







# UCLA UROLOGY

UPDATE



## Welcome to WiserCare

In this experience you will learn about several different treatment options for prostate cancer, and how your values fit with these treatment options. There are four steps.

-  **1. About You**  
We need to know a bit about you to customize the experience.
-  **2. Your Values**  
We'll ask a series of questions to identify the issues and outcomes that matter most to you.
-  **3. Learn About Treatment Options**  
Based on your answers, we'll provide a personal profile along with treatment options that best match your needs and values.
-  **4. Next Steps**  
We'll forward your results to your care team, and you can download a copy for yourself.

Get Started

Dr. Christopher Saigal (left), professor and vice chair of UCLA Urology, has pioneered the field of shared decision-making through two decades of research. Right: To guide the process, patients with certain conditions answer questions about their preferences prior to seeing their doctor.

## Shared Decision-Making Ensures Patients Are Full Partners in Care

A major shift is occurring in the way medicine is practiced — with UCLA Urology playing a leadership role in driving what is now widely viewed as an indispensable component of high-quality care.

For some diagnoses, such as a broken bone that needs to be reset, the treatment course is straightforward. But for others — including many of the most common conditions presented to urologists — decisions about how or whether to treat are not clear-cut, and come with tradeoffs that individual patients might view differently, notes Christopher Saigal, MD, MPH, professor and vice chair of UCLA Urology. That has led to a rise in shared decision-making, a field Dr. Saigal has pioneered through two decades of research.

Dr. Saigal describes shared decision-making as

the process in which the patient conveys their goals and preferences and the physician offers an interpretation of the evidence that would help the patient meet those goals on the path to a joint decision on the best course of action.

“For many decades, medicine was extremely paternalistic,” Dr. Saigal says. “It was assumed patients didn’t understand the moving parts involved in a treatment decision, that the doctor could be relied on to understand what the patient’s goals were, and that everyone’s goals were the same, so the doctor could just tell

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Dr. Saigal has found that interactive software tools that educate patients about various treatments and their tradeoffs, then provide a report to their physician, lead to improvements in the quality of patients' decisions, as well as more satisfaction with their decisions and with their doctor. Image on opposite page: The technology became the basis for WiserCare, a start-up company Dr. Saigal co-founded.

For information on making a gift to UCLA Urology, please log on to <http://giving.ucla.edu/urology> or call (310) 206-4565.

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the patient what they were going to do. For some patients, that's still the preferred way. But we have seen a growing trend toward more consumerism in medicine and patients being better educated about their own health. In addition, the field of health services research has provided evidence that doctors tend to offer the same treatment to many different types of patients as opposed to tailoring it to the patient's clinical situation and preferences. All of this has led to the voice of the patient becoming increasingly important."

Dr. Saigal explains that shared decision-making requires that physicians be good listeners, instilling confidence in their patients' ability to participate by reducing any complexity involved in the treatment decision and framing it in terms of what's important to them. "It's a back-and-forth discussion, and at the end, the physician should offer the patient a recommendation based on their understanding of the patient's goals," he says.

One barrier to the shared decision-making process is the limited time physicians tend to have with patients in office visits. That has led to a movement to educate patients before their visit, so that they better understand their diagnosis and the options for treatment prior to the discussion. Dr. Saigal's research has gone one step further, using approaches from the field of economics to more formally define and assess patient goals and priorities, then developing interactive software tools that offer education about various treatments and their tradeoffs, resulting in a report that the physician can view before the patient comes to the office. In his research, Dr. Saigal has found that such a tool leads to improvements in the quality of patients' decisions, less conflict and more satisfaction with their decisions, and higher satisfaction with their doctor. The technology became the basis for WiserCare, a start-up company Dr. Saigal co-founded, which has licensed the software to UCLA. It is now used in UCLA Urology visits for prostate cancer, kidney stones and benign prostatic hyperplasia, as well as across the UCLA Health system to assist patients in better understanding their options when it comes to decisions about colon cancer screening, diabetes, back pain, and contraception, among others.

