



UCLA UROLOGY

UPDATE



Members of the UCLA Urology Task Force on Equity, Diversity and Inclusion, top row (l. to r.): Beth Miller, Tracy Prinz, Kassandra Zaila, Dr. Stanley Frencher, Jr., Alexa Hughes; second row (l. to r.): Dr. Carol Bennett, Dr. Claire Burton, Dr. Christopher Saigal, Dr. Efe Chantal Ghanney Simons, Hosna Safi; third row (l. to r.): Dr. Isla Garraway, Dr. Jeremy Blumberg, Dr. Jesse Mills, Dr. Ja-Hong Kim, Dr. Jonathan Bergman; bottom row (l. to r.): Maria Estrada, Dr. Renea Sturm, Laura Baybridge.

At Historic Moment, UCLA Urology Looks to Be Part of the Solution

The long-overdue societal reckoning with the centuries-old problem of systemic racism in the United States has compelled UCLA Urology, like many institutions, to look inward and examine what actions it can take to be part of the solution.

“As urologists, we certainly can’t fix all of our societal ills, but we do have a role to play in ensuring that our department addresses any symptoms of this broader societal problem, as well as the ways in which systemic racism may impact our patients, faculty, students, staff, and trainees,” says Stanley Frencher, Jr., MD, MPH, a UCLA Urology assistant professor who serves as director of surgical outcomes and quality at Martin Luther King Jr. (MLK) Community Hospital, and the lead urologist at MLK Outpatient Center.

“We are in a historic moment, and although we

are a diverse department with much to be proud of, we can’t view ourselves as immune or think that we have done enough,” adds Jesse Mills, MD, a UCLA Urology associate clinical professor and director of The Men’s Clinic at UCLA.

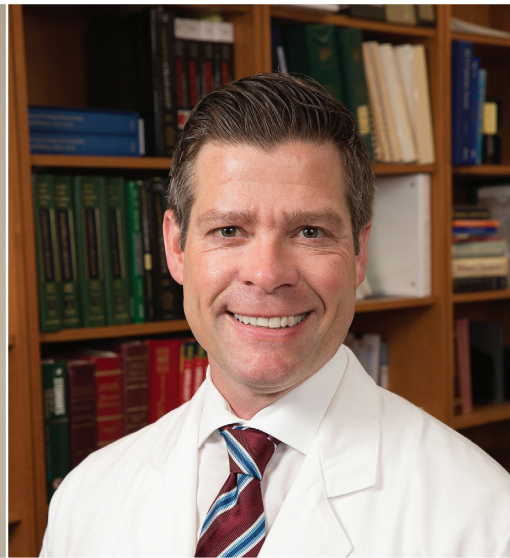
Toward that end, the department established a Task Force on Equity, Diversity and Inclusion, co-chaired by Drs. Frencher and Mills and including more than a dozen students, staff, trainees, and faculty members who have been meeting every other week, as well as

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Above: Task force co-chairs Dr. Stanley Frencher, Jr. (l.), UCLA Urology assistant professor, director of surgical outcomes and quality at Martin Luther King Jr. (MLK) Community Hospital, and lead urologist at MLK Outpatient Center; and Dr. Jesse Mills (r.), UCLA Urology associate clinical professor and director of The Men's Clinic at UCLA.

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in smaller subgroups. “Our goal was to bring together members of our department who have a passion for addressing these issues, hold honest conversations to identify some of the challenges from our perspective as urologists, and then come up with a series of well-formed, actionable recommendations that we can implement,” Dr. Frencher explains.

Among the areas of focus for the task force: education and training. “It’s important that we integrate how we address racial and ethnic challenges into the way we teach medical students and prepare residents to become urologists,” Dr. Frencher says. Among the actions under consideration are revamping the curriculum to include a common book on social justice and anti-racism, incorporating simulations around micro-aggressions and the experiences of underrepresented minorities, raising awareness of barriers certain communities experience in accessing care, and bringing more diversity to the grand rounds portion of the training.

This educational focus extends to faculty as well. “There is so much education on recognizing our implicit bias that we can benefit from,” says Isla Garraway, MD, PhD, UCLA Urology associate professor and director of research, who is a member of the task force. “We all must recognize that we are naturally drawn to people who look and exhibit behaviors that are like our own.

Consequently, this may impact underrepresented minority inclusion into the inner circles of power.”

