



# UCLA UROLOGY

UPDATE



Above left: At an event celebrating the 50th anniversary of UCLA's first living-donor (and still functioning) kidney transplant, Denice Lombard (center) is flanked by her parents Ted Lombard, who donated the kidney to his daughter, and Anne Lombard, along with (far left) Dr. H. Albin Gritsch, surgical director of the UCLA Kidney Transplant Program, and (far right) Dr. Jeffrey Veale, director of the UCLA Kidney Exchange Program. Above right: Dawn Dorland, whose altruistic donation started a chain, was recently honored as "Laker for a Day."

## 50 Years Later, Kidney Transplant Program Still Leads the Way

In 1967, a UCLA Urology team participated in the first living-donor kidney transplant at UCLA. Ted Lombard, then 38, donated his kidney to his daughter Denice, then 13. Dr. Willard Goodwin, UCLA Urology's founding chief, was a member of the team. Dr. Robert B. Smith, currently a professor in the department, was on the team as a resident.

Fifty years later, Denice Lombard and her father are alive and well (see the article on page 4). And the UCLA Kidney Transplant Program continues to thrive as one of the world's leaders, having given new life to more than 7,600 transplant recipients with among the best outcomes of any program.

The Lombards were among the honored guests at a February celebration of the UCLA Kidney Transplant Program's first 50 years. Others honored at the event included the late Dr. Lloyd Shapley, a UCLA professor

of economics and mathematics and co-winner of the 2012 Nobel Memorial Prize in Economic Sciences for his mathematical algorithm that became the basis for the National Kidney Registry (NKR) system of matching willing-but-incompatible living kidney donors for exchanges; and Garet Hil, founder and president of the NKR, which has increased the number of kidney transplants by placing all incompatible donors and recipients into a common database and using Dr. Shapley's algorithm to find

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Above left and center: Members of a kidney transplant chain started by an altruistic donor and involving six UCLA patients were honored at the 2017 Rose Parade in Pasadena. Above right: Maria Aguiar (center) became the first California patient to receive a kidney that had been transplanted into a previous recipient. She is flanked by Dr. Jeffrey Veale, director of the UCLA Kidney Exchange Program, who performed the surgery; and her niece Patty Rivas.

*continued from cover*

matches. The UCLA Kidney Transplant Program is now a national leader in living donor exchanges, one of many illustrations of the program's determination to find innovative ways of bringing successful life-saving transplants to more people who need them.

The beginnings of the UCLA Kidney Transplant Program can be traced to a friendship between Dr. Goodwin and Dr. J. Hartwell Harrison, part of the team that performed the first successful kidney transplant, between identical twins at Brigham Hospital in Boston in 1954. The transplant stimulated great enthusiasm, and during a six-month sabbatical Dr. Goodwin went to Boston to work with Dr. Harrison and his team. Dr. Goodwin returned to UCLA and began preparing his colleagues to perform kidney transplants in Westwood.

"At that time, this was considered highly experimental, and the results were not good if you received a kidney from someone who wasn't an identical twin — only half of those kidneys survived more than a year," says Dr. H. Albin Gritsch, the UCLA Kidney Transplant Program's surgical director and a UCLA Urology associate professor. But the transplant from Ted Lombard to his daughter Denice put UCLA on the map in this field and set the stage for the success that followed. Among UCLA's most notable contributions in the ensuing years was the research in transplant immunology directed by

*"We are doing all we can to bring this life-saving operation to more people who need it."*

the late Dr. Paul Terasaki, who developed the test that became the international standard method for tissue typing.

With continued refinements of immunosuppressing drugs, kidney transplantation now has a success rate of approximately 80 percent after five years. But as more people become candidates for a new kidney, the supply is failing to keep up with the demand. At UCLA, more than 2,000 people are waiting for a kidney transplant, Dr. Gritsch says. Approximately 98,000 are on the waiting list across the U.S., and for some it can take as long as 8-10 years before a suitable donor becomes available.

In response, the UCLA Kidney Transplant Program has intensified its efforts to perform more living-donor kidney transplants. "We are doing all we can to bring this life-saving operation to more people who need it," says Dr. Jeffrey Veale, director of the UCLA Kidney Exchange Program and a UCLA Urology associate professor.

Under Dr. Veale's leadership, UCLA was early to embrace the NKR's program and is now its most active participant. In 2016 UCLA took part in 46 kidney exchanges with other institutions, second-most in the country. By combining the power of the mathematical matching process enabled by Dr. Shapley with the expertise of UCLA's transplant immunology group started by Dr. Terasaki and now



led by Dr. Elaine Reed, