

CLARK Urological

Fall 2004

Vol. 16, No. 2

Center newsletter

Eating Right: Can it Prevent Prostate Cancer?



William Aronson, MD, associate clinical professor of urology, is studying diet's potential role in preventing prostate cancer.

When it comes to slowing prostate cancer growth, reducing the risk of recurrence, or preventing the original tumor from developing at all, does what we eat play a role? It's a question that has intrigued researchers for some time – and a major focus of the UCLA Prostate Cancer Research Program's Specialized Program of Research Excellence (SPORE), an \$11.5 million, National Cancer Institute-funded effort aimed at finding better ways to prevent, detect, and treat a disease that will be diagnosed in more than 220,000 men in the United States this year.

Whether nutritional strategies can be an effective part of the arsenal of prostate cancer therapies is still under investigation, but there is intriguing evidence. Epidemiologic studies indicate that a high-fat diet increases prostate cancer risk. The rate of prostate cancer deaths is approximately 15 times higher in the United States than in Asian countries, where

continued on page 4

In this issue

page 2.....The Extended Family
of a Clark Center
Physician Assistant

page 5.....Clinical Trials in
Urology

page 6..... Department News

page 7.....Alumni and Donor
Spotlights

Giving Opportunities

*The Department of Urology
welcomes your contributions throughout
the year. To send a contribution in support
of our research programs or as a tribute or
memorial, please make your check payable
to "Regents of UC" and mail it to Ms Rain
Burch at the Department of Urology, Box
951738, Los Angeles, CA 90095-1738.*

*For donations by credit card
please call Ms Burch at
310-794-2159.*

David Geffen School of Medicine
at UCLA
Department of Urology

All in the Family

with fractures of the femur, ribs, or arms. Licensed by the foster care system to take in medically fragile children, the Attallas are almost always operating at their capacity – when one child is deemed fit to return to his or her biological family, it typically isn't long before the Attallas are welcoming another.

Raafat met Xochitl in 1995, when they were working together as surgical technicians. Once they started dating, she told him she had begun taking in foster children. "Xochitl explained to me that she used to do 'infant stim,' where you go to different homes and work with premature children and children who haven't had a lot of close contact with family members, providing stimulation so that they begin to crawl, eat and play like normal children," Attalla recalls. Often, when Xochitl went

to foster homes in the course of this work, she became distraught by the conditions she saw – many kids placed in one room receiving insufficient attention. "She told herself she could do better, and so in 1991 she got her foster care license," Attalla explains. By 1995, Xochitl had cared for three foster children in addition to her own child from a previous marriage.

Attalla was deeply moved by the account. As the couple became more serious, Attalla made it clear that he was fully supportive of the idea of taking in medically needy foster children.

Together, the couple increased the number of children under their care from one to five, and last year they decided they could make room for a sixth. In the meantime, they had two biological children – a



Since 1995, the Attallas (above, clockwise from upper left) – Xochitl, Raafat, Alexis, Anthony and Mathew – have welcomed 36 foster children with special medical needs into their home. Right: At the Clark Urological Center, Raafat Attalla is a physician assistant who oversees the clinic's day-to-day operation.



As a physician assistant at the Clark Urological Center, Raafat Attalla oversees the day-to-day operation of the center's busy clinics.

When he goes home, he attends to the needs of an equally bustling household, where Attalla lives with his wife Xochitl and nine children – six of them foster

children with special medical needs.

Since 1995, three dozen children have been placed in the Attalla household by the Los Angeles County foster care system, often coming from hospitals where they ended up after being abused or neglected and removed from the home of their biological parents. Many were born premature; some have suffered from shaken baby syndrome; others have arrived

son, Mathew, who is now 5, and a daughter, Alexis, now 4. And they adopted a son, 7-year-old Anthony, who had been in their foster care since infancy.

The foster children, who stay in the Attalla home an average of two years, typically require intensive medical attention. Some have gastric tubes for feeding, medications or both; others have shunts to drain the cerebrospinal fluid (shaken baby syndrome often results in brain swelling). The children who were born premature may need to continue wearing oxygen devices because their lungs are not fully developed, and some need a monitor at night to ensure proper breathing.