The task force has also looked at opportunities for improvement in the department’s marketing efforts. “A number of faculty, trainees, and students felt that while the department itself is diverse, we could do more to represent that diversity in the way we advertise our skills and accomplishments,” Dr. Frencher notes. “Representation matters — when residents, medical students, and even our patients learn about UCLA Urology, they need to see the diversity that exists in our department, particularly at our affiliate institutions.” Showcasing the department’s diversity in everything from its website and social media to its mission statement can also make a difference in continuing to attract a diverse pool of students, trainees, and faculty, Dr. Mills adds.

The department offers a rich training experience in part through UCLA Urology’s presence at affiliated county facilities where patient populations are especially diverse — MLK Outpatient Center and MLK Community Hospital, Olive View-UCLA Medical Center, and Harbor-UCLA Medical Center — as well as at the Greater Los Angeles VA Medical Center, and outpatient sites throughout Los Angeles. Another focus of the task force is to ensure equity across these sites — that all have access to the same equipment and technology, as well as clinical trials, both

to provide equitable patient care and to optimize the trainee experience. “One of the biggest strengths of our training program is its diversity,” says Jonathan Bergman, MD, a UCLA Urology associate professor and task force member who teaches residents at Olive View-UCLA Medical Center and the Greater Los Angeles VA Medical Center. “We

need to continue our efforts to support our diverse resident cohort and to stay leaders in this regard.”

The task force members have also begun to look at ways to further diversify the urology workforce by developing partnerships and supporting existing community programs that build the pipeline through mentorship and outreach to young people in underrepresented minority communities. “There is a great deal of enthusiasm within our department to get involved in everything from

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promoting careers in medicine to kids as early as middle school, to partnering with historically Black medical schools to provide experiences for students who show an interest in surgery or urology,” Dr. Mills says.

Above all, the goal is to foster a culture in which diversity, equity, inclusion, and social justice are part of the fabric of the department. “We don’t view this as a separate project, or a time-limited milestone to achieve, but something that is part of everything we do,” Dr. Frencher explains. “That requires honest conversations about whether there are examples of inequities within our department, and what more we can be doing to achieve our goals.”

Task force member Carol Bennett, MD, UCLA Urology professor, Henry E. Singleton Chair in Urology and chief of urology at the Greater Los Angeles, VA Medical Center, says she is pleased with the group’s direction. “The task force is beginning to make an impact in ensuring that our diverse urology department is open and welcoming to all members,” Dr. Bennett says. “I look forward to what we will ultimately accomplish.”

Dr. Garraway points out that these efforts are not merely about equity and social justice; rather, they will make UCLA Urology stronger. “It’s important that we recognize the ‘diversity bonus’ — a more diverse faculty/staff/patient/student population results in increased creativity, higher productivity, and better outcomes across all sectors,” she says. “I am excited to be a part of Dr. Litwin’s vision for the urology department to be a leader in promoting best practices in diversity, equity, and inclusion.”

“This is an important moment in history,” Dr. Mills says. “We have tremendous buy-in — everyone is invested in doing this right. And in the course of doing what’s right, the goal is to make everybody better.”

Promoting Opportunities for African American, Other Minority Youth



UCLA Urology has established a partnership with Bridge Builders Foundation, a Los Angeles-based nonprofit

organization that supports youth through mentoring, scholarships, educational programs and the teaching of life skills. The initiative will build on the foundation’s efforts to raise health awareness and promote career opportunities for African American and other minority youth.

Plans are underway for the department to work with Bridge Builders in providing a platform for interested high school students to get to know UCLA Health students and professionals via a virtual series of lectures, lab experiences and dialogues. The partnership is being facilitated by Bridge Builders member Westley Sholes, a prostate cancer survivor and longtime supporter of IMPACT, the UCLA Urology-led program that has brought medical care to thousands of low-income, uninsured California men with prostate cancer.

“Many of Bridge Builders’ educational programs are science based, and this will provide a supplemental resource to the STEM activities for the high school participants,” Sholes explains.

Bridge Builders provides one-on-one mentoring to 150 African American and Latinx youth each year. More than 90% of participants report increased confidence in STEM (science, technology, engineering and medicine) content and all demonstrate increased knowledge of STEM careers and the importance of STEM studies.



UCLA Urology’s partnership with Bridge Builders Foundation, a Los Angeles-based nonprofit organization that includes Westley Sholes (above left), a longtime supporter of the UCLA Urology-led IMPACT program, will offer science-related mentorship and experiences for African American and other minority high school students.