*"This is bringing healthcare to a place where patient-centeredness isn't just given lip service."*

"Dr. Saigal has done an amazing job building a system to help people make a higher-quality decision," says Jonathan Bergman, MD, UCLA Urology associate professor. "Having baseline information prior to the initial clinic visit allows the conversation to be more nuanced and detail-oriented, and guided by the patient's concerns. Patients feel like they're being heard, and it makes us better listeners as physicians."

For the last several years, Drs. Saigal and Bergman have conducted a study, funded by the nonprofit Patient-Centered Outcomes Research Institute, using the WiserCare platform for patients with localized prostate cancer at UCLA, Vanderbilt, and Olive View-UCLA Medical Center, one of the sites where Dr. Bergman practices. Because the patient population at the county-run facility is largely underserved and often Spanish speaking, implementing the platform requires both translation and support to enable patients who may not have a mobile device or home internet access to complete the decision-support modules. With that support, the researchers found that the shared decision-making process was just as valuable as it is with UCLA's Westwood and Santa Monica patients, with high rates of participation among those offered the tool and high satisfaction with both their treatment decision and the way it was reached.

"Our findings suggest that this should be part of the standard of care for men with prostate cancer, offered in an equitable way in all settings," Dr. Bergman says. To bolster that case, the researchers

are now conducting a cost analysis of the shared decision-making process.

Joseph Shirk, MD, UCLA Urology assistant professor, notes that shared decision-making is especially important in urologic oncology, his subspecialty. "There might be

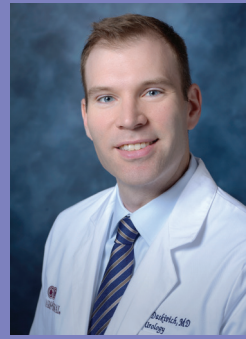
multiple treatments that can render the patient cancer free, each associated with a different side effect profile, recovery time, and other factors that play into the decision," he says. "Making it a collaborative decision allows patients to feel more invested and comfortable with their treatment, and there's good data to show that those patients tend to do better."

During his UCLA Urology residency training,

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## ALUMNI PROFILE

# Timothy Daskivich, MD, MSHPM



Because prostate cancer tends to be slow growing, men diagnosed with low- or intermediate-risk forms of the disease are unlikely to be affected by it for a decade or more — which, in the case of some, is longer than their remaining life expectancy. As a fourth-year UCLA Urology resident, Dr. Timothy Daskivich conducted research under the mentorship of Dr. Mark S. Litwin, current UCLA

Urology chair, which found that many of these men nonetheless get surgical or radiation treatment that, given the associated sexual and urinary side effects, could be harmful.

More than a decade later, Dr. Daskivich is an assistant professor of surgery/urologic oncology at Cedars-Sinai Medical Center and director of health services research for the Cedars-Sinai Department of Surgery. In this role, he has continued to build on the work he began in 2009, during the year of UCLA Urology residency that is devoted to research. “For a long time, the guidelines simply stated that if men reached a certain age, they shouldn’t be treated for prostate cancer,” Dr. Daskivich says. “But our research made the case that health status should be integrated into that assessment. Someone who is 65 and has two or three major medical problems is the same physiologically as a 75-year-old.”

At Cedars-Sinai, Dr. Daskivich is leading a National Institutes of Health/National Cancer Institute-funded study examining how physicians communicate the issues of life expectancy and risk to men with newly diagnosed early-stage prostate cancer. “We know there’s overtreatment of men with limited life expectancies, but we don’t know why,” Dr. Daskivich explains. “Is it because these patients decide to get treated regardless, or because the physician isn’t providing the information they need to make a good decision?”

