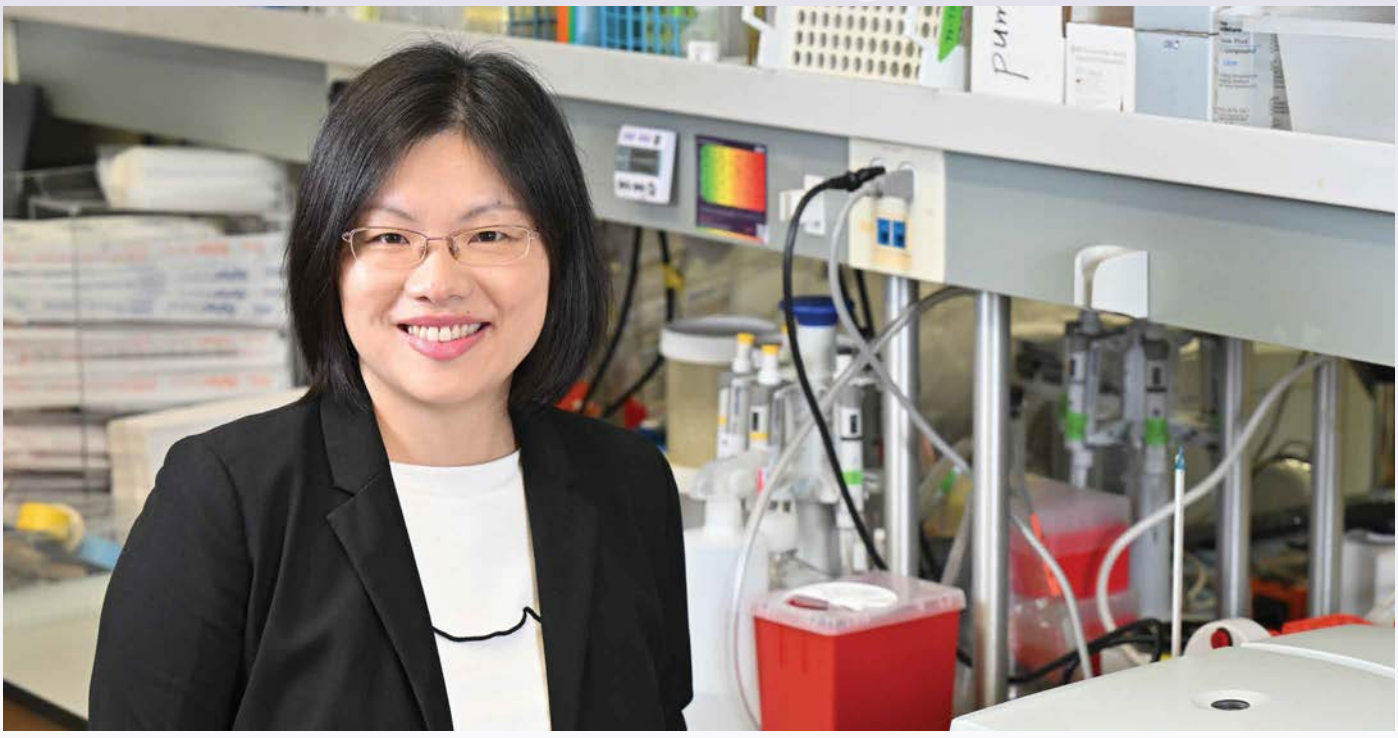
Some 20 years later, double-balloon endoscopy remains rare, in part because few endoscopy programs have the equipment or train physicians in the procedure, Dr. Stephen says. He intends to address the shortage of experts by developing a fellowship program for double-balloon enteroscopy at UCLA.

Dr. Stephen, a Southern California native and UCLA alumnus has started similar programs at other institutions, says he is excited to be meeting a vital clinical need at his alma mater. "Many of these patients have few options," he says. "To be able to resolve issues and offer therapy for patients with unaddressed needs is extremely rewarding."

With the recruitment of one of the nation's leading experts in endoscopic therapy and imaging of the small bowel, the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases has launched its first-ever Small Bowel Endoscopy Program.

Dr. Bishuang Cai Brings Focus on Endocytic Membrane Trafficking to MASH Research at UCLA

Excessive hepatic cholesterol resulting from dysregulated cholesterol metabolism has been linked to Metabolic Dysfunction-Associated Steatohepatitis (MASH, also referred to as Metabolic Dysfunction-Associated Steatotic Liver Disease, or MASLD) — a severe form of fatty liver disease that affects more than 15 million Americans. This accumulation of cholesterol triggers cellular lipotoxicity, which can promote hepatocyte death and activate both liver macrophages and hepatic stellate cells, ultimately driving progressive liver inflammation and fibrosis. "Treatment for MASH has been very limited, given the difficulty of reversing liver fibrosis," notes Bishuang Cai, PhD, associate professor in the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases. "Therefore, a great deal of effort is being spent on better understanding how liver fibrosis is induced in MASH."



Dr. Cai, who recently joined the division's faculty after five years on the faculty at the Icahn School of Medicine at Mount Sinai, heads a research team that is focusing on endocytic membrane trafficking in MASH and MASH-related cardiometabolic diseases, most often through human genetic studies. "We are interested in identifying new cholesterol metabolism and inflammation regulators," she explains. "We want to know how those cholesterol-related proteins contribute to liver fibrosis and MASH."

In May 2025, Dr. Cai's lab reported in *Cell Metabolism* on a novel contributor to hepatic cholesterol homeostasis —cholesterol-associated GWAS locus EHBP1. Using knockout mouse models and culture cells, they showed that the protein can regulate the LDL receptor on the surface of hepatocytes; however, EHBP1's beneficial effects are abolished by MASH-induced inflammation. "EHBP1 protects the liver through maintaining cholesterol homeostasis," Dr. Cai says. "However, in disease, levels of the protein go down. We hope that identifying novel regulators will help to overcome these harmful effects."

Dr. Cai notes that there emerging evidence suggesting that MASH-related processes, including steatosis, inflammation, cell death, and fibrosis, are mediated by crosstalk among various liver cell types. She and her laboratory colleagues are currently following up on the *Cell Metabolism* findings by using mass spectroscopy to identify EHBP1 interaction partners. After identifying these partners, they are homing in on the molecular mechanisms underlying the cellular communication through the use of single-cell RNA sequencing and co-culture systems. "In knockout mouse models, we are deleting the interaction partners to discover how those proteins affect MASH progression and cholesterol metabolism," Dr. Cai explains.

In addition to the research into novel regulators of cholesterol metabolism and inflammation, Dr. Cai's lab is focusing on efferocytosis and inflammation. Efferocytosis refers to the clearance of apoptotic cells (ACs) — a process that evolved to support organ development and maintain body homeostasis. The major cell type involved in clearing the dead cells during the process of efferocytosis is the macrophage. "During efferocytosis, efferocytes such as macrophages encounter substantial metabolic cargo — including lipids, amino acids, and nucleic acids — released from ingested ACs," Dr. Cai says. "Our lab is dedicated to understanding how efferocytes process this cargo, with a particular emphasis on the role of the endocytic trafficking machinery."

Dr. Cai and colleagues have demonstrated in previous studies that defective efferocytosis impairs inflammation resolution, leading to plaque necrosis in atherosclerosis. When this process is impaired, uncleared ACs undergo post-apoptotic necrosis, releasing immunogenic epitopes and pro-inflammatory mediators that contribute to chronic inflammatory diseases, including MASH. Currently, they are investigating new molecules that can aid macrophages in the digestion of apoptotic cells. Thus far, their research into this question has been in vitro, but the next step will involve the use of knockout mice.

