



UCLA UROLOGY

UPDATE



Left: In the Institute of Urologic Oncology (IUO) patient consultation room, Dr. Christopher Saigal, professor and vice chair of UCLA Urology and a faculty member in the IUO - Integrated Cancer Program, explains a case as Dr. Christopher King (r.), associate professor of radiation oncology and urology, and Dr. Amirali Salmasi (l.), a urologic oncology fellow, look on. Right: The program, located in the Edie & Lew Wasserman Building, epitomizes the IUO's patient-centered approach.

Prostate Cancer Program Promotes Patient-Centered Care

When Jon Post was advised by his doctor that he should see a urologist about his rising PSA levels, the 56-year-old resident of San Clemente, CA, stayed close to home. But when a biopsy revealed that Post had Stage II prostate cancer, he decided to expand his search. "When you hear you have cancer, suddenly all that's important is finding the best possible place to be seen, no matter where it is," he explains.

After doing some research, Mr. Post settled on UCLA, where the Prostate Cancer Program is consistently ranked among the best in the United States. "It's about 75 miles away, so it wasn't the closest place for me, but I wanted to have the best doctors," Mr. Post says.

What Mr. Post didn't realize until he called to make an appointment, though, was that UCLA could offer him more than the benefit of top clinicians.

UCLA's IUO - Integrated Cancer Program, which opened earlier this year in the new Edie & Lew Wasserman Building, is the flagship clinic in a movement toward patient-centered cancer care within the UCLA Institute of Urologic Oncology. The program fulfills the IUO's mission of bringing all of the specialists patients need to see for their cancer into the same physical space. This allows patients to consolidate visits, meeting with their

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From left to right: Drs. Christopher Saigal, Amirali Salmasi, and Christopher King conferring within the IUO - Integrated Cancer Program, the flagship clinic in the UCLA Institute of Urologic Oncology's patient-centered approach to care.

continued from cover

doctors successively and under the same roof rather than going in on multiple days to multiple sites. But beyond the convenience, bringing the healthcare team together fosters a more collaborative and coordinated approach to the patient's care.

"Traditionally, patients with localized prostate cancer will see a urologist, a radiation oncologist, and sometimes also a medical oncologist or internist, typically on different days and in different locations, to get all perspectives on what treatment, if any, they should pursue," says Christopher Saigal, MD, MPH, professor and vice chair of UCLA Urology and faculty member of the IUO - Integrated Cancer Program. "That's not only inconvenient, but it can be confusing and stressful to the patient to hear conflicting opinions, and there is often poor coordination among doctors who don't know each other. Here, we see the patient together, discuss the case, and make a recommendation. The goal is to be patient-centered and to improve the process of working with patients to arrive at the best decision regarding their care."

At the new clinic, patients have sequential visits with a urologist, radiation oncologist and any other specialist deemed necessary. Both prior to and after these specialists see the patient, they meet with each other to discuss the case, ensuring that they are on the

same page in considering treatment options that best meet the patient's needs. Before the patient leaves, a recommendation is made and within 24 hours, the patient receives a written report summarizing the team's viewpoint.

The approach is particularly valuable for patients with early-stage prostate cancer, for which it is often not obvious what treatment option to pursue, or whether to pursue treatment at all – in some cases, the cancer is deemed not to be a threat, and "active surveillance" is considered preferable to surgery or radiation. "There are tradeoffs in the decisions about whether, and how, to treat men with prostate cancer," explains Dr. Saigal. "We need to consider how aggressive the cancer is, how healthy the patient is, and what his views and personal preferences are on the risks of treatment. Because of that, it's particularly important to have all of the doctors who are involved talking with each other, as well as engaging the patient in the decision-making process."

"It was very helpful to have this unified team working together and looking out for me," says Mr. Post of his experience. "It was interesting to be able to sit down with three different doctors and get their viewpoints separately, before they met with each other, and then receive the synopsis on what they collectively thought would be the best course of action."

Mr. Post describes the process – which resulted in his decision to follow the recommendation of the team and schedule a robotic laparoscopic prostatectomy – as psychologically reassuring. "When you have all of the information, you're dealing with facts as opposed to fear, and that can be quite calming," he says. "You feel a bit more in control of where you're going."

And the 75-mile drive aside, Mr. Post says he couldn't have asked for a more convenient experience. "Sometimes the simplest things can be really important – things like having your appointments run on time, not having to take notes or worry about remembering something from an appointment two weeks earlier, getting your calls answered quickly, and having friendly and professional staff to guide you through the process," he says. "Cancer hits you differently than having a broken bone, and the additional attention and support mean a great deal."

"We see the patient together, discuss the case, and make a recommendation. The goal is to be patient-centered and to improve the process of working with patients to arrive at the best decision regarding their care."

Where Giving Back Is a Year-Round Endeavor

The approaching holiday season is a time when many turn their attention toward charitable activities. For the faculty and staff at UCLA Urology, though, giving back is a yearlong enterprise.



On April 27, Dolce&Gabbana held a private luncheon and shopping event at the home of Drs. Arie and Rebecka Belldgrun, raising \$15,000 for

the UCLA Institute of Urologic Oncology. Cohosted by Dr. Rebecka Belldgrun and Mrs. Debra Black, the luncheon featured a one-of-a-kind shopping experience in support of the Melanoma Research Alliance and the IUO. Dr. Rebecka Belldgrun is an ophthalmologist, businesswoman and investor who founded Los Angeles-based BellCo Capital, LLC, in 2003 and currently serves as the company's president and CEO. Her husband Dr. Arie Belldgrun is professor of urology at UCLA and director of the IUO.



July brought the Special Olympics World Games to Los Angeles. Approximately 7,000 participants from 170 nations competed in more than 20 sports at venues that included UCLA. Dana Merfeld (pictured far left in above photo), a UCLA Urology administrative specialist, represented the department as a volunteer both weekends. "It was an amazing experience and I am so glad that I had the opportunity to be part of it," she says.



For September, "Team UCLA Urology" participated in the 6th Annual STOP CANCER 5/10K Run/Walk. STOP CANCER funding grants target young investigators in their early research at all levels of cancer prevention, treatment, cure, and clinical application. Overall, STOP CANCER has funded more than 200 researchers from UCLA, USC, and The City of Hope. The department's team, led by UCLA Urology resident Eric T. Miller, MD, set a goal of raising \$3,000 after participating and raising \$2,500 last year. UCLA Urology faculty who have received STOP CANCER funding support include Drs. Karim Chamie, Arnold Chin, Jean B. deKernion, Mark S. Litwin, Eric Miller, Robert Reiter, Matthew Rettig, and Lilly Wu.

Also in September, Dr. Richard Ehrlich, who in addition to being a UCLA Urologist is a renowned professional fine-art photographer, made a major contribution to "Who Cares About the Next Generation," a UCLA-sponsored event to raise awareness and funds for autism and teen cancer. Proceeds from the event, held at a private home in Pacific Palisades and featuring legendary performers Roger Daltrey and Pete Townshend from The Who as well as Eddie Vedder and others, benefited the UCLA Health Autism Treatment Program and WHO CARES Teen Cancer America.

Dr. Ehrlich, whose photographs are held in permanent collections of some of the nation's best-known museums, gifted copies of *Reverie*, his latest photography book, to all attendees, and donated for auction five of his large photographs featuring the likes of Ringo Starr, Quincy Jones and Graham Nash, with all proceeds given to the two charities.

And finally, UCLA Urology is stepping up its support for Movember, the annual event in which men pledge to grow moustaches during the month of November to raise awareness about men's health issues – in particular prostate cancer as well as other male cancers, and mental health. In addition to growing facial hair to show their support for the cause, members of the UCLA Urology faculty will be helping to raise Movember funds that are directed to the Prostate Cancer Foundation (PCF).



PCF is the world's leading philanthropic organization funding and accelerating prostate cancer; it was founded in 1993 by philanthropist Michael Milken and Dr. Skip Holden, who continues to serve as PCF's medical director as well as being a UCLA Urology clinical professor and associate director of the UCLA Institute for Urologic Oncology. Dr. Holden estimates that UCLA prostate cancer researchers have received more than \$20 million in PCF funding over the years, including large grants from the Movember event. "It's a great cause," says Dr. Holden. "We can have fun getting people to pledge donations for participants to grow moustaches, increase awareness of these issues and raise money to fight prostate cancer, some of which comes back to support the outstanding prostate cancer research that is being done at UCLA."

For more information on how to support UCLA Urology's Movember team, contact the PCF's Chelsea Schwan at (310) 570-4706.

Waldo Feng, MD, PhD



If Dr. Waldo Feng learned one thing from his UCLA Urology residency above all else, it was the importance of keeping an open mind about his plans.

When Dr. Feng interviewed for the UCLA Urology training program in 1995, after completing his MD and PhD at Mount Sinai School of Medicine in New York City, he had a well-defined course of action. “I was sure I was going to become a urologic surgeon, focusing on oncology, as well as doing basic research in cancer,” he says. “But the experience at UCLA made me realize that I had a different calling in life.”

That calling turned out to be pediatric urology. Dr. Feng credits the outstanding mentorship of Dr. Bernard Churchill, founding director of the Clark Morrison Children’s Urological Center at UCLA – but also the influence of the attending urologists outside of the pediatric subspecialty, including then-chair Dr. Jean B. deKernion, current chair Dr. Mark S. Litwin, and UCLA Urology professor Dr. Jacob Rajfer.

“They fostered this interest that I never thought I had, encouraged me to shift my focus, and helped that interest to grow and develop,” says Dr. Feng. “By the time I left, I couldn’t see myself doing anything other than pediatric urology.”

Dr. Feng is currently based in Las Vegas as part of the only group practice in Nevada specializing in urological care of children, and is chief of urology for Sunrise Hospital and Sunrise Children’s Hospital in Las Vegas. Two decades after he entered residency, he continues to draw on his UCLA Urology training. “We were working with the masters of urologic surgery,” he recalls. “I learned techniques from the adult urologists that I was able to apply to the pediatric field.” In particular, Dr. Feng developed an interest in robotic surgery, and became a leader in bringing the minimally invasive technique to children in Las Vegas beginning in 2005.

“I love everything about pediatric urology,” Dr. Feng says. “It allows me to draw from a large armamentarium of surgical disciplines, and it’s so rewarding to be able to work with children and their parents to help them reach their full potential.” As for his UCLA training, he adds: “The greatest gift any parent or teacher can give to their children or students is to help them figure out what they were meant to do. UCLA did that for me, and I will always be deeply appreciative.”

Overactive Bladder

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

Overactive bladder is a form of urinary incontinence in which sudden, involuntary contractions of the muscle surrounding the bladder produce an urgent need to urinate – often so sudden that the person with the condition is unable to make it to the bathroom in time (a condition known as urge incontinence). Although more common among older adults, it is not a normal part of aging. As many as one in 11 adults in the United States have suffered from an overactive bladder, but the majority fail to seek treatment, either because they are unaware that effective therapies are available or because they are embarrassed to bring the condition to the attention of their physician.

When there are problems with frequent urination (often defined as eight or more times in 24 hours), urinary urgency, and urge incontinence, it is important to bring these matters to your doctor’s attention. For one, living with an overactive bladder can severely affect quality of life – causing disruptions at work, curtailing social activities, reducing sexual intimacy, and interfering with sleep. In addition, the condition could indicate a more serious underlying problem such as a cancerous tumor.

The involuntary contraction that produces the sudden need to urinate can be caused by a variety of factors. These include neurological disorders, nerve damage resulting from surgery or trauma to the abdomen or pelvis, bladder stones, and medication side effects. In some cases, symptoms similar to overactive bladder can stem from other conditions, including acute urinary tract infections; bladder obstructions from an enlarged prostate; or high urine production resulting from diabetes, poor kidney function, excess

fluid intake, and certain medications.

Beyond a medical history, physical exam and urinalysis, the diagnostic process may include urodynamic testing to measure the anatomic and functional status of the bladder and urethra; post-void residual urine volume testing to determine whether the bladder is properly emptying; endoscopic tests such as cystoscopy to look for the presence of cysts, stones, or tumors in the bladder; and imaging tests to evaluate anatomic abnormalities that might be contributing to the condition.

A variety of treatment strategies are used for overactive bladder. Pelvic muscle exercises can be helpful in reducing or preventing leakage. These may include daily Kegel exercises combined with approaches such as biofeedback, vaginal weight training for women (small weights are held in the vagina by tightening the vaginal muscles), and pelvic-floor electrical stimulation (mild pulses to stimulate muscle contractions). Behavioral interventions are also used to improve bladder control. Scheduled urination can help to ensure that the bladder is emptied before the urge strikes, and medications designed to relax the bladder may improve symptoms. Other strategies, often used in combination with these, include changes in fluid and dietary consumption – eliminating or limiting caffeine and/or alcohol, changing the timing of fluid consumption, and increasing fiber intake, for example.

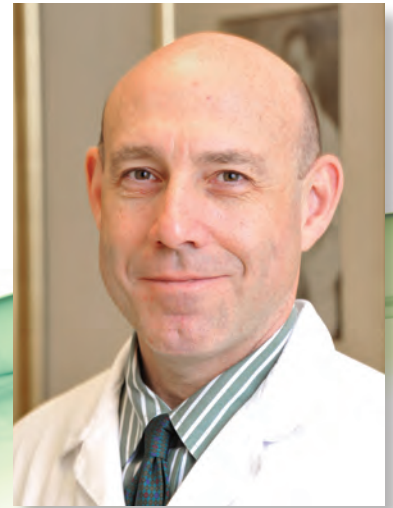
For those with a severe case of overactive bladder who don’t respond to any of these strategies, surgery may be recommended. Two surgical approaches are sacral nerve stimulation, in which the nerve impulses between the spinal cord and the bladder tissue are modulated; and surgical augmentation of the bladder to increase its capacity.

UCLA Urologists Drs. Chad Baxter, Ja-Hong Kim, Caroline Wallner and others are available to treat individuals with an overactive bladder.

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



Letter from the Chair



A sea change is underway regarding the role of academic medical centers such as UCLA. In this new era, ushered in by the advent of the Affordable Care Act, large hospital-based systems are being asked to care not just for individuals who come to their doorstep, but also for *populations* of patients in their region. In response to this societal mandate, UCLA has made a substantial push to open clinics in communities all over Greater Los Angeles.

For UCLA Urology, this has meant a rethinking that has led to some significant changes. Like UCLA and other academic medical centers as a whole, our department has traditionally been geared toward teaching residents, caring for indigent as well as insured patients, and conducting cutting-edge research. But in the last several years, we too have shifted toward a model of providing urologic care that improves the health of the population at large. We do this through a greater emphasis on secondary care.

We have shifted toward a model of providing urologic care that improves the health of the population at large.

On the healthcare continuum, primary care is what is typically provided through general internists and family physicians. Tertiary and quaternary care is what the academic centers such as UCLA have become known for – the more complex and highly specialized cases. Within urology this is the type of care on which we have built our reputation – kidney transplantations, cancer surgeries, complicated reconstructive procedures, and the like.

For most of our history at UCLA Urology, we have left the more routine cases to community-based urologists. But in the new healthcare environment, focusing on population health across the healthcare continuum, we have embraced the need to provide these secondary services as a way of bridging the gap between primary and tertiary/quaternary care. That has meant recruiting new faculty members who are skilled at procedures such as TURPs for benign prostate hyperplasia, vasectomies, kidney stone removals, and routine incontinence slings; and it has meant moving more of our services into the community at clinics and hospitals outside of Westwood.

I am pleased with where these changes have brought us. While we continue to provide outstanding care for the most complicated cases, we are also contributing to UCLA Health's vital efforts to improve the overall health of the population in our region. By doing so, our department is better able to remain focused – in our care, our training and our research – on the everyday urologic needs of the community.

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

Linda Janger



Linda Janger (above second from right, with her husband Jerry and their family) has felt a strong connection to UCLA for as long as she can remember. Mrs. Janger grew up in Westwood and earned her BA in English from the university – walking to campus from her home each day. The connection only deepened after she married her husband Jerry in 1963. The couple purchased a home in Westwood in the early 1970s and raised their three sons there.