The rewards come in the tremendous improvement the Attallas are able to see. There was the hemiplegic child, once unable to move his left leg or arm, who was walking without assistance and had partial use of his left hand by the time he left the Attalla home. There was the child who was severely mentally retarded and weighed just 13 lbs. at 18 months of age, having too often been left in a playpen in his previous foster home; within two months of being held, cuddled, and allowed free rein of the house, he had gained 16 lbs. and learned to use a handful of words.

Then there is Anthony, the Attallas' adopted son. He was born three months premature, weighing less than a pound. He was barely double that and on oxygen when he arrived in the Attalla home as a foster child; at three months, he acquired a respiratory virus that sent him back to the hospital. He survived five weeks of chest intubation in the intensive care unit at UCLA, where twice his heart stopped for as long as 10 minutes. He pulled through, though it was a while before he was able to walk. "During all that time, Anthony never had any contact from his family," Attalla explains. "And we felt that since he had been with us his whole life and we were all he knew, we should adopt him so he could stay with us."

Attalla is quick to point out that his wife, who has stayed at home since giving birth to the couple's second child in 2000, is the one who carries the bulk of the responsibility for the children.

"She deserves all of the credit," Attalla says. "I help out quite a bit, but without her none of this would be possible."

As to why the Attallas continue to care for so many needy kids, Raafat shrugs.

"We know we can help," he says, "and we want to give back."

KUDOS:



Robert Reiter, MD, professor of urology, has been awarded a three-year, \$578,125 grant from the U.S. Department of Defense for his research project "Reg IV: A Candidate Marker of Metastatic Hormone Refractory Prostate Cancer." This proposal, in which the role of Reg IV, a secreted protein expressed in most metastatic prostate cancers, will be tested as a tissue and serum marker, is directly relevant to the diagnosis, biology and possible treatment of prostate cancer.



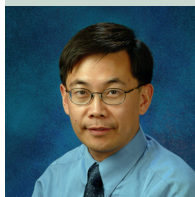
Larissa Rodriguez, MD, assistant professor of urology, received a \$1.8 million grant from the National Institutes of Health for her study "Adipose Derived Stem Cells for the Treatment of Incontinence," which aims to improve the treatment of stress urinary incontinence by bioengineering new functional tissue in order to increase urethral resistance and improve function, combined with a minimally invasive procedure. The study could have important clinical potential for the treatment of stress urinary incontinence and for improving the quality of life of these patients.



Christina Jamieson, PhD, assistant professor of urology, received a one-year, \$50,000 award from the Cancer Research Coordinating Committee for her work on "Mechanisms of Androgen Receptor (AR) Action in Prostate Cancer-Induced Bone Metastasis," to better understand how androgens, which are of central importance to the development and progression of prostate cancer, regulate the cancer that has metastasized to bone. In addition, she and her postdoctoral fellow, Rika Miki, PhD, were awarded a \$30,000 seed grant from the Jonsson Comprehensive Cancer Center.



Lily Wu, MD, PhD, associate professor of urology, received a one-year, \$50,000 award from the Jonsson Comprehensive Cancer Center for her research studying "Prostate Cancer-restricted Oncolytic Herpes Simplex Virus," in which she proposes to alter the virus to adapt it in order to attack the prostate tumor cells.



Gang Zeng, PhD, assistant professor of urology, received a \$20,000 seed grant from the Stein Oppenheimer Endowment Fund for his project entitled "Molecular Dissecting of the CD4+ T Cell-Mediated Immune Responses Against Renal Cell Carcinoma" to study the potential role that CD4+ T cells may play in anti-tumor responses. In addition, he was awarded a one-year, \$50,000 grant from the Cancer Research Institute for his research involving "T Cell-based Immunotherapy for Kidney Cancer," in which Dr Zeng proposes that a powerful, targeted immune system may improve the efficacy for the treatment of kidney cancer.



Nazy Zomorodian, NP, RN, has been honored with the F. J. Macfarlane Award for 2003 from the Certification Board for Urologic Nurses and Associates for receiving the highest score on the certification exam and for her dedication to the practice of urology. Ms Zomorodian is being recognized for her achievement at the upcoming annual meeting of the Society of Urologic Nurses and Associates this fall in Orlando, FL.

3

men traditionally adhere to a low-fat diet. Chinese and Japanese men who immigrate to the United States and consume a typical high-fat Western diet develop an increased risk of prostate cancer compared to men in their native countries – suggesting that environmental factors, rather than merely genetic factors, are involved.

William Aronson, MD, associate clinical professor of urology and a leader of the SPORE group studying the impact of diet in prostate cancer, suspects nutrition might play a critical role in prostate cancer prevention. In addition, Dr Aronson notes, nutrition could become a strategy, either alone or combined with other treatments, for patients with existing prostate cancer. Dr Aronson, also a member of UCLA's Jonsson Cancer Center, recently added to the epidemiologic evidence of the effect of dietary fat content – this time for patients already diagnosed – with a study showing that obese men are more likely to experience cancer recurrence after undergoing a radical prostatectomy than non-obese men.

As part of the SPORE grant, Dr Aronson and colleagues are also conducting laboratory studies to look more closely at how the quantity and quality of dietary fat promotes or inhibits prostate cancer growth. In February, they published a study showing that a diet high in fiber (vegetables, fruits and whole grains) and low in



fat slowed cancer growth and increased survival times in laboratory mice with advanced

human prostate cancer. The mice that were deprived of the hormone testosterone and fed a diet low in polyunsaturated fats had remissions and survival times of about double those of mice fed a diet with a much higher fat content.

Previously, Dr Aronson and other researchers had found in laboratory mice that prostate tumor progression is slower with a lower-fat diet, but this was the first study looking specifically at the conversion from androgen-dependent to androgen-independent prostate cancer. Standard

4 treatment for advanced prostate cancer is to stop production of testosterone, which drives cancer growth. While this androgen-deprivation therapy works for



a time, many men later develop cancers that are androgen independent – growing despite low levels of testosterone. Once that happens, hormone therapy is no longer effective and few other treatment options are available, Dr Aronson notes.

“This study may help us solve a clinical problem, how to prevent or delay androgen independence,” he says. “Maybe men on androgen-deprivation therapy, if they eat a low fat diet, prolong the effectiveness of their hormone therapy.” More detailed laboratory studies to determine how the fat intake is affecting the growth of the androgen-independent cancers could lead to human studies, he adds.

Dr Aronson and other SPORE nutrition researchers are exploring the relationship between diet and prostate cancer both in the laboratory and in human studies, focusing not only on the quantity of fat intake, but also on the impact of different types of dietary fat. The quantity studies are mainly looking at corn oil, an omega-6 fatty acid found in the baked goods and fried foods popular in the U.S. diet. “The majority of the fat we eat in our diet is from omega-6, which is primarily linoleic acid – known to be a growth factor for androgen-dependent and androgen-independent prostate cancer cell lines in tissue culture,” Dr Aronson explains.

His team hypothesizes that the linoleic acid in corn oil is the key factor promoting cancer growth – and that increasing the dietary ratio of the omega-3 fatty acids found in fish oil would reduce cancer risk. Among other things, omega-3 fatty acids (best obtained from salmon, mackerel, and other oily types of fish, as well as through supplementary fish oil capsules) may inhibit cyclooxygenase-2 (COX-2), an enzyme that promotes inflammation and, recent data suggests, may promote prostate cancer development.

Dr Aronson's group recently completed a laboratory study showing that a diet enriched with fish oil decreased the progression of prostate cancer in mice. As part of the SPORE, they are now initiating a follow-up in patients with newly diagnosed prostate cancer. Men adhering to a low-fat diet with fish oil supplements will be compared with those following the more traditional Western diet starting at four weeks prior to radical prostatectomy. After removal of the prostate, the researchers will study the tissue and serum, looking for certain biomarkers that could serve as intermediate indicators of cancer growth.

“Although PSA is an excellent marker for diagnosing prostate cancer, we're searching for better markers in serum or tissue that we can use to evaluate the efficacy of dietary interventions for preventing prostate cancer,” says Dr Aronson. In 2001, his group discovered one such serum biomarker in the laboratory. The serum of volunteers who adhered to a low-fat, high-fiber diet and exercise regimen was combined with prostate cancer cells in test tubes and evaluated to see how it affected the cells' growth compared to serum samples from men prior to the intervention. Dr Aronson's team found that the healthier group's serum slowed prostate cancer growth by up to 30 percent compared with the controls.

Outside of the SPORE, Drs Aronson and Pinchas Cohen, professor of endocrinology at UCLA, are heading a team that will study the effects of lycopene in a mouse model for prostate cancer. Preliminary evidence from epidemiologic and laboratory studies suggests that lycopene, a potent beta-carotene antioxidant found in high levels in tomatoes and cooked tomato products, may have cancer-fighting effects. Dr Aronson and his colleagues are also interested in the antioxidant effects of green and black tea.

Although human studies are still needed to confirm the impact of diet in prostate cancer and render specific recommendations, Dr Aronson notes that there are no known risks and plenty of proven benefits to the healthy eating and exercise strategies currently being studied.

“I'm very excited about the fact that limiting dietary fat may truly have a major impact on the progression of this disease,” he says. “Although you often hear how hard it is to get people to change their diet, I have been very impressed with how many of my patients are able to make changes once they understand the potential benefit.”



The Department of Urology is committed to ongoing research in a quest to develop new treatments and cures for all urologic conditions. It is our goal to focus on basic and population-based research with the hopes that we can rapidly translate the findings into clinical trials and community applications. Currently, 14 clinical trials (listed below with their principal investigators) are open for enrollment and available to patients. For additional program information, please contact the Clinical Trials Office at (310) 825-4415.

Bladder Cancer:



PREVENTION of BLADDER CANCER

Phase III Clinical Trial of Green Tea Extract and Tarceva to Prevent Clinical Bladder Cancer Recurrence in Former Smokers at High Risk (PI: Allan J. Pantuck, MD/Co-PI: Arie Beldegrun, MD, Robert Figlin, MD)

The largest prevention study in the United States sponsored by the National Cancer Institute to focus on bladder cancer in former smokers, this is also the first study approved by the Food and Drug Administration (FDA) to use a new class of experimental drug in the prevention of any type of cancer. The study enrolls former smokers who have already had bladder cancer to investigate the effectiveness of two compounds in preventing or delaying recurrence of the cancer. Participants are divided into three treatment arms. One group will receive Polyphenon E, a highly purified extract of green tea, which appears to have multiple mechanisms of action that could inhibit the

growth of cancer cells. The second group will receive Tarceva, which has been shown to reduce the growth of advanced cancers in patients with lung and other tumors. Tarceva is an investigational small molecule designed to target the human epidermal growth factor receptor 1 (HER1) pathway, which is one of the factors critical to cell growth in many cancers. The third group will receive a placebo.

Prostate Cancer:

A Study to Determine the Effect of a Medication in Newly Diagnosed, High-Risk Patients Undergoing Radical Prostatectomy (PI: Charles Sawyers, MD/Co-PI: Robert E. Reiter, MD)

Part of the Specialized Program of Research Excellence (SPORE) in Prostate Cancer and

funded by the National Cancer Institute, the study involves targeted therapy for recently diagnosed prostate cancer patients with high-risk, aggressive cancer. The study tests an experimental drug, CCI-779, as an anti-tumor agent that is taken by mouth for several weeks prior to open or laparoscopic surgical removal of the prostate, and that may slow the growth of cancer cells.

Phase II Study to Evaluate the Effect of Gene Therapy in Patients Who Failed Their Primary Treatment (Prostatectomy and/or Radiation) (PI: Allan J. Pantuck, MD, Arie Beldegrun, MD, Robert Figlin, MD)

Survivor Health-Related Quality of Life and Spouse Satisfaction After Prostate Cancer Therapy (PI: Christopher Saigal, MD/Co-PI: Mark Litwin, MD, MPH)

Chemotherapy Combination for Patients Who Have Stopped Responding to Hormone Treatment (PI: Allan J. Pantuck, MD/Co-PI: Arie Beldegrun, MD)

Kidney Cancer:

A Randomized Double Blind Phase III Study to Evaluate Adjuvant cG250 Treatment Versus Placebo in Patients with Clear Cell Renal Cell Carcinoma and High Risk of Recurrence (PI: Robert A. Figlin, MD/Co-PI: Arie Beldegrun, MD)

A Multi-Center, Randomized Phase III Study of Adjuvant Oncophage Versus Observation in Subjects with High Risk of Recurrence After Surgical Treatment for Renal Cell Carcinoma (PI: Robert A. Figlin, MD/Co-PI: Arie Beldegrun, MD)

