



UCLA UROLOGY

UPDATE



Siblings participating in the landmark UCLA Immune Tolerance Program clinical trial include Karina Ledesma and Rosa Rivera (left); Kellie Briskin (top center); Anel Sanchez and Wendy Sanchez (bottom center); Tony Chi and Nancy Chi (top right); and Myka Deaver and Dylan Deaver (bottom right).

Clinical Trial Removes the Need for Immunosuppression After Transplant

More than 60 years after the UCLA Kidney Transplant Program performed the first of its more than 11,000 transplants as one of the world's leading programs, the procedure continues to be one of medicine's greatest modern miracles — restoring vitality to individuals and allowing them to lead longer, healthier lives, free from the substantial limitations imposed by dialysis.

But the transformation isn't without a significant cost: To prevent the immune system from viewing the new organ as foreign and attacking it, transplant recipients must take immunosuppressants (also known as anti-rejection drugs) for the life of the transplanted kidney. These typically consist of powerful medications, including steroids, that are associated with potential side effects such as weight gain, diarrhea, acne, and fatigue.

Additionally, the suppressed immune system increases the susceptibility to infections and compromises the ability to fight them off. Long-term anti-rejection drug use can also raise the risk of certain cancers. And the very medications needed to prevent organ rejection can be toxic to the transplanted kidney, ultimately causing it to fail.

Dr. Jeffrey Veale, UCLA Urology professor and director of the UCLA Kidney

continued on page 2

Winter 2026

VOL. 37 | NO. 1

Alumni Profile	p4
Donor Spotlight	p4
Letter from the Chair	p5
Kudos	p6
Impact of Philanthropy	p7
Healthy at Every Age	p7
The Men's Clinic at UCLA	p8

Immunosuppression-Free After Transplant

continued from cover

For information on making a gift to UCLA Urology, please log on to <http://giving.ucla.edu/givetourology> or scan this QR code:



Above left: Donor Tom Macias (l.) and recipient Andrew Macias (r.) were the first siblings to participate in the UCLA Immune Tolerance Program. This page, left: Andrew celebrates successfully completing the study, free from immunosuppression.

This page, right: the program's immunogenetics team, led by Dr. Elaine Reed, includes (front row, l. to r.) Reed, Rebecca Sosa, Monica Cappelletti, Michelle Hickey, (back row, l. to r.) Harry Pickering, Justin Alfaro, and Conan Chua.

Opposite page: the program's multidisciplinary team of physicians includes (l. to r.) Drs. Ann Raldow, Caspian Oliai, Erik Lum, Jeffrey Veale, and Nima Nassiri.



Transplantation Exchange Program, notes that transplant recipients face what has been referred to as the gratitude paradox. “They’re expected to be thankful because they’re alive, but we’re putting them on immunosuppressant medications that haven’t significantly changed in more than 40 years,” he says. “Meanwhile, they’re putting on weight and are at risk from their immune system being compromised. Yes, they’re better off and grateful for their new organ, but their lives would be a lot better without these drugs.”

Dr. Veale was so moved by the challenges his transplant patients faced with immunosuppressant medications that, more than a decade ago, he began to advocate for research that could lead to what transplant surgeons have long viewed as the Holy Grail: the ability of the recipient to receive

an infusion of their original organ donor’s stem cells so that they are able to produce the donor’s white blood cells. The aim is for the recipient’s immune system to view the donor kidney not as foreign but as its own, which could allow the kidney recipient to be freed from the anti-rejection medications.

“There were a lot of naysayers,” Dr. Veale says of the reaction when he began his advocacy. “But you don’t know unless you try.”

Now, through the work of a multidisciplinary team, that dream has become a reality. Dr. Veale is principal investigator of the UCLA Immune Tolerance Program, a closely watched clinical trial that allows well-matched sibling pairs to return for an outpatient stem cell infusion, months or years after the initial transplant, in order to move the

“There were a lot of naysayers. But you don’t know unless you try.”



kidney recipient off immunosuppressant drugs.