Dr. Cai earned her PhD in cell biology at the University of Nebraska Medical Center, then did her postdoctoral training at Columbia University Irving Medical Center. As a graduate student in the laboratory of Dr. Steve Caplan, renowned for his studies in endocytic membrane trafficking, and later as a postdoctoral fellow in the laboratory of Dr. Ira Tabas, recognized for his work in cardiometabolic disease, Dr. Cai applied her knowledge in macrophage biology to translational studies of endocytosis, efferocytosis, and inflammation in both MASH and atherosclerosis. From there, she began her independent research career as an assistant professor in the Liver Division of the Department of Medicine at the Icahn School of Medicine at Mount Sinai before being recruited to the Vatche and Tamar Manoukian Division of Digestive Diseases at UCLA.

"There are so many different labs studying cholesterol metabolism, fatty liver, and metabolic diseases at UCLA, which provides great opportunities for both learning and collaboration," Dr. Cai explains. "It is clear that we need more and better treatments for MASH. There is not a lot of research in the area of membrane trafficking, endocytosis and efferocytosis, so we believe findings from our studies have the potential to contribute a great deal to new therapeutic strategies."

"We are interested in identifying new cholesterol metabolism and inflammation regulators," Bishuang Cai, PhD, explains.

As it Grows, the Goodman-Luskin Microbiome Center Focuses on Translating Research into Tangible Benefits

As it enters its fourth year, the Goodman-Luskin Microbiome Center at UCLA is leveraging its position within a leading research university and academic medical center to establish new connections — within the Vatche and Tamar Manoukian Division of Digestive Diseases, across the UCLA campus, and beyond. In doing so, leaders say, the center is sharpening its focus on translational work designed to bring novel microbiome-based therapies to fruition.

Established thanks to the generous support of philanthropists Andrea and Donald Goodman and Renee and Meyer Luskin, the center, based in the division, brings together researchers from across the UCLA campus for interdisciplinary collaborations that probe how the trillions of microorganisms inhabiting the human gut play a role in wide-ranging health conditions — and how that understanding can be translated into new prevention, treatment, and health-enhancing strategies. Goodman-Luskin Microbiome Center researchers are exploring the role of the brain-gut microbiome system in a wide array of gastrointestinal (GI), immune, metabolic, neurological, and psychiatric conditions, toward the goal of developing novel therapies. The center promotes research in the burgeoning field by fostering access to cutting-edge technology, a core services infrastructure, scientific exchanges, and programs that train and fund young investigators.

Elaine Y. Hsiao, PhD, director of the center and the Goodman-Luskin Endowed Chair in Microbiome Research, says the breadth of expertise across the UCLA campus is a major strength, enabling the center to draw from not only the David Geffen School of Medicine at UCLA, but also the UCLA College of Life Sciences, UCLA Samueli School of Engineering, and UCLA Department of Computational Medicine, among others. The proximity of these researchers on a single campus, alongside the UCLA Health system, allows the center to have joint projects between basic scientists and clinical investigators that hasten the translation of laboratory discoveries into tangible benefits for patients, Dr. Hsiao notes.

"The spirit of the center is to draw expertise across multiple disciplines, and we now have members from 28 different divisions and departments — not only within medicine, but also in the physical sciences and from other parts of the campus that you might not expect," Dr. Hsiao says. "This growing community of investigators coming together around big questions in the microbiome field is very exciting."

The Goodman-Luskin Microbiome Center has positioned itself to make the most of the opportunities to parlay fundamental findings about the microbiome into new therapies. "Our research programs are largely disease focused, with the goal of coming up with discoveries that can be translated into clinical practice," explains Jonathan P. Jacobs, MD, PhD, center co-director and an assistant professor-in-residence in the division. These programs, many of which capitalize on UCLA's expertise in microbiome-gut-brain research, bring interdisciplinary teams together to tackle inflammatory bowel diseases; substance use disorders; eating behavior, metabolism, and obesity; neurodevelopmental and neurodegenerative diseases; disorders of gut-brain interaction; cardiovascular and lipid disorders; liver disease; and mental illness and chronic pain.