“UCLA has always played an important part in our lives,” Mrs. Janger says. “Living so close to the campus, it’s been like our playground. We walked our dog there, rode our bikes there, and for years Jerry ran around the UCLA track 3-4 times a week. The boys attended John Wooden Basketball Camp when they were young, and two of them have MBAs from the UCLA Anderson School of Management.”

The Jangers also had a close connection with UCLA Urology: Dr. Mark S. Litwin, the department chair, is a close family friend who

was Mr. Janger’s urologist. Unfortunately, that connection would deepen in a way they never would have hoped after Mr. Janger was diagnosed with an aggressive form of prostate cancer in 2012. “We discovered that UCLA is one of the top prostate cancer centers in the United States,” Mrs. Janger says. “We were

“As the mother of three sons, I am especially hopeful that our support will contribute to the department’s success in finding treatments so that future lives will be spared.”

lucky to have Dr. Litwin to guide us.” Dr. Matthew Rettig, associate professor of urology and hematology/oncology and medical director of the Prostate Cancer Program at the UCLA

Institute of Urologic Oncology, is also a close family friend.

Mr. Janger’s connection to the UCLA community had come about by chance: As a senior at the University of Texas in the 1950s, his fraternity entered a photo of him in a tuxedo company’s “Mr. Formal USA” contest. He won first prize, which brought him to Los Angeles, where he never left – eventually going to law school and becoming a practicing attorney, as well as an avid supporter of the arts and many organizations, an avid UCLA basketball fan and a devoted family man.

“He was full of life,” Mrs. Janger says. “He would run around with his grandchildren, and was always at their games and activities. When he was diagnosed it came as a complete shock, and I really assumed he was going to beat it.”

Mr. Janger passed away in July of 2014, less than two years after the diagnosis. In 2013, Mr. and Mrs. Janger celebrated their 50th wedding anniversary with a surprise ceremony in front of friends and family in which they renewed their vows. After her husband’s death, Linda Janger requested that donations in her husband’s name be directed to UCLA Urology, which helped to raise a substantial amount for the department. Mrs. Janger contributed a major gift of her own, as did her sister’s family, the Tendlers, to support prostate cancer research in the department.

“We were so impressed with the cutting-edge research and patient-centered approach at UCLA, and because of our friends in the department we felt a special connection to the work,” Mrs. Janger says. “As the mother of three sons, I am especially hopeful that our support will contribute to the department’s success in finding treatments so that future lives will be spared.”

Kudos

UCLA Urology has risen to No. 3 in the nation on the Honor Roll of *U.S. News & World Report's* "Best Hospitals" for 2015-16. **UCLA's hospitals in Westwood and Santa Monica** have also again earned a place on the Honor Roll. UCLA Health is No. 3 in the country and ranked Best in the West for the 26th consecutive year. UCLA is among only 15 hospitals out of nearly 5,000 nationwide named to the Honor Roll for their expertise in treating the most challenging patients.

Seth A. Cohen, MD, UCLA Urology fellow, had a video abstract entitled "Cystocele Repair Using Autologous Iliotibial Band" accepted for oral presentation at the American Urogynecologic Society's 36th Annual Scientific Meeting, to be held in Seattle in October. The video demonstrates a new technique for native tissue repair of cystocele, devised and refined by **Dr. Shlomo Raz** and his UCLA Urology team.

Christopher Filson, MD, a UCLA Urology fellow who is now assistant professor of urology at Emory University, had his manuscript, "Expectant management for men with early stage prostate cancer," appear on the cover of the August 2015 issue of *CA: Cancer Journal for Clinicians*. The article, co-authored with **Drs. Leonard Marks and Mark S. Litwin** and available online, is the most comprehensive report yet on active surveillance for men with prostate cancer.

Joseph Shirk, MD, UCLA Urology resident, received third place in the Western Section American Urological Association 91st Annual Meeting History Essay Contest for his entry, "The Dark Side of Mary Poppins: How 'Chimney Sweeps' Cancer' Led to the Discovery of Carcinogens." Dr. Shirk will present his essay during the meeting in October.