A Phase II, Randomized Study Comparing Tarceva with Avastin to Avastin Plus Placebo for Patients Whose Kidney Cancer Has Spread (PI: Robert A. Figlin, MD/Co-PI: Arie Beldegrun, MD)

A Phase II, Three-Arm, Randomized, Open-Label Study of Interferon Alfa Alone, CCI-779 Alone, and the Combination of Interferon Alfa and CCI-779 in First-Line Poor Prognosis Subjects with Advanced Renal Cell Carcinoma (PI: Robert A. Figlin, MD/Co-PI: Arie Beldegrun, MD)

A Phase III, Randomized Study of SU011248 Versus Interferon- α as First-Line Systemic Therapy for Patients with Metastatic Renal Cell Carcinoma (PI: Robert A. Figlin, MD/Co-PI: Arie Beldegrun, MD)

Pelvic Medicine, Incontinence and Reconstructive Surgery:

Sacral Root Neuromodulation for Pelvic Pain and Overactive Bladder (PI: Larissa Rodriguez, MD/Co-PI: Shlomo Raz, MD)

Evaluation of Family History and Genetic Predisposition for Development of Vaginal Prolapse (PI: Larissa Rodriguez, MD /Co-PI: Eric Vilain, MD)

Evaluation of General Stress Response in Patients with Interstitial Cystitis (PI: Bruce Naliboff, MD/Co-PI: Larissa Rodriguez, MD)

Female Sexual Medicine:

Physiologic Testosterone Replacement in Women with Hypopituitarism (PI: Jennifer Berman, MD)



The Department of Urology welcomes a familiar face to the faculty.

Jennifer Singer, MD, has joined the Department of Urology as an assistant professor specializing in renal transplantation and pediatric urology. Dr Singer received her undergraduate degree from UCLA in molecular, cellular, and developmental biology, and her MD from the David Geffen School of Medicine at UCLA. After completing an internship in general surgery and residency in urology at UCLA, Dr Singer completed fellowships in renal transplantation at UCLA and in pediatric urology at Texas Children's Hospital, Baylor College of Medicine. Dr Singer's clinical interests include adult and pediatric renal transplantation and end-stage renal disease. She has special interests and training in congenital urologic anomalies, with research interests in the use of transplant immunosuppression and the molecular aspects of chronic allograft rejection.

6

Comings and Goings in the Department

The close of the academic year in June marked the end of urology residencies for three physicians and the start of three new urology careers. The three outgoing chief residents were honored at the June 11 graduation where Dr James E. Montie, the Joseph J. Kaufman Visiting Professor for 2004, gave the evening's keynote address. Dr Montie is chairman of the Department of Urology at the University of Michigan.

Graduating Residents

Dr Matthew Bui (top right) is continuing his post-residency education within UCLA's Department of Urology. He will be spending the next year completing a fellowship in endourology with Dr Peter Schulam. Dr Jim Hu (left) will do a one-year laparoscopic fellowship at City of Hope in Duarte, CA. Dr Mark Jalkut (bottom right) is entering private practice in Raleigh, NC.



Incoming Residents

Timothy McClure, MD (top left), completed medical school at the University of Washington and would like to continue in academic urology following his residency. Brian Shuch, MD (right), is joining UCLA after completing medical school at New York University. He has a strong interest in urologic oncology. Hua-yin Yu, MD (bottom left), completed medical school at Cornell University. She chose urology because of the diversity within the specialty, and is particularly interested in urologic oncology and research on molecular mechanisms of oncogenesis.



Brief:

UCLA's Kidney and Pancreas Transplant Program is now the fourth most active renal transplantation program in the country, according to the most recent report from the United Network for Organ Sharing (UNOS). More importantly, the UNOS study indicates that the results for UCLA patients at three years post-transplant are statistically better than the national average for cadaveric transplants. Dr Albin Gritsch, associate professor of urology, serves as surgical director of the growing UCLA Kidney Transplant Program, with 318 transplants performed in 2003 and more than 1,500 patients currently on the waiting list.

Fund-Raiser's Own Donation a Boon to Department

Robert Winston remains grateful for the treatment he received at UCLA's Clark Urological Center – and he wants to ensure that others are also able to benefit from the cutting-edge research and patient care provided by the Department of Urology in the years ahead.