By being situated in the Vatche and Tamar Manoukian Division of Digestive Diseases within the Department of Medicine, the Goodman-Luskin Microbiome Center is able to access patient populations across these and other conditions. The center is also forging partnerships that will enhance that access. One is with the new Walter and

Elaine Y. Hsiao, PhD

Shirley Wang Center for Integrative Digestive Health, also based in the division. The center takes a holistic approach to the care of patients with chronic GI conditions, with an interdisciplinary team that includes gastroenterologists, GI psychologists, GI dietitians, and an integrative health practitioner with expertise in the brain-gut axis and mind-body approaches. Given that the Goodman-Luskin Microbiome Center is a research hub, a partnership with the clinically oriented Wang Center will bring opportunities to learn about gut bacteria and how it responds to treatment through access to patient data, Dr. Hsiao explains.

The Goodman-Luskin Microbiome Center is also developing a partnership with the California Institute for Immunology and Immunotherapy (CIII), which will be housed at the new UCLA Research Park — a state-of-the-art, 700,000-square-foot property two miles south of UCLA's Westwood campus at the site of the former Westside Pavilion. The new institute, which is led by a group of visionary founding donors that includes Dr. Eric Esrailian, chief of the division, promises to be a hotbed of discovery and innovation by bringing in researchers across wide-ranging disciplines who will work alongside each other and industry partners to harness the power of the human immune system. "CIII will translate research into practical applications and bring innovations to market," Dr. Hsiao says. "To have a microbiome research group pursuing a joint program within that development

"The spirit of the Goodman-Luskin Microbiome Center is to draw expertise across multiple disciplines, sand we now have members from 28 different divisions and departments," says Dr. Elaine Y. Hsiao.

"Our research programs are largely disease focused, with the goal of coming up with discoveries that can be translated into clinical practice," explains Dr. Jonathan P. Jacobs.

Jonathan P. Jacobs, MD, PhD

engine will greatly benefit our efforts to focus on questions that have clear human impact and commercial potential."

Translational research is also being facilitated by the infrastructure the center has developed in the form of core facilities that provide specialized services and shared resources. These technical cores offer efficient and cost-effective support in areas that include clinical studies and database, neuroimaging, integrative bioinformatics and biostatistics, microbiome sequencing, biorepository, human probiotics, and gnotobiotics, as well as an administrative support core. The cores lower the barrier to entry for researchers who want to test an interesting hypothesis or incorporate the microbiome into their studies. "It's much more practical when you can tap into existing expertise and equipment," Dr. Jacobs says. "Much of the cores' effort has gone to partnering with physician scientists new to the field to study the microbiome in their patient cohorts."

The center is also helping to stimulate new microbiome research and bring talented young investigators into the fold through funding programs that support members of the UCLA community at all levels — including graduate students, postdoctoral fellows, and early-career faculty. These opportunities, offered through the center's Pilot and Feasibility Program, aim to jump-start important microbiome research by providing awards to students, fellows, and junior faculty working with center mentors. The center's Core Voucher Program awards small amounts of funds for investigators with new ideas to pursue initial experiments through one of the center cores, enabling them to generate the data necessary to successfully apply for larger grants. The Seed Grant Program provides a larger amount, supporting investigators through a one-year pilot program to further develop a new idea or hypothesis. The Goodman-Luskin Microbiome Center awards two seed grants per year to mentors and trainees, working in tandem with one or more of the center's cores.