As part of the work, his group has conducted interviews with patients after their consultations to determine whether they want to hear about their life expectancy at all — and, if they do, in what way. They found that 88% of patients wanted quantified information specific for their age and health status, ideally communicated as a number of years. While over three quarters had low or moderate confidence in life expectancy estimates, patients noted that explaining how life expectancy was calculated and that their health status was considered would improve their confidence. Dr. Daskivich and his colleagues are now comparing patients’ desires with what physicians do in practice, and ultimately will create an intervention to promote more patient-centered communication strategies.

Dr. Daskivich has turned the work he began as a fourth-year UCLA Urology resident into a productive and influential career as a health services researcher, recognized when he won the prestigious Rising Stars in Urology Research Award from the American Urological Association in 2018. “I had such great mentors in Dr. Litwin and Dr. [Christopher] Saigal,” he says. “What I learned from them about how to make changes in the field and integrate science into my own clinical practice has carried through to everything I’m doing today.”

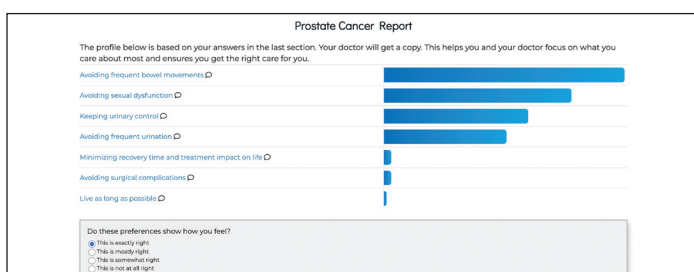
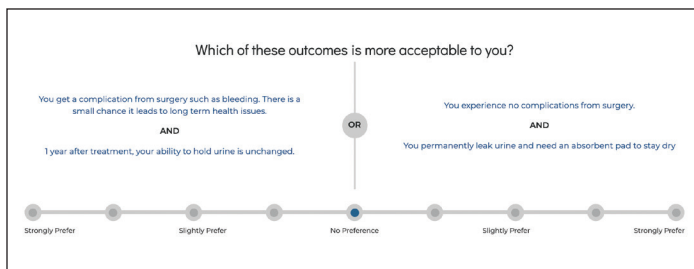
Dr. Shirk spent his research year investigating shared decision-making under Dr. Saigal’s mentorship, and continued studying and publishing on the topic through the rest of his training. He was so struck by the findings that he has made it a priority in his current clinical practice, most of which takes place at the West Los Angeles VA Medical Center.

“You have to ensure that your patients understand the ramifications of each decision,” Dr. Shirk says. “As a physician, that means shifting your mindset from, ‘This is what we’re going to do,’ to, ‘Here are a couple of options; here are the pros and cons of each,’ then helping the patient to synthesize that information before arriving at a collaborative decision.” While some patients come in with opinions from the outset and some are initially less sure, Dr. Shirk says, most of the time a treatment is chosen by the end of the visit with input from both the patient and the physician.

UCLA Urology resident John Cabri, MD, entered medical school passionate about bridging the knowledge gap between doctor and patient in a way that would facilitate more meaningful and productive conversations during patient visits and help patients better understand their healthcare. As a first-year student at the UCLA David Geffen School of Medicine, he learned of Dr. Saigal’s work, and over the next three years he participated on his research team — an experience, Dr. Cabri says, that inspired him to go into urology.

“A big part of my job was making phone calls to patients after they had completed the WiserCare module and after their provider visit to learn more about their experience,” Dr. Cabri recalls. “Through that, I talked to many patients who were overwhelmingly appreciative of the effort to help them understand their diagnosis so that they could participate in the care. I saw the impact I could have in urology, and that was a big part of my choosing this specialty.”

Dr. Saigal notes that shared decision-making is attracting increasing attention among healthcare funders, with certain procedures now requiring documentation of shared decision-making to be covered by insurance. “This is bringing healthcare to a place where patient-centeredness isn’t just given lip service,” Dr. Saigal says. “It’s giving people more agency over their health.”