Other centers have previously been successful doing the stem cell infusion simultaneous to the transplant procedure, but UCLA is the first center to offer immunosuppression freedom to patients who have already been transplanted. This “delayed tolerance” protocol is currently limited to well-matched siblings who have undergone a kidney transplant within the last five years; however, in 2026, it will be expanded to those who have had transplants within the last 20 years.

“Up to this point, if you wanted to achieve tolerance, you had to get your sibling’s stem cells at the same time you were getting their kidney,” Dr. Veale explains. “But the people who are most motivated to go off their immunosuppression are the ones who have been on it for a few years and have experienced the negative side effects. We’re the first to say that if your sibling who gave you that kidney wants to come back for an outpatient procedure, we can potentially get you off those drugs. That opens this up to many more people, both nationally and internationally.” Dr. Veale has begun consulting with healthcare professionals in other countries.

Thus far, the results of the clinical trial have fulfilled Dr. Veale’s hopes when he began exploring immune tolerance more than a decade ago. The first patient treated in the trial, who received his brother’s stem cells 14 months after his kidney transplant, is now more than two years without immunosuppression medications, while several others are also off immunosuppression or will be tapered off their drugs soon.

While the tolerance field is too new for there to be long-term results, enabling transplant recipients to live the rest of their lives without immunosuppressant drugs would have profound implications not only for these individuals, but also for the transplant waiting list, since as much as 20% of the list consists of people who have had at least one previous transplant.

The California Institute of Regenerative Medicine recently awarded

Dr. Veale’s team more than \$6.7 million to further the research. “We have a fantastic team consisting of people from urology, radiation oncology, hematology, nephrology, and clinical and research laboratories that are working together,” Dr. Veale says. “UCLA is one of the few places with the breadth of expertise to make this possible.”

With that support and the successful results thus far, the UCLA Immune Tolerance Program continues to grow. In addition to

expanding the time horizon so that donor/recipient pairs who underwent a kidney transplant as long as 20 years ago are eligible for the stem cell infusion, the hope is that the program will eventually move beyond well-matched siblings to include mismatched patients, likely starting with parent-child pairs. Ultimately, Dr. Veale says, the outpatient nature of the procedure raises the possibility that delayed tolerance

could be studied for patients who have had other types of organ transplants, such as individuals who received half of a liver from their sibling.

“We are very pleased with what we are finding,” Dr. Veale says. “We have patients who were on dialysis, received a kidney, and feel much better as a result — and yet, with the side effects of the medications, they don’t quite feel like themselves. The transplant takes you 80 percent of the way, but when we can achieve immune tolerance and get these patients off of their drugs, they feel truly cured.”

“When we can get these patients off of their drugs, they feel truly cured.”

For more information on the UCLA Immune Tolerance Program and the ongoing clinical trial, call (310) 267-7727, email ImmuneToleranceProgram@mednet.ucla.edu, or use the adjacent QR code to visit the program’s website.



ALUMNI PROFILE

Aaron Laviana, MD, MBA



Despite being a large program with a reputation as a national leader in research and clinical care, UCLA Urology feels like family to Dr. Aaron Laviana. “There’s a strong sense of camaraderie — I have so many mentors I continue to reach out to whenever I have a question about a case, or am looking for advice, and I know I will get a quick reply,” says Dr.

Laviana, a UCLA Urology resident from 2011 to 2017.