While the core vouchers and seed grants are geared toward assisting new microbiome scientists and building on early-stage ideas, the Goodman-Luskin Endowed Fellowship in Microbiome Research awards $100,000 designed to help further the research and career of a postdoctoral fellow who has already made significant contributions in the field. "This fellowship is intended to bolster the ability of awardees to become impactful future independent faculty," Dr. Jacobs explains. The inaugural awardee was Lia Farahi, PhD, whose research, under the mentorship of Aldons J. "Jake" Lusis, PhD, looks for links between the microbiome and cardiovascular health in an effort to slow aging and combat heart disease. The current endowed fellowship awardee, Takahiro Ohara, PhD, a mentee of Dr. Hsiao, aims to understand the complex interaction among the microbiome, intestinal epithelium, and nervous system.

The Goodman-Luskin Microbiome Center also continues to build connections both within and beyond the UCLA scientific community through meetings, seminars, and an annual symposium. These gatherings represent invaluable opportunities for researchers to exchange ideas and learn about work they might not otherwise encounter. "This is a field that calls for teams of researchers, because the microbiome applies to a wide range of symptoms and disorders and no single individual can be an expert on everything," says Arpana Church, PhD, center co-director and an associate professor in the Vatche and Tamar Manoukian Division of Digestive Diseases.

The annual symposium, which started in 2024, has been extremely well received, Dr. Church says. Turnout for the 2025 symposium was nearly 50% higher than in 2024, with attendees from all over the campus and speakers from

Arpana Church, PhD

both UCLA and the wider microbiome research community. The 3rd Annual Goodman-Luskin Microbiome Center Symposium, scheduled for April 23, 2026, will showcase UCLA's microbiome research programs through multiple TED-style presentations lasting approximately 10-15 minutes each. "These will be high-level talks designed to give attendees an overview of the research going on and encourage exchanges," Dr. Church says. For the first time, the symposium will also bring in representatives from industry, foundations, and funding agencies, as well as private philanthropists. Through a collaboration with the UCLA Technology Development Group (TDG), the 2026 symposium will also highlight opportunities for investment and commercialization of microbiome-related products.

Beyond the annual symposium, a monthly seminar series invites outside speakers, as well as center faculty and UCLA trainees, to present their latest research findings and discuss evolving areas of interest in the many ways the microbiome interacts with human health. While the seminar series follows a lecture format, a monthly center research meeting serves as a working group for any UCLA investigator to discuss ongoing and potential microbiome research. Both provide opportunities for collaboration as well as insights, Dr. Church notes. Plans are also afoot to expand the seminar series by offering programs for the general public. "People in the community hear about the excitement of microbiome research, but it's not always clear why it's important and what it means," Dr. Church says. "We would like to help translate the science so that it is more easily understood and more applicable to non-scientists."

As it continues to grow, the center is expanding its research into new, cutting-edge microbiome topics. With a $20.6 million grant from the National Institutes of Health, a group led by Dr. Yvonne L. Hernandez-Kapila, professor and the Felix and Mildred Yip Endowed Chair in the UCLA School of Dentistry, will establish one of five Human Virome Characterization Centers. The initiative, part of the NIH Common Fund Human Virome Program, aims to advance understanding of the diverse viruses that naturally inhabit the human body — referred to as the virome — and their role in human health and disease across the oral-gut-brain axis. Another growing area of interest concerns the spatial structure of the microbiome — how microbes are organized along different organs and locations in the GI tract. This work has been bolstered by the recent recruitment of Dr. F. Otis Stephen, whose expertise in device-assisted enteroscopy makes it possible to obtain samples from the small bowel, an area that has historically not been easily accessible.

While the process of translating laboratory discoveries to FDA-approved products for patients can take a decade or more, some of the fruits of Goodman-Luskin Microbiome Center research can already be seen. Several members now have clinical trials of probiotic interventions, or have patented or licensed findings to companies now developing new probiotic therapies. Dr. Church is currently heading a clinical trial of one such microbiome-directed intervention, testing the ability of a patented probiotic blend developed by her lab to reduce food cravings and promote weight loss in obese individuals, with funding from the division and the UCLA Technology Development Group.

"It's exciting to see people in our center patenting microbiome-related products that are potential interventions or diagnostic tools, and thinking about bringing these products to market," Dr. Church says. "The microbiome is so malleable that if we learn to harness it in the right ways, the results will be very powerful."