## Tim Nye



Tim Nye's life changed when he was diagnosed with prostate cancer four years ago, in his mid-50s. "I'm a fairly upbeat, positive person, but this riled me," Nye says. He began to read everything he could on the disease, including the best centers for treatment. Although Nye was living in Las Vegas at the time, he decided to go to

UCLA, where he consulted with Dr. Christopher Saigal, UCLA Urology professor and vice chair. Through the process of shared decision-making used for prostate cancer patients at UCLA, Nye was educated about the risks and benefits of treatment decisions and ultimately chose to have his prostate removed. "I had a very pleasant experience at UCLA — or as pleasant as you can, given it's cancer," Nye says, smiling.

As Nye became more familiar with Dr. Saigal's work in shared decision-making, he decided to support it financially, making a \$25,000 gift in 2019. "Patients with prostate cancer have to make difficult decisions without being a medical doctor, and if you try to read all of the journal articles yourself without a science background, it can be overwhelming," says Nye, who has also supported UCLA's geriatrics program. "What Dr. Saigal is doing in clarifying those decisions for patients and making sure their priorities are considered is important in making sure you're comfortable with your choice and not going to later second-guess yourself."

After he recovered from his surgery, Nye had planned to travel around the world with his wife. Those plans were at least temporarily derailed by the COVID-19 pandemic. Homebound, Nye came up with an alternative plan: He enrolled in an online bachelor of arts program in biology offered through Harvard Extension School. "The prostate cancer diagnosis and all I learned, both on my own and at UCLA, inspired me to learn more," says Nye, who is now two years into the four-year program.

A tech entrepreneur who prospered during the dot-com boom in the early 2000s, Nye is adamant about the importance of giving back — a value he has instilled in his two adult daughters, with whom he has engaged in philanthropic endeavors. Beyond his gratitude for the treatment he received at UCLA Urology, he believed in the investment. "I like being able to support a specific project, as opposed to just adding to a pool of money and not knowing where it's going to go," he says. "UCLA is a great research institution, and it's exciting to contribute to that work."

## Shared Decision-Making in Testicular Cancer

Testicular cancer, a disease in which cells become malignant in the male testis, is the most common solid tumor diagnosed in men between the ages of 15 and 35 in the United States. Historically, testicular cancer was a highly lethal disease, but with the use of multidisciplinary care involving chemotherapy, radiation therapy, and more aggressive surgery, cure rates are above 95% when the cancer is found and treated early. Symptoms may include a painless lump or swelling in the scrotum, hardness in the testicle, pain or discomfort in the testicle, and a dull ache in the lower abdomen, back, or groin. The American Cancer Society estimates that each year nearly 10,000 new cases are diagnosed, but fewer than 500 die of the disease.

The dramatic improvements in survival have led to questions about whether patients necessarily need follow-up treatments after their testicle has been removed. Following the surgery, imaging is used to determine whether the cancer has spread beyond the testicle. Because that imaging can miss microscopic cancer in approximately 20% of men, traditionally nearly all patients have received follow-up chemotherapy — and in some cases even more aggressive surgery — even when the imaging shows no remaining cancer.

Increasingly, research has suggested that for many patients, this treatment for what is likely not cancer may not be worth the side effects, which can include reduced sperm count and rare problems with ejaculation, as well as surgical risk and recovery time. These patients may instead opt for active surveillance, whereas some prefer to reduce any likelihood of a recurrence. Because it comes down to patient preferences, it is critical that the follow-up involve a process of shared decision-making that explains to the patient the risks and benefits of each option and considers the patient's priorities and goals.

UCLA's Testicular Cancer Program is multidisciplinary, comprehensive, and focuses on the whole patient, ensuring that he is a full partner in decisions about his care. The program offers personalized care that includes the latest testicular cancer treatments in surgery, chemotherapy and radiation therapy. Dr. Mark S. Litwin, UCLA Urology chair, is one of the nation's most experienced testicular cancer surgeons, specializing in robotic retroperitoneal lymph node dissection and meticulous removal of residual masses after chemotherapy treatment.