Norman and Janet Baxter



In the spring of 2010, Norman Baxter was nearing his 62nd birthday and looking forward to retiring within the year. Then he received news he feared could derail his plans.

Based on Baxter's elevated PSA levels, his physician ordered a prostate biopsy, which found cancer in three of four quadrants. Baxter remembers that his Gleason score — a pathological evaluation of the tumor's aggressiveness — was "not terrific."

"I walked out of the doctor's office in a state of shock," he recalls. "It's not like I felt pain or anything."

In 2020, Norman Baxter and his wife Janet celebrated two milestones: their 50th wedding anniversary, and 10 years of Norman Baxter being cancer-free. "I was able to benefit from the excellent treatment I received at UCLA, which allowed me to resume a normal life without any long-term consequences," Baxter says. "I am quite thankful for that."

Within two weeks of being diagnosed on California's Central Coast, where the Baxters live, Norman Baxter had an appointment to see UCLA Urology's Dr. Jean B. deKernion, with the help of his daughter, who was at the time a UCLA employee. "I had done a lot of reading about prostate cancer and was hopeful that mine had been caught early enough," he says. "I knew Dr. deKernion was a master surgeon who had done thousands of prostatectomies, and that made me more comfortable." Baxter can still remember the moment toward the end of the initial consultation when Dr. deKernion, currently a UCLA Urology professor emeritus, gave him the reassurance he had hoped for. "After assessing my case, he put his hand on my arm and said, 'You'll be fine,'" Baxter says.

In the decade since, Norman and Janet Baxter have given faithfully each year to the UCLA Urological Fund, which, under the direction of Dr. Mark S. Litwin, UCLA Urology chair, supports research, training the next generation of urological clinicians and scientists, and optimizing clinical care.

Giving back is a way of life for the Baxters, who met at a small private liberal arts college in Wisconsin where they both studied Russian. Norman Baxter went on to earn a PhD from UC Berkeley and has used his banking background to teach financial literacy as a volunteer to local high school seniors through the United Way. "There's so much greed today, and I want to do my part to counter that," he says. "Donating to the UCLA Urological Fund is a tangible way I can show my appreciation and enable the department to help others the way it helped me."

Resident's Research Focuses on Increasing Diversity in Urology



A fourth-year UCLA Urology resident is devoting her research year to assessing strategies

for increasing the number of underrepresented minorities in the specialty. In "Equity, Diversity, and Inclusion in the Urology Workforce: Strengthening the Pipeline," Efe Chantal Ghanney Simons, MD, is looking at issues ranging from medical student timing and level of exposure to clinical, research, and mentorship opportunities in urology, to the equity, diversity, and inclusion (EDI) experiences of current urology trainees and the scope of EDI efforts. Dr. Simons' mentors include Drs. Christopher Saigal, Serena Does, Tracy Downs, Ben Breyer, Vickie Mays, and Sam Washington.

"We believe that our findings will provide the strong evidence base for creating targeted interventions, such as pipeline programs, organized mentorship, and cultural competency training for clinical and research instructors, which can effectively increase equity, diversity, and inclusion in urology, further promoting improved care of our increasingly diverse patient population," Dr. Simons explains. "Several of these interventions have been successfully employed in increasing female representation in urology."

Letter from the Chair



Note: This issue's letter is co-authored by Dr. Stanley Frencher, Jr., UCLA Urology assistant professor; chair of the perioperative services department and medical director of surgical outcomes and quality at Martin Luther King Jr. (MLK) Community Hospital; and lead urologist at MLK Outpatient Center.

In 1966, Dr. Martin Luther King, Jr., declared: “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” More than 50 years later, our society has arrived at a moment that was long overdue even when Dr. King made that observation: a reckoning with the toxic effects of centuries of systemic racism, including ongoing injustices in health care.

UCLA Urology has long worked to promote justice, equity, diversity, and inclusion in our faculty and training programs, and to bring high-quality care to traditionally underserved communities. And we must continue to work to right the injustices and inequities that persist in health care. In the United States, the legacy of systemic racism in sectors such as education, housing, and employment means that Black, Indigenous, and people of color are more likely to experience reduced access to health care and poorer health. Within the larger health system, insufficient diversity among providers compromises the quality of care. Studies have shown that we all harbor implicit biases that can influence our care. As racial and ethnic disparities in health outcomes persist, we must act urgently to address the causes.