UCLA Urology Brings Services to San Fernando Valley

UCLA Urology has expanded its clinical footprint into the San Fernando Valley, bringing high-quality urological services through the work of two new faculty members.

The new faculty recruits – Gladys Ng, MD, who specializes in male and female urologic reconstruction; and Caroline Wallner, MD, a general urologist – are based near Northridge Hospital Medical Center and will see UCLA Health patients throughout the San Fernando Valley. UCLA Urology will also offer specialized services for stone surgery at the Northridge facility.

"This is an important step in our efforts to provide convenient access to UCLA-quality urologic services to patients where they live," says Christopher Saigal, MD, MPH, professor and vice chair of UCLA Urology.

NEW FACES

Gladys Ng, MD, MPH, has joined the faculty and will see patients in Northridge and other parts of the San Fernando Valley. Dr. Ng's clinical and research interests include urologic reconstruction with a focus on both male and female pelvic conditions. Specifically, she is interested in outcomes of surgical intervention in these areas. Dr. Ng earned her MPH from Yale University and her MD from Albany Medical College, then completed her residency training with UCLA Urology and fellowship training in genitourinary reconstruction at Emory University.



Kiran Gollapudi, MD, is a new faculty member who will spend his clinical time at Harbor-UCLA Medical Center. There, he will partner with the voluntary urology faculty to promote the teaching and service role UCLA plays within the community, as well as building and enhancing UCLA Urology's clinical teaching programs in minimally invasive urology and robotics. After earning his MD from the David Geffen School of Medicine at UCLA, Dr. Gollapudi completed his surgery and urology residency training at UCLA, and a fellowship in endourology, laparoscopy, and robotics at Cedars-Sinai Medical Center.



Caroline Wallner, MD, has joined the UCLA Urology faculty and will be seeing patients in Northridge and other parts of the San Fernando Valley. Dr. Wallner's clinical interests include treatment of diseases of the prostate, urinary stone disease, and erectile dysfunction, as well as general urology. She specializes in open, endoscopic, laparoscopic, and robotic-assisted surgeries. After earning her medical degree at the David Geffen School of Medicine at UCLA, Dr. Wallner completed two years of general surgery training and urology residency at Loma Linda University Medical Center.





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U.S. News & World Report's
Best Hospital Survey ranks UCLA as
the No. 3 hospital and UCLA Urology
as the No. 3 department in the country.

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



Henry Alvin Meinhardt, Jr., 1933-2015

Henry Alvin Meinhardt, Jr., who lived more than 20 years after being diagnosed with terminal kidney cancer thanks to a then-experimental immunotherapy treatment offered through a UCLA Urology clinical trial, died in August of a non-cancer related cause.



Mr. Meinhardt and his wife Carrie have been major UCLA Urology benefactors since he was cured of his kidney cancer by a combination of surgery and an experimental Interleukin-2 and adoptive cell therapy protocol – pioneered in the UCLA Kidney Cancer Program laboratory of Dr. Arie Beldegrun, who also headed the treatment team – that was designed to prime Mr. Meinhardt's immune system to recognize and attack the remaining cancer cells in his body. To express their gratitude for the life-saving work of the UCLA Urology team, the Meinhardts established the Henry Alvin and Carrie L. Meinhardt Chair for Kidney Cancer Research, currently held by Dr. Fairouz Kabbinavar.

“Henry was one of the world's few, and longest, cancer survivors cured by immunotherapy,” said Dr. Beldegrun, director of the UCLA Institute of Urologic Oncology. “He was a true survivor and a pioneer in receiving a treatment that allowed him to enjoy a healthy life for many more years. He was also a caring human being whose passion was to give back to society and medicine to further science.

Henry's goal in establishing the endowed chair for kidney cancer research was to help find a cure for all kidney cancer patients, not just the lucky few. He has been a constant supporter of UCLA Urology since his treatment – not missing a year, and never forgetting that the job for others is not yet complete.”

“We are saddened to hear of Mr. Meinhardt's passing and will always be indebted to Henry and Carrie for their generosity,” added Dr. Mark S. Litwin, UCLA Urology chair. “Their gift established an enduring legacy of support in our department, with the potential to lead to important breakthroughs for the benefit of generations to come.”

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