After being introduced to the Clark Urological Center as a patient of Dr Arie Belldегrun's and learning more about the research activities of Dr Belldегrun and his Department of Urology colleagues, the retired business executive became a major supporter of the department, joining the Advisory Board and assisting with recruitment and fund-raising efforts.

Mr Winston has referred many others to the Clark Urological Center for care. "The benefits that my family, friends, associates and I have received from the department over the years convinced my wife and me that it is something we want to continue to support," he says.

Most recently, Mr Winston and his wife Judy pledged a major gift that will help to establish an endowed chair in pediatric urology, as well as an endowment fund for promising research in urologic oncology.

"We see Clark Urology as a valuable resource to the community and we want to make sure that it continues to have the ability to do superior research," Mr Winston explains. "The lifeblood of research is money, and although the department receives grants from the government, it's important to supplement that with a steady stream of funding for promising studies. The idea of these endowments is to provide a mechanism for annual income that can be used for those purposes."

UCLA Clark Urological Center Newsletter



Alumni

Spotlight

Former UCLA

Department of Urology resident Mitchell Sokoloff, MD, is heading back to the West Coast – recruited to Oregon Health and Sciences University to implement on a larger scale what he accomplished at the University of Chicago.

Dr Sokoloff is associate professor and the first chief of the Section of Urologic Oncology at Oregon Health and Sciences University, where he is being asked to build a surgical urologic oncology program to complement the medical urologic oncology program. The focus will be to expand the use of surgery by combining it with innovative systemic therapies for patients with locally advanced, metastatic, and high-risk tumors, and to further the utilization of minimally invasive technologies.

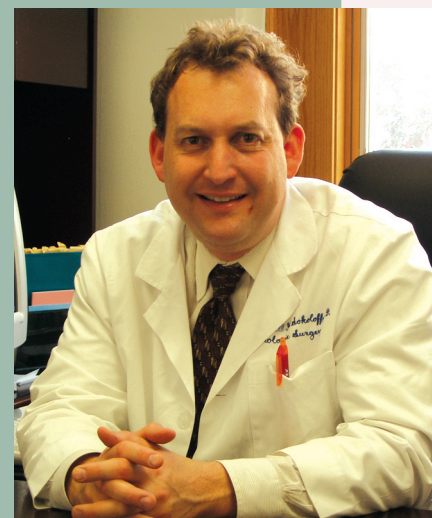
At the University of Chicago, Dr Sokoloff spent the last five years developing a translational research program – taking findings from his laboratory and applying them to the care of patients with prostate or kidney cancers that are not amenable to cure with surgery alone. His research approach can be traced to his time at UCLA, when he worked in the laboratory of Dr Arie Belldегrun, a pioneer in combining surgery with systemic drug treatment for patients with locally advanced or high-risk disease. After a two-year basic science fellowship at the University of Virginia, Dr Sokoloff arrived at the University of Chicago, where he built an active clinical research program.

Two drug therapies are currently in Phase II clinical trials, both resulting from Dr Sokoloff's work in Virginia. One is an anti-angiogenic agent – a drug designed to reduce the blood supply that helps tumors to thrive. Dr Sokoloff is using the compound in high-risk prostate cancer patients before and after prostatectomy to see if it will lower recurrence rates. A second experimental drug employs an element of the patient's immune system known as the complement-mediated immune response to help target tumors in kidney cancer patients.

In his clinical practice, he has been active in using laparoscopy and alternative energy sources – such as high-intensity focused ultrasound – to treat patients in a minimally invasive fashion. Dr Sokoloff has also received high marks as a teacher of medical students, residents, graduate students and fellows. "I learned a great deal about teaching from UCLA, where the faculty were so approachable while giving us appropriate autonomy and graduated responsibility, so that we could gain the confidence and skills we needed," he says. "That's something I've taken with me."

Dr. Sokoloff credits Drs Jean deKernion, chairman of urology at UCLA; Mark S. Litwin, MD, MPH, professor of urology and public health; and Arie Belldегrun, MD, with being the role models who set him on his current course.