"This is a field that calls for teams of researchers, because the microbiome applies to a wide range of symptoms and disorders and no single individual can be an expert on everything," says Dr. Arpana Church.

New Clinical Faculty Members

The Vatche and Tamar Manoukian Division of Digestive Diseases at UCLA is a nationally recognized leader in gastroenterology and hepatology, with nearly 100 expert clinicians and scientists supporting patients across UCLA Health locations throughout Greater Los Angeles.

Amir A. Ghaffari, MD, PhD | Director, Intestinal Ultrasound Program Health Sciences Assistant Clinical Professor of Medicine

Dr. Ghaffari earned his MD and PhD in microbiology, immunology and molecular genetics from UCLA. He completed his internal medicine residency, gastroenterology fellowship and advanced inflammatory bowel disease (IBD) fellowship at the University of Pittsburgh Medical Center. He joined the faculty at Pittsburgh and served as the director of the advanced IBD fellowship program before returning to UCLA.

Dr. Ghaffari's clinical interest is in caring for patients with complex IBD with particular attention to addressing symptoms beyond intestinal inflammation. He is certified by the International Bowel Ultrasound Group in performing intestinal ultrasound, which he incorporates into his clinic visits to enhance the evaluation of disease activity and treatment response. His research focuses on the overlap of IBD and irritable bowel syndrome (IBS), exploring the underlying mechanisms that contribute to persistent symptoms in patients with quiescent IBD despite effective control of inflammation.

Andrew Gregg, MD, PhD | Health Sciences Clinical Instructor of Medicine

Dr. Gregg completed his undergraduate studies at Boston College, with a major in biology and minor in biochemistry. He attended medical school at Weill Cornell Medical College. While in medical school, he received a Howard Hughes Medical Institute Fellowship studying Alzheimer's disease, which led to the completion of his PhD in the Tri-Institutional MD-PhD Program. He is a member of the Alpha Omega Alpha Honor Medical Society. Upon completion of his MD-PhD, Dr. Gregg began his training at UCLA, completing his internship, residency and gastroenterology fellowship.

Dr. Gregg practices general gastroenterology including colorectal cancer screening and polypectomy, gastroesophageal reflux disease, disorders of gut-brain interaction, motility disorders, Celiac disease and hepatology. He has a particular clinical and research interest in inflammatory bowel diseases (Crohn's disease and Ulcerative colitis), as well as eosinophilic disorders of the gastrointestinal tract. He is a member of the American Gastroenterological Association.

Brian Horwich, MD, MS | Health Sciences Clinical Instructor of Medicine

Dr. Horwich is a general and transplant hepatologist treating patients with conditions including cirrhosis, hepatocellular carcinoma, steatotic (fatty) liver and autoimmune liver diseases.

Dr. Horwich earned his undergraduate and master's degrees in bioengineering from the University of Pennsylvania. He received his medical degree from the Keck School of Medicine of USC in the Health, Technology & Engineering (HTE) Program. He stayed to complete his internal medicine residency at LAC+USC / Keck Hospital of USC. This was followed by gastroenterology fellowship at The Mount Sinai Hospital in New York, where he served as chief fellow. Dr. Horwich returned to Southern California to complete an additional fellowship in transplant hepatology at Keck Hospital of USC.

Dr. Horwich has clinical and research interests in autoimmune liver disease, liver transplantation and alcohol-associated liver disease. His research has been recognized with the AASLD Emerging Liver Scholar and International Liver Transplantation Society Rising Star Awards.