*For more information, visit [www.uclaurology.com](http://www.uclaurology.com). To make an appointment, call (310) 794-7700.*



# Letter from the Chair



*Our highest priority  
is to ensure the best  
patient-centered care  
for individuals with  
urological conditions.*

One of the defining characteristics of the research we conduct at UCLA Urology is that so much of it is closely linked with our clinical and teaching missions. That is especially the case with our theme for this issue of the newsletter, which highlights our department's efforts, led by Dr. Christopher Saigal, professor and vice chair, in shared decision-making. Dr. Saigal's trailblazing scholarship in this field — which strives to ensure that patients and their doctors collaborate on treatment decisions based on a joint understanding of the patient's priorities and the best available scientific evidence — has been integrated into the care we provide for patients newly diagnosed with conditions that include prostate cancer, kidney stones, and benign prostatic hyperplasia (BPH). It is also central to how we train residents and medical students, who must learn to effectively partner with their patients in navigating these important decisions.

The basic underpinnings of shared decision-making come from fields such as business, law, marketing, psychology, and sociology. But over the last 20 years, there has been growing interest in bringing the tools used to facilitate shared decision-making from some of these fields into healthcare. It's become clear that patients should serve as active partners in decisions about their health, but the ramifications of the options before them are often highly nuanced and complex. Shared decision-making helps to break these complex choices down into smaller assessments that identify patient preferences when it comes to the trade-offs involved.

The rigorous academic approach developed by Dr. Saigal and his colleagues, along with their leadership in implementing shared decision-making in real-world clinical settings, have contributed to UCLA's position at the forefront of the national movement toward more patient-centered care. One of the most exciting trends in healthcare is the move toward precision medicine, which tailors the medical treatment to a patient's individual characteristics. Most commonly, this term refers to the patient's genetic signature — treating the specific mutation of a tumor, for example. But personalizing treatment through precision medicine goes beyond that. Just as we focus on bench research and clinical trials to develop more precise treatment options, we also develop and implement a shared decision-making process to ensure that we tailor our treatments to the preferences and goals of our patients. And in the case of all of these research approaches, our highest priority is to ensure the best patient-centered care for individuals with urological conditions, at UCLA and beyond.

❖ **Mark S. Litwin, MD, MPH**

*Professor and Chair, UCLA Urology*

# Kudos

**Isla Garraway, MD, PhD**, UCLA Urology professor, senior-authored a paper, “Racial and ethnic disparities in prostate cancer outcomes in the Veterans Affairs Health Care System,” in *JAMA Network Open*.

**Rory Geoghegan, PhD**, adjunct professor, is the third biomedical engineer to receive his PhD at UCLA under the aegis of UCLA Urology. Dr. Geoghegan had a manuscript, “Methods of monitoring thermal ablation of soft tissue tumors – A comprehensive review,” published in the November 2020 issue of *Medical Physics* with co-authors **Drs. Gail ter Haar, Kathryn Nightingale, Leonard S. Marks**, and **Shyam Natarajan**.

**Tommy Jiang**, a student at the UCLA David Geffen School of Medicine, is first author on a paper entitled “Initial gonadotropin levels and sperm parameters differentiate the response to clomiphene citrate in subfertile men,” accepted for publication in *Translational Andrology and Urology*. Co-authors include UCLA Urology residents **Dr. Vadim Osadchiy, Dr. Alvaro Santamaria**, and **Dr. JT Sigalos**, along with faculty mentors **Dr. Jesse Mills** and **Dr. Sriram Eleswarapu**.