"I chose academic medicine after seeing that there were so many patients who needed more than just surgical treatment for their cancers, and then looking at these faculty at UCLA who had always been on the forefront of pushing systemic therapies and expanding what was possible for these patients," he says. "So much of what we do in medicine comes down to role models. I saw that what they were doing was something I wanted to do."



Mitchell Sokoloff, MD, chief of the Section of Urologic Oncology at Oregon Health and Sciences University

DEPARTMENT OF UROLOGY FACULTY

JEAN B. deKERNION, MD
Professor and Chairman of Urology
Specialty: Urologic Oncology

WILLIAM ARONSON, MD
Associate Clinical Professor of Urology
Specialty: Urologic Oncology

ARIE BELDEGRUN, MD
Professor of Urology
Specialty: Urologic Oncology, Biologic Therapy

CAROL BENNETT, MD
Associate Professor of Urology
Specialty: Male Infertility

JENNIFER R. BERMAN, MD
Assistant Professor of Urology
Specialty: Female Urology, Female Sexual Dysfunction

BERNARD M. CHURCHILL, MD
Professor of Urology
Specialty: Pediatric Urology

ROBERT A. FIGLIN, MD
Professor of Clinical Urology and Medicine
Specialty: Oncology

STUART FISHER, MD
Assistant Clinical Professor of Urology
Specialty: General Urology

NESTOR GONZALEZ-CADAVID, PhD
Adjunct Professor of Urology
Specialty: Biochemistry, Andrology Research

H. ALBIN GRITSCH, MD
Associate Professor of Urology
Specialty: Renal Transplantation

CHRISTINA JAMIESON, PhD
Assistant Professor of Urology and Human Genetics
Specialty: Urologic Research

DAVID A. LEFF, MD
Assistant Clinical Professor of Urology
Specialty: BPH, Sexual Dysfunction, General Urology

STEVEN E. LERMAN, MD
Assistant Professor of Urology
Specialty: Pediatric Urology

MARK S. LITWIN, MD, MPH
Professor of Urology and Public Health
Specialty: Urologic Oncology, Prostate Diseases

JAMES R. ORECKLIN, MD, MPH
Associate Clinical Professor of Urology
Specialty: BPH, Urinary Stones, General Urology

ALLAN PANTUCK, MD
Assistant Professor of Urology
Specialty: Urologic Oncology

JACOB RAJFER, MD
Professor of Urology
Specialty: Male Infertility, Sexual Dysfunction

SHLOMO RAZ, MD
Professor of Urology
Specialty: Urodynamics, Female Urology

ROBERT E. REITER, MD
Professor of Urology
Specialty: Urologic Oncology, Prostate Diseases

LARISSA RODRÍGUEZ, MD
Assistant Professor of Urology
Specialty: Urodynamics, Female Urology

J. THOMAS ROSENTHAL, MD
Professor of Urology
Specialty: Renal Transplantation

CHRISTOPHER SAIGAL, MD, MPH
Assistant Professor of Urology
Specialty: Health Services Research

CHARLES L. SAWYERS, MD
Professor of Urology and Medicine
Specialty: Prostate Cancer

PETER G. SCHULAM, MD, PhD
Associate Professor of Urology
Specialty: Urinary Stones, Endoscopic Procedures

JENNIFER S. SINGER, MD
Assistant Professor of Urology
Specialty: Renal Transplantation, Pediatric Urology

CRAIG V. SMITH, MD
Assistant Professor of Urology and Surgery
Specialty: Renal Transplantation

ROBERT B. SMITH, MD
Professor of Urology
Specialty: Urologic Oncology, General Urologic Surgery

ERIC VILAIN, MD, PhD
Assistant Professor of Urology,
Human Genetics and Pediatrics,
Director, Laboratory of Female Urology
and Sexual Medicine
Specialty: Sexual and Gender-based Medicine Research

LILY WU, MD, PhD
Associate Professor of Urology
Specialty: Molecular Biology, Gene Research

GANG ZENG, PhD
Assistant Professor of Urology
Specialty: Tumor Immunology, Cancer Vaccine

UCLA Medical Center

A Member of the UCLA Health Network

**FIRST CLASS MAIL
U.S. POSTAGE
PAID
UCLA**

For appointments and referrals: Urology Appointment Line 310-794-7700

UCLA Clark Urological Center Newsletter