Amanda J. Krause, MD | Health Sciences Assistant Clinical Professor of Medicine

Dr. Krause received her undergraduate degree in food science and human nutrition from the University of Illinois at Urbana-Champaign, where she was a Bronze Tablet recipient and James Scholar. She earned her medical degree from Rush Medical College and was elected to the Alpha Omega Alpha Honor Medical Society. She completed her internal medicine residency at the McGaw Medical Center of Northwestern University, followed by a gastroenterology fellowship and NIH T32 research fellowship at the University of California, San Diego, where she served as chief fellow. Under the mentorship of Dr. Rena Yadlapati, she pursued an additional year of advanced training to specialize in esophageal disorders.

Dr. Krause's clinical expertise focuses on diseases of the esophagus, including esophageal motility disorders. She has a strong interest in integrating dietary, lifestyle and behavioral approaches into clinical practice to provide comprehensive, patient-centered care. Her research focuses on gastroesophageal reflux disease, laryngopharyngeal reflux disease and esophageal motility disorders. She has co-authored over 30 scholarly publications.

Dr. Krause is board certified in gastroenterology and is active in professional organizations. She is a member of the American College of Gastroenterology and the American Gastroenterological Association, where she also serves on a committee

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Sarina C. Lowe, MD | Health Sciences Clinical Instructor of Medicine

Dr. Lowe earned her undergraduate degree in biology from Swarthmore College. She went on to complete medical school at NYU Grossman School of Medicine where she was elected a member of the Alpha Omega Alpha Honor Medical Society. While in New York she was an HHMI Medical Fellow at Rockefeller University in the laboratory of Dr. Michel Nussenzweig. Dr. Lowe came to Los Angeles to complete both her internal medicine residency and gastroenterology fellowship at UCLA. The Specialty Training and Advanced Research (STAR) program and NIH T32 have supported her research training. Under the mentorship of Dr. Alexander Hoffmann, she continues to work toward her PhD, studying the role of the innate immune system in inflammatory bowel disease (IBD). Dr. Lowe is a gastroenterologist with an interest in IBD and will be practicing at the UCLA Center for Inflammatory Bowel Disease.

Dorian B. Mendoza, MD | Health Sciences Clinical Instructor of Medicine

Dr. Mendoza earned his undergraduate degree in psychology with a minor in anthropology from the University of Pennsylvania in Philadelphia. He attended medical school at the University of Texas Southwestern Medical Center in Dallas, where he was inducted into the Gold Humanism Honor Society. After graduating, he completed his internal medicine residency at the Icahn School of Medicine at Mount Sinai in New York, followed by a gastroenterology fellowship at the University of California, Los Angeles.

Dr. Mendoza practices general gastroenterology, specializing in gastroesophageal reflux disease, colorectal cancer screening, celiac disease, inflammatory bowel disease, functional bowel disorders, hepatology, and motility disorders. His research focuses on health disparities in colorectal cancer screening. Fluent in English and Spanish, Dr. Mendoza is also a member of the American Gastroenterological Association.

Alex Nguyen, MD | Health Sciences Clinical Instructor of Medicine

Dr. Nguyen is a board-certified gastroenterologist specializing in minimally invasive endoscopic procedures for a wide range of gastrointestinal and liver diseases. A South Bay native, he was recruited to UCLA to expand interventional endoscopy services in the community. Dr. Nguyen manages diverse conditions affecting the digestive tract, with expertise in advanced procedures such as ERCP, EUS, EMR, and luminal stenting. He maintains a high adenoma detection rate (ADR), an important quality measure for reducing colorectal cancer risk.

Dr. Nguyen completed his undergraduate studies at the University of Pennsylvania and earned his medical degree at UC Irvine. He completed his residency at Santa Clara Valley Medical Center, where he conducted research on fatty liver disease under Dr. Mindie Nguyen, and his fellowship at Cook County Hospital with Dr. Bashar Attar. Dr. Nguyen was the inaugural therapeutic endoscopy fellow at USC Keck, mentored by Dr. James Buxbaum.