**Amar Kishan, MD**, UCLA associate professor of radiation oncology and member of the Institute of Urologic Oncology, under the mentorship of Jonsson Comprehensive Cancer Center members **Dr. Ke Sheng** and **Dr. Paul Boutros**, received a \$1.15 million grant, “Optimizing Radiation Delivery and Dissecting the Response to Radiation for Patients with Localized Prostate Cancer,” from the U.S. Department of Defense. The award will support research exploring basic science concepts in the treatment of prostate cancer: evaluating and optimizing the physics of radiation delivery and dissecting the biology of the tumoral response to radiation.

**Leonard S. Marks, MD**, UCLA Urology professor, and colleagues have opened a prospective, exploratory clinical trial screened by  $^{68}\text{Ga}$ -PSMA-11 PET/CT. PET is an established imaging technique that utilizes small amounts of radioactivity attached to very minimal amounts of tracer. CT imaging utilizes x-rays that traverse the body from the outside, providing an exact outline of organs and potential inflammatory tissue where it occurs in the patient’s body. Patients with positive focal  $^{68}\text{Ga}$ -PSMA-11 uptake within the prostate will undergo a targeted prostate fusion biopsy as part of the trial. Dr. Marks, along with urologic oncology fellow **Dr. David Kuppermann** and **Dr. Jeremie Calais**, UCLA Urology associate professor, had a manuscript, “Imaging prostate cancer: Clinical utility of PSMA,” accepted for publication in the April issue of the *Journal of Urology*.

**Victor Nitti, MD**, professor of urology and obstetrics & gynecology, Shlomo Raz Chair in Urology, and chief of UCLA Urology’s Division of Female Pelvic Medicine and Reconstructive Surgery, received the 2022 American Urological Association (AUA) Presidential Citation for outstanding contributions as the AUA Education Chair advancing the Urology Core Curriculum and *AUA University*. Dr. Nitti was also appointed to the American Association of Genitourinary Surgeons Council.

**Kymora Scotland, MD, PhD**, UCLA Urology assistant professor, was selected as the AUA Western Section’s Young Urologist of the Year for 2022. Every year, the AUA Western Section selects a young urologist to recognize and honor for their efforts benefiting colleagues and the profession. In its summary of Dr. Scotland’s impact, the Western Section stated: “Dr. Scotland’s efforts shine bright and carve an exemplary path for those that follow.”

**Joseph Shirk, MD**, UCLA Urology assistant professor, was awarded a 2022 grant from the Margaret E. Early Medical Research Trust for his project, “A 3D tumor map for the surgical treatment of bladder cancer.” Each year, the UCLA David Geffen School of Medicine hosts a vigorous internal competition to select UCLA’s one nominee for this award. Having successfully achieved that milestone, Dr. Shirk advanced to the main cross-institutional competition for the grant itself, which he won.

**J.T. Sigalos, MD**, UCLA Urology resident, is first author on two abstracts accepted for presentation at the upcoming AUA Annual Meeting, to take place in May in New Orleans: Penile Stretching Practices Through Time and Culture; and Perceptions of Marijuana Use on Male Health Among Reddit Users: Natural Language Processing and Thematic Analysis.

**Renea Sturm, MD**, UCLA Urology assistant professor, along with collaborators **George Aninwene II, PhD**, UCLA Urology project scientist, **Dr. Ali Khademhosseini**, director and CEO of the Terasaki Institute, and other members of their multidisciplinary team, were UCLA Innovation Fund awardees for their work in developing Bio-Zipper, a biodegradable, implantable surgical closure device with mechanical and adhesive properties optimized for application to the lower urinary tract. The UCLA Innovation Fund is a proof-of-concept program designed to facilitate the commercialization of advanced UCLA-owned technologies.