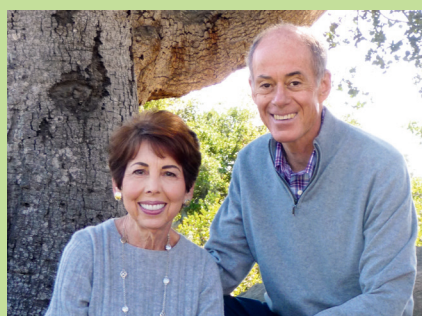
This was especially valuable as Dr. Laviana began in his current role as a urologic oncologist at the University of Texas at Austin (UT-Austin), where he is an assistant professor in the Dell Medical School and treats patients with urologic cancers at UT-Austin Dell Medical Center. When he arrived, Dr. Laviana was only the second urologic oncologist in Austin and the first at the medical school. “There was a dearth of what I do from a complex urologic oncology perspective, and the thought of helping patients who would otherwise have to go to Dallas, Houston, or San Antonio was very appealing,” he says. While building his practice, Dr. Laviana has also helped establish a large and successful bladder cancer advocacy network in Austin, consisting of several hundred patients and caregivers who provide support and assist newly diagnosed patients in navigating concerns.

Dr. Laviana’s research focus is health economics, systems engineering, and reducing inefficiencies and bottlenecks in medicine and surgery. It’s an interest that dates to his UCLA Urology residency, when he spent the program’s dedicated research year studying the relationship between the methodology known as time-driven activity-based costing and urologic oncology, under the mentorship of Drs. Christopher Saigal and Jim Hu. Dr. Laviana continued down that research path as a fellow at Vanderbilt University, where he also earned his MBA. At UT-Austin Dell, he has focused on identifying ways to improve efficiency and throughput for both inpatient and outpatient surgeries. “If we can get patients home sooner, with similar or increased patient satisfaction, that brings benefits to both patients and the health system,” he notes.

Dr. Laviana says the breadth of cases, technological innovations, and diversity of training environments he was exposed to as a UCLA Urology resident have left him well prepared for his current role. “I always reflect fondly on my times in the trenches at UCLA,” he says. “I find that I can apply so many of those experiences to the patient situations I see here in Austin.”

DONOR SPOTLIGHT

Connie Frank and Evan Thompson



Connie Frank and Evan Thompson have made a transformative investment in immune tolerance research led by Jeffrey Veale, MD, UCLA Urology professor and director

of the UCLA Kidney Transplantation Exchange Program. Their gift will advance the department’s ongoing quest to eliminate immunosuppressant medications for organ transplant recipients.

Anti-rejection drugs have many potential side effects that can cause cancer, infections, and heart disease, and over time, these drugs may also damage the transplanted organ. The UCLA team continues to pioneer new ideas to improve immune tolerance. They are revolutionizing the field of transplant medicine and plan to offer this immune tolerance protocol to liver, lung, and heart transplant patients in the future.

Frank and Thompson are longtime supporters of the department and the university. Their philanthropic legacy at UCLA Health encompasses the Connie Frank Kidney Transplant Center and the Connie Frank Bone Lab, as well as the creation of an assistance program for the Department of Emergency Medicine. They are also major champions of Dr. Veale, whom Thompson hails as a one-of-a-kind physician.

Dr. Veale first approached Frank and Thompson with his vision for immune tolerance in 2019. His progress and enthusiasm, paired with their commitment to improving quality of life for transplant recipients, inspired the philanthropists to get involved.

“I think Dr. Veale did one or two immune tolerance cases which were successful, and he was energized by the promise of what could happen,” Thompson recalls. “So we said, ‘OK, we’re on board. Tell us what you have to do to make this a viable program.’”

After seeing the immune tolerance program’s profound impact on the field of kidney transplantation, Frank and Thompson were attracted to the idea of expanding efforts to incorporate other organs as well. The duo has agreed to help fund Dr. Veale’s immune tolerance research for at least five years.

Says Frank: “In addition to Dr. Veale’s role as a transplant surgeon at UCLA, we think of him as a visionary and an innovative force capable of changing the transplant experience for patients. Just think of all the people who are alive because they have received a kidney, lung, heart, or liver transplant. That in itself is an amazing thing that medicine can stand up and applaud themselves for; however, it is important to look at what is being done and to see how we can do it better.”

Letter from the Chair



Even from afar, I was well aware of UCLA Urology's reputation as a world leader in delivering state-of-the-art care and promoting urologic health through research. But it's often impossible to fully appreciate something without experiencing it. And as I have begun to meet the remarkable people and learn more about the innovative programs that are pushing the boundaries of treatment and science, my admiration for the department and excitement for its future have grown.