Before joining UCLA, Dr. Nguyen was a partner at South Bay Gastroenterology Medical Group and chaired the gastroenterology committee at Torrance Memorial Medical Center. He is active in the American Society for Gastrointestinal Endoscopy, having served on the national research committee and as a session moderator at Digestive Disease Week, the world's largest GI conference. Dr. Nguyen strives to make every patient interaction supportive, informative and empowering.

Jason J. Pan, MD | Health Sciences Assistant Professor of Medicine and Surgery

Dr. Pan is a transplant hepatologist specializing in the comprehensive management of liver disease, from initial diagnosis through post-transplant care. His clinical expertise encompasses cirrhosis, liver transplantation, liver cancer, steatotic liver disease (formerly fatty liver disease), autoimmune liver disorders, viral hepatitis, and alcohol-related liver disease. He earned his medical degree from the Icahn School of Medicine at Mount Sinai and completed his internal medicine residency at Scripps Clinic/Scripps Green Hospital, where he was selected as chief resident. During his gastroenterology fellowship at Brown University/Rhode Island Hospital, he also served as chief fellow. He subsequently completed a transplant hepatology and advanced liver disease fellowship at the University of Michigan. Prior to joining UCLA in 2025, he was an assistant professor of medicine at Washington University in St. Louis. Dr. Pan is board certified in internal medicine, gastroenterology, and transplant hepatology.

His passion for liver disease began early, sparked by volunteer work providing hepatitis B outreach to local Chinese American communities during high school and medical school. As chief resident and chief fellow, he honed his teaching skills by leading morning reports, inpatient rounds, and medical student small group discussions. His clinical expertise and endoscopic proficiency earned him first place at the national 2019 EndoTitans endoscopy competition and finalist status at the 2019 GI Jeopardy competition. Additionally, he participated in the academic debate at the 2021 AASLD Liver Meeting, advocating for liver transplantation in patients with intrahepatic cholangiocarcinoma. Dr. Pan has published extensively on topics such as hepatitis C, acute liver failure, drug-induced liver injury, primary sclerosing cholangitis, and liver transplantation.

Nirali Sheth, DO | Health Sciences Clinical Instructor of Medicine

Dr. Sheth earned her undergraduate degree in biology and psychology at Stony Brook University. She received her medical degree from the New York Institute of Technology College of Osteopathic Medicine, where she was inducted into the Gold Humanism Honor Society in recognition of her commitment to compassionate patient care.

Dr. Sheth completed both her internal medicine residency and gastroenterology fellowship at the Icahn School of Medicine at Mount Sinai – Elmhurst Hospital. During her training, she served as junior chief resident and chief fellow and was recognized with the Teaching Fellow of the Year award for her dedication to medical education.

She practices general gastroenterology with a broad range of clinical interests, including colon cancer screening, colorectal disorders, disorders of brain-gut interaction (such as irritable bowel syndrome, functional dyspepsia, and chronic constipation), motility disorders, esophageal and gastric disorders, celiac disease, inflammatory bowel disease, and hepatology. She is a member of the American College of Gastroenterology.

Robert Tamai, MD | Health Sciences Clinical Instructor of Medicine

Dr. Tamai earned his undergraduate degree from Harvard College and his medical degree from Johns Hopkins School of Medicine. He completed his internal medicine residency at the University of Southern California, where he also served an additional year as chief resident. He then pursued his gastroenterology fellowship at UCLA, where he was honored as the Anna and Harry Borun Chief Fellow.

Dr. Tamai specializes in general gastroenterology, with clinical expertise in colon cancer screening, inflammatory bowel disease (including Crohn's disease and ulcerative colitis), gastrointestinal bleeding, gastroesophageal reflux disease, motility and functional bowel disorders, colorectal conditions, as well as colonoscopy and endoscopy procedures. He is an active member of the American College of Gastroenterology, American Society of Gastrointestinal Endoscopy, American Gastroenterological Association, and the American Neurogastroenterology and Motility Society.

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UCLA Gastroenterology and GI Surgery placed #8 in the nation for the 2025-2026 annual *U.S.News & World Report* rankings.

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