**James Weinberger, MD**, UCLA Urology resident, is first author of a paper entitled “Shockwave therapy for erectile dysfunction: Marketing and practice trends in major metropolitan areas in the United States,” accepted for publication in *Urology Practice*. This multi-institutional



## Painting Donated to IUO



**Tom Holland**  
**Malibu Series, 1969**  
**Epoxy on Fiberglass**

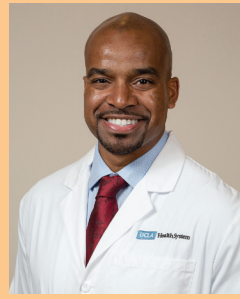
**Gift of Gastone Paul Rossilli  
& Kristin Harmon Nelson  
To the UCLA Institute of Urologic Oncology**

Paul Rossilli has donated a piece of artwork by American visual artist Tom Holland in the Malibu Series, 1969, to the UCLA Institute of Urologic Oncology (IUO). Mr. Rossilli says he was inspired to donate the painting — which is mounted on the first floor of 200 UCLA Medical Plaza, just past the main entrance on the left-hand wall leading to the Clark Urology Center — by the anxiety-reducing effect of the paintings he found on the wall of the IUO suite on his first visit to see Dr. Stuart Holden, IUO co-director.

study was led by UCLA Urology faculty **Dr. Sriram Eleswarapu** and **Dr. Jesse Mills**.

UCLA Female Pelvic Medicine & Reconstructive Surgery fellows **Drs. Daniela Kaefer, Oluwarotimi Nettey, Alec Szlachta-McGinn, Taylor Sadun, and Dmitry Volkin**, had eight abstracts accepted for presentation at the Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction annual conference, which took place in San Diego in February.

## Men's Health Fellowship for Underrepresented Established



A newly established UCLA Urologic Men's Health Fellowship for Underrepresented in Medicine provides a one-year post-residency training program in the clinical and procedural aspects of urologic men's health. Working at UCLA Santa Monica Medical Center, Ronald Reagan UCLA Medical Center, Harbor-UCLA Medical Center, and Martin Luther King, Jr. Hospital, these fellows will receive exposure to diverse populations and learn from outstanding faculty while having the opportunity to participate in clinical research. The fellowship will be directed by Dr. Jesse N. Mills and Dr. Stanley Frencher, Jr.

## In Memoriam: Dr. Gary Smith, 1941-2021



The UCLA Urology community mourned the passing of a longtime volunteer clinical faculty member, Dr. Gary Smith. Dr. Smith completed his urology residency training at Baylor and was in private practice in Houston for 30 years before settling in Los Angeles. He served as a voluntary clinical faculty member at Olive View-UCLA Medical Center from 2005 through 2014, relishing the time he spent working with UCLA Urology residents. He is survived by his wife, Mary, four children, and six grandchildren.

UCLA Urology's **Drs. Z. Chad Baxter, Karim Chamie, Steven Lerman, Mark S. Litwin, Leonard S. Marks, Jesse N. Mills, Robert Reiter, Christopher Saigal, Jennifer Singer, Christopher Tarnay, David Yao, and Jeffrey Veale** were chosen as 2022 Top Doctors in Los Angeles by *Los Angeles Magazine*.

UCLA Urology's **Drs. Isla Garraway, Ja-Hong Kim, and Jesse N. Mills** were promoted to full professors.



David Geffen  
School of Medicine

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U C L A



UCLA Health hospitals in  
Westwood and Santa Monica placed  
# 1 in Los Angeles,  
# 1 in California and  
# 3 in the nation in the 2021  
U.S. News and World Report rankings.



UCLA Urology: #8 in the Nation  
Highest Ranked in Los Angeles



# The Men's Clinic at UCLA

## DID YOU KNOW?

Severe erectile dysfunction can be treated with a penile implant. They're more common than you might expect, and most insurance plans cover the cost. Urologists at The Men's Clinic at UCLA are high-volume experts in penile implant procedures.

*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.*



### Give Now. Here's How.

Contributions to UCLA Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can make a gift to UCLA Urology by logging on to <http://giving.ucla.edu/urology>. Please call (310) 206-4565 if you have any questions about making a gift to UCLA Urology.

#### UPDATE

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