*I am awestruck
at the people and
foundations who have
generously supported
our programs
and research.*

This issue highlights the groundbreaking work of one of UCLA Urology's most distinguished programs. The UCLA Kidney Transplant Program is one of the longest-running, highest-volume, and most successful in the nation. As our cover story details, the program, among the few in the U.S. based in a urology department, recently received a grant for nearly \$7 million from the California Institute of Regenerative Medicine to support a clinical trial that provides transplant recipients with the opportunity to live free of immunosuppressive medications — long considered a panacea for the transplant field. This follows on the heels of the first-ever human bladder transplant, performed by a UCLA Urology-led team.

While our department's clinical and academic excellence goes back decades, a more recent development is our expansion of thought leaders and expert surgeons into the communities in and around Los Angeles, so patients can access the same outstanding care near where they live. The expansion started with UCLA Urology clinics in Santa Clarita and Burbank. More recently we performed our first robotic prostate and kidney surgeries at UCLA West Valley Hospital, and there will be new clinic space at West Valley and in the South Bay. In May, The Men's Clinic (TMC) opened in a substantially larger space on 2901 Wilshire Boulevard, allowing its world-class faculty and staff to serve more patients and offer a more comprehensive set of services dedicated to optimizing men's reproductive, sexual, and overall health.

Among the dedicated people who contribute to UCLA Urology's success, one other group stands out. I am awestruck at the people and foundations who have generously supported our programs and research. At a time of uncertainty with traditional funding sources, philanthropy is more important than ever in ensuring we continue our innovative, trailblazing, and impactful work. We will continue to prioritize discoveries that prevent and improve urologic health, both for our patients and for populations around the world. We are forever grateful to all of you who are helping to make that possible.

❖ **Scott Eggener, MD**
Professor and Chair, UCLA Urology

Kudos

Juan José Andino, MD, MBA, UCLA

Urology assistant clinical professor, was recognized as one of the Super Doctors Southern California Rising Stars 2026. Dr. Andino was also selected as an American Urological Association (AUA) Western Section Young Urologists representative. The Young Urologists Committee represents the voice of early-career urologist members of the AUA, focusing on topics that impact the transition from training to becoming faculty members.

William Aronson, MD, UCLA

Urology professor, received a \$100,000 grant from the Seafood Industry Research Fund to further his studies on the role of lowering dietary omega-6 and raising dietary omega-3 fats for treating men with prostate cancer.

Arnold Chin, MD, PhD, UCLA

Urology professor, and his coauthors had a manuscript, “Serotonin transporter inhibits antitumor immunity through regulating the intratumoral serotonin axis,” published in the journal *Cell*. The publication highlights efforts to identify additional immune checkpoints to hinder antitumor T cell responses as key to the development of next-generation cancer immunotherapies.

Alexandra Drakaki, MD, PhD, professor

of hematology/oncology and urology, received the Teaching of the Year Award in Hematology and Oncology 2024-

2025 and the Best Doctors of Southern California Award 2025. Dr. Drakaki and her coauthors had manuscripts published in *Cancer: Erratum*, *Annals of Oncology*, *Future Oncology*, *Clinical Genitourinary Cancer*, *European Society for Medical Oncology Open*, *Cureus*, and *Clinical Medicine Insights in Oncology*. Dr. Drakaki and her coauthors also had multiple abstracts accepted for presentation at the American Society of Clinical Oncology annual meeting, the European Society for Medical Oncology annual meeting, and the AUA annual meeting.

Kathy Huen, MD, MPH, UCLA

Urology assistant professor, was recognized as one of the Super Doctors Southern California Rising Stars 2026. Dr. Huen and her coauthors had a manuscript, “From guidelines to practice: A framework to support interdisciplinary management for common pediatric urological conditions,” published in *Urology Practice*. Dr. Huen and her coauthors also had three abstracts accepted for presentation at the Western Section American Urological Association 101st Annual Meeting.