UCLA Urology has embodied the values of justice, equity, diversity, and inclusion for many years, but as long as these problems remain, we must look inward and determine how we can do better. As the cover story of this issue describes, that process is ongoing. It's not an undertaking we will one day complete; rather, it will always be part of the fabric of our department, embedded in all that we do. It involves rooting out overt and covert forms of discrimination, as well as dismantling the systemic factors that perpetuate inequities. It involves pursuing diversity not merely as a matter of justice, but to improve quality. And it means continuing to venture well beyond the confines of Westwood and Santa Monica to bring our state-of-the-art care to communities that UCLA hasn't always reached. We are proud of the high-quality services UCLA Urology provides at our affiliate institutions in some of the most underserved areas of Los Angeles. Our goal is to become even more active participants and collaborators with these institutions to improve care and promote social justice, with the recognition that we all have much to learn, and that out of these interactions we will all become better practitioners.

We recognize that as an individual urology department, we can't solve the entire societal scourge of systemic racism. But we also recognize our power to make a difference. In the words of cultural anthropologist Margaret Mead: “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

Mark S. Litwin, MD, MPH

Stanley K. Frencher, Jr. MD, MPH

Kudos

A. Lenore Ackerman, MD, PhD, UCLA Urology assistant professor, received an R03 research grant from the National Institute on Aging for “The Role of the Vaginal Microbiota in Urgency Urinary Incontinence in Older Women.”

Richard Boxer, MD, UCLA Urology clinical professor, co-authored a policy piece, “A Pragmatic Way to Improve Infrastructure, Create Jobs, & Reduce the Opioid Crisis,” with **Dr. Jonathan Fielding** in *Real Clear Policy*.

Richard Ehrlich, MD, UCLA Urology professor emeritus, will have a new book, *The Arolsen Holocaust Archives*, published in early 2021 by Steidl. The book is a pictorial narrative of the Holocaust Archives in Bad Arolsen, Germany, which chronicles the history of the Nazi repository of voluminous prisoner records kept from World War II. Dr. Ehrlich was the first person to be allowed to photograph the archives.

Kelly Fero, MD, UCLA Urology resident, has published a paper in *Urology* entitled “Perceived impact of urologic surgery training program modifications due to COVID-19 in the United States” with UCLA Urology resident **Dr. James Weinberger** and UCLA Urology faculty **Drs. Steve Lerman** and **Jon Bergman**.

Efe Chantal Ghanney Simons, MD, UCLA Urology resident, is the inaugural winner of the Diversity Equity & Inclusion Award, an honor bestowed jointly by the Association of Women Surgeons and the Society of Black Academic Surgeons.

Tommy Jiang, second-year medical student at the David Geffen School of Medicine at UCLA (DGSOM), was first author of a paper, “Is it all in my head? Self-reported psychogenic erectile dysfunction and depression are common among young men seeking advice on social media,” published in *Urology*. This work was also an abstract featured as a podium presentation on the AUA Virtual Experience. His collaborators were UCLA Urology resident **Dr. Vadim Osadchiy** and UCLA Urology faculty **Drs. Sriram Eleswarapu** and **Jesse Mills**.

Ja-Hong Kim, MD, UCLA Urology associate professor in the Division of Pelvic Medicine

and Reconstructive Surgery, along with her surgical team at the Center for Women’s Pelvic Health at UCLA, completed the first single-port robotic sacrocolpopexy surgery in September for the treatment of pelvic organ prolapse, an uncomfortable condition that occurs in women when the tissue and muscles of the pelvic floor no longer support the pelvic organs, resulting in the drop (prolapse) of these organs from their normal position. This new surgical approach requires only one incision, offering patients rapid recovery and improved cosmetic benefits. UCLA Urology is the first in Southern California to utilize this innovative technology for female pelvic medicine and reconstructive surgery. FDA approval is pending.

Jesse N. Mills, MD, UCLA Urology associate professor, received a \$50,000 grant from ENDO Pharmaceuticals in support of the UCLA Urologic Sexual Dysfunction and Infertility Fellowship. Dr. Mills was a collaborating author of a study published in the *Journal of Urology* entitled “Mental disorders in Peyronie’s disease: a Swedish cohort study of 3.5 million men.” Among the other authors is **Dr. Lars Henningsohn**, who served as a visiting professor in the department last academic year.