Amar Kishan, MD, professor and executive

vice chair of radiation oncology, professor of urology and co-director of the cancer molecular imaging, nanotechnology and theranostics program at the UCLA Health Jonsson Comprehensive Cancer

Center, has been named the recipient of the 2025 Steven A. Leibel Memorial Award, one of the most distinguished honors in radiation oncology.

Amara Liddell, a USC medical student

being mentored by **Dr. William Aronson, UCLA** Urology professor, had her abstract, “Impact of Post-Traumatic Stress Disorder on Prostate Cancer Outcomes Following Radical Prostatectomy in a Veteran Population,” accepted for presentation at the Western Section of the American Urological Association’s annual meeting.

Renea Sturm, MD, UCLA

Urology assistant professor, and her coauthors had their manuscript, “Biomimetic, suturable, and extensible electrospun scaffolds for lower urinary tract surgical reconstruction,” published in *Advanced Healthcare Materials*. The publication highlights Dr. Sturm and her team’s efforts to address the challenges in the repair and replacement of lower urinary tract tissues, which has led to the development of an innovative biomaterial scaffold and adhesive patch. Both are elastic and biodegradable, overcoming limitations of current materials used for these procedures. The scaffolds were developed with **Nasim Annabi, PhD**, associate professor of chemical and biomolecular engineering at UCLA.

Dr. Victor Nitti Named AUA Secretary-Elect



Victor Nitti, MD, UCLA professor of urology and obstetrics & gynecology, chief of the Division of Urogynecology and Reconstructive Pelvic Surgery, and the Shlomo Raz Chair in Urology, has been named secretary-elect of the American Urological Association (AUA) — a key leadership position that oversees

governance, scientific programming, and member engagement. Dr. Nitti’s term as secretary-elect begins in May 2026; in May 2027, he will become secretary for a four-year term.

The secretary guides the AUA annual meeting’s scientific sessions, manages international partnerships, and represents the AUA across the global urologic community, while also collaborating with industry to support the organization’s mission.

“Dr. Victor Nitti’s selection as secretary-elect of the AUA reflects his extraordinary dedication to advancing urologic education, research, and patient care,” said Dr. Lane Palmer, AUA president. “His decades of leadership, scholarship, and mentorship have shaped the field and inspired generations of urologists. We are honored to welcome him to this pivotal role as we continue to strengthen our mission and global impact.”

Impact of Philanthropy

Philanthropy plays a pivotal role in advancing academic urological research, training, and patient care by providing essential funding and resources that might not be available through traditional channels. In the realm of urology, where research and clinical advancements are crucial for improving patient outcomes and developing innovative treatments, philanthropic support enables researchers to explore novel approaches, undertake high-risk projects, and translate findings into practical solutions. This financial backing also helps to enhance training programs for future urologists, ensuring they have access to cutting-edge knowledge and techniques. Furthermore, philanthropy contributes directly to patient care by funding specialized programs, improving access to advanced treatments, and supporting initiatives that enhance the quality of life for patients. Philanthropic contributions are vital for fostering breakthroughs, nurturing talent, and ensuring that patients benefit from the latest advancements in urological care.

If you would like to learn more about how you can support UCLA Urology and contribute to its mission of advancing research, training, and patient care, please contact Molly Moursi at emoursi@mednet.ucla.edu, or use the QR code below. Your support can make a significant difference in shaping the future of urology and enhancing patient outcomes.



HEALTHY AT EVERY AGE

Electronic Artificial Urinary Sphincter for Men with Severe Incontinence

Stress urinary incontinence (SUI), the involuntary leaking of urine during activities that increase abdominal pressure, is a major quality of life problem for tens of millions of Americans, leading many to shy away from public situations or experiencing intimacy with partners. SUI results when the pressure in the bladder exceeds that of the sphincter — the muscle around the urethra, which is the tube through which urine exits the body. While women suffer from the condition at higher rates, a significant number of men have SUI, particularly those who have been treated for prostate disease.

There are no FDA-approved medications to treat stress urinary incontinence. Men with mild SUI can initially benefit from exercises aimed at strengthening the pelvic floor muscles that support the bladder and urethra, as well as lifestyle modifications such as fluid management. When that isn't enough, minimally invasive procedures can be effective. These include the male urethral sling, which inserts a piece of mesh under the urethra to provide support and resistance.

For men with moderate to severe SUI — and especially for those who have received radiation therapy for prostate cancer, in whom the sling and other procedures are ineffective — the gold-standard treatment is the artificial urinary sphincter. This consists of a cuff placed around the urethra, along with a balloon implanted near the bladder to control the pressure on the cuff, and a pump implanted in the scrotum that the patient can squeeze to deflate the cuff pressure during urination.

UCLA was recently chosen to serve as one of a handful of U.S. sites for a clinical trial of the first fully electronic artificial sphincter. The trial, which will enroll men previously treated for prostate disease who have severe SUI, is testing the efficacy of UroActive, a device created by a French company, UroMems. Implanted through a minimally invasive outpatient procedure, UroActive is designed to be remotely controlled and adjustable, with urethral pressure increased to improve continence during physical activity and then decreased when no pressure is being exerted.

The electronic device eliminates the need for a pump to be implanted in the scrotum — the device opens with the pressing of a button on an external controller. In addition, enabling electronic pressure adjustments based on need or on the level of activity not only allows for a more personalized treatment approach, but is expected to reduce or eliminate the need for re-interventions due to atrophy or other damage to the tissues, which are typically required with a non-electronic device.

The UCLA site for the clinical trial will be led by Victor Nitti, MD, UCLA professor of urology and obstetrics & gynecology, and chief of the Division of Urogynecology and Reconstructive Pelvic Surgery.

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





David Geffen
School of Medicine

UCLA Health

UCLA Urology
405 Hilgard Avenue
Box 951738
Los Angeles, CA 90095-1738

NONPROFIT
ORGANIZATION
U.S. POSTAGE

PAID

U C L A



U.S. News & World Report's annual Best Hospitals survey ranks UCLA Health on the 2025-2026 Best Hospitals Honor Roll, which represents the top hospitals nationally for excellence in multiple areas of care. In California, UCLA Health ranked as #1 in the state and Los Angeles. UCLA Urology was ranked as the nation's #7 urology department.



The Men's Clinic at UCLA

DID YOU KNOW?

Keeping your heart and lungs strong may help lower your risk of prostate cancer. The Men's Clinic at UCLA recently welcomed Dr. Jack Chen, a sports medicine physician who specializes in the diagnosis and management of acute and chronic sports injuries, osteoarthritis, injury prevention and rehabilitation, and musculoskeletal ultrasound guided procedures. Dr. Chen is passionate and committed to helping patients maintain and improve health through exercise and movement.

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



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

Contributions to UCLA Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can make a gift to UCLA Urology by logging on to <https://giving.ucla.edu/givetourology/> or by scanning this QR Code:



UPDATE

Winter 2026 | VOL. 37 | NO. 1

DEPARTMENT CHAIR

Scott Eggener, MD

CHIEF ADMINISTRATIVE OFFICER

Laura A. Baybridge

EDITOR

Dan Gordon

EDITORIAL ADVISORS

Mark S. Litwin, MD, MPH
Sarah E. Connor, MPH
Gretchen McGarry
Molly Moursi
Christi Carras

DESIGN

Wildhirt Fowlkes Graphics, Inc.



VISIT UCLA UROLOGY'S WEBSITE:

www.urology.ucla.edu

Copyright © 2025 by UCLA Urology
All rights reserved.

Urology Appointment Line: (310) 794-7700
UCLA Urology Website: www.urology.ucla.edu



If you would like to update your address or be removed from the newsletter's mailing list, please email UrologyCommunication@mednet.ucla.edu.