UCLA Urology resident **Dr. Vadim Osadchiy** authored a paper in *Current Sexual Health Reports* entitled “The seminal microbiome and male factor infertility.” His co-authors were **Drs. Jesse Mills, Emeran Mayer,** and **Sriram Eleswarapu**. He also published a paper with medical student **Tommy Jiang**, Dr. Mills, and Dr. Eleswarapu entitled “Low testosterone on social media: application of natural language processing to understand patients’ perceptions of hypogonadism and its treatment” in the *Journal of Medical Internet Research*.

Kymora Scotland, MD, PhD, UCLA Urology assistant professor, gave a well-received Grand Rounds presentation at Harvard-Brigham and Women’s Department of Urology on biofilms in urology. Dr. Scotland was also co-first author of a publication, “Metabolic syndrome negatively impacts stone specific quality of life,” in the *Journal of Endourology*; and was first author of a publication, “Uropathogens preferentially interact with conditioning film components

on the surface of indwelling ureteral stents rather than stent material,” in *Pathogens*. Dr. Scotland chaired the course “Urologic Endoscopy in Resource Restricted Environments” at the 40th annual congress of the Société Internationale d’Urologie and moderated a session on calculi at the Western Section of the American Urological Association’s annual conference.

Brian Shuch, MD, UCLA Urology associate professor and director of the Kidney Cancer Program in the UCLA Institute of Urologic Oncology, was awarded a highly competitive grant from the Kidney Cancer Association for a new project, “Targeting Asparagine Dependence in Renal Cell Cancer.” This proposal was developed in close collaboration with **Heather Christoff, PhD,** UCLA associate professor of pharmacology and biological chemistry.

Renea Sturm, MD, UCLA Urology assistant professor, and her team have been awarded a highly prestigious grant from the National Science Foundation, giving Dr. Sturm the honor of being a federally funded researcher in only her third year on the faculty. The award for her work in developing a “Bio-Zipper” was provided following her team’s selection as participants in a national program called I-Corps that supports commercialization of innovative so-called deep technologies from the academic environment. Dr. Sturm also had a manuscript, “Measurement accuracy of 3-dimensional mapping technologies versus standard goniometry for angle assessment,” published in the *Journal of Pediatric Urology*.

Kassandra Zaila, a fourth-year DGSOM medical student, is first author of a paper entitled “Popularity and worldwide reach of targeted, evidence-based internet streaming video interventions focused on men’s health topics” in *Translational Andrology and Urology*. This research earned a “Best Poster Award” at the AUA Virtual Experience 2020. She also presented an abstract at the American Society of Reproductive Medicine annual congress on male patients’ access to oncofertility specialists. Her mentors are UCLA Urology faculty **Drs. Sriram Eleswarapu** and **Jesse Mills**.

Prostate Cancer Disparities

Although death rates have dropped by more than half since the early 1990s as a result of screening and treatment advances, prostate cancer remains the second-leading cause of cancer death among men in the United States. Black men are disproportionately affected — according to epidemiological studies, they are between 1.6 and 1.8 times more likely to be diagnosed with prostate cancer than non-Black men, and at least twice as likely to die from the disease. On average, Black men are also diagnosed at an earlier age, and with more aggressive tumors.

Researchers continue to investigate the causes of these disparities. At UCLA Urology and other institutions, ongoing studies are looking at potential biological underpinnings that could account for Black men being diagnosed with particularly aggressive forms of prostate cancer. However, a large body of evidence suggests that more than physiology, it is differences in health-seeking behaviors, access to care, and interactions with providers once Black men are in the health care system that are the main drivers of the disparities.

Although guidelines call for Black men to be screened beginning earlier in life than non-Black men, that message has not always been adequately communicated. The problem is likely exacerbated by a mistrust of the health care system in Black communities, fueled by a history of racism in medical research and discriminatory treatment when Black men do seek care. And even setting aside these potential barriers, Black men do not always have access to the same level of care as non-Black men.

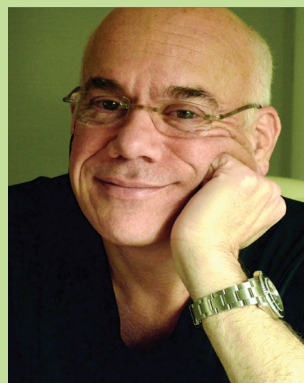
National prostate cancer screening guidelines have evolved in recent years. For non-Black men, the recommendation is to undertake a shared decision-making process with their primary care physician about screening between the ages of 55 and 69. For Black men and individuals with a family history, that discussion should begin as early as age 40, and often the advice is to begin PSA testing at that time. While promoting these guidelines can help to reduce racial disparities in prostate cancer deaths, it is also critical to raise awareness in Black communities in ways that resonate and engender trust, and to address disparities in access to state-of-the-art care. Within UCLA Urology, these efforts are ongoing, led by Dr. Stanley Frencher, Jr., chair of perioperative services and director of surgical outcomes and quality at Martin Luther King Jr. (MLK) Community Hospital, and the lead urologist at MLK Outpatient Center. A UCLA Urology research collaboration involving Dr. Frencher and Drs. Mark S. Litwin and Christopher Saigal aims to better understand and improve how Black men make decisions about their prostate cancer care and their experiences after undergoing treatment.

For more information, visit www.uclaurology.com.

To make an appointment with the MLK Community Health Foundation, call (424) 529-6755.



Floyd Katske, MD



As he reflects on his 45-year involvement with UCLA Urology, Dr. Floyd Katske beams with pride. “UCLA Urology has been a fundamental part of my life,” he says. “I recognized from the beginning that I was in the land of giants, and I was continually supported through a career that coincided with an extraordinary period of growth in the department.”

Dr. Katske first came to UCLA Urology from Washington, DC, as a medical student in 1975. He remembers his early interactions with then-chief of urology, Dr. Joseph J. Kaufman, and his predecessor, Dr. Willard Goodwin. “They were our mentors — gracious, accessible, and forward thinking,” Dr. Katske recalls. “Their mission was clear: UCLA was going to train the future worldwide leaders of urology.”

After completing his four years of urology residency at UCLA, Dr. Katske began a 30-plus year career in practice working throughout the San Fernando and Santa Clarita valleys while remaining closely engaged with the department. In 1987, on the recommendation of Dr. Jean deKernion, who had succeeded Dr. Kaufman as urology division chief, Dr. Katske served for two years as acting chief of urology at Olive View-UCLA Medical Center. In 1988 and again in 1989, he was course co-director for UCLA Urology’s preparation review for the American Board of Urology’s oral and radiology examinations. In 1991, Dr. Katske, along with Dr. Zoran Barbaric of UCLA’s Department of Radiology, served as series editors of the Clinical Uroradiologic Conference in the journal *Urology*.

In 1998, Dr. Katske was elected president of the California Urological Association and later that year, again with the encouragement and support of Dr. deKernion, he opened the Institute for Male Urology, a men’s health center in Encino. He was soon joined on weekends by Dr. Jacob Rajfer, then chief of urology at Harbor-UCLA Medical Center and now a UCLA Urology distinguished emeritus professor. They subsequently moved the clinic to UCLA’s Westwood campus into space rented from the department. “There had been nothing like it before, but, with the encouragement and support of our department’s leadership, the clinic blossomed,” Dr. Katske says.

Dr. Katske retired from active clinical practice in 2013, but continues working with the department by supporting research efforts at UCLA Urology through his leadership role in the Hutton Foundation. “It is humbling to remain involved with this incredible group,” he says. “From the start, the urology department welcomed innovation and encouraged personal growth. For as long as I’ve been involved, UCLA Urology has been like a family to me, and I knew our department would remain at the forefront of urology.”



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U.S. News & World Report's
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Westwood and Santa Monica placed
1 in Los Angeles,
1 in California and
4 in the nation in the 2020
U.S. News and World Report rankings.



UCLA Urology: #6 in the Nation
Highest Ranked in Los Angeles



The Men's Clinic at UCLA

DID YOU KNOW?

The Men's Clinic at UCLA is partnering with Dr. Stanley Frencher Jr. (UCLA Urology assistant professor; chair of the perioperative services department and medical director of surgical outcomes and quality at Martin Luther King Jr. Community Hospital; and lead urologist at MLK Outpatient Center) to study disparities in access to men's health and sexual health care in underrepresented minorities. With a grant from the Urology Care Foundation, Denise Asafu-Adjei, MD, MPH, current fellow at the Men's Clinic, has built a database outlining the disparities and, with faculty mentors Dr. Frencher and Dr. Jesse Mills, Men's Clinic at UCLA director, hopes to build programs that ensure men at all UCLA-affiliated facilities have access to the same high-quality men's health care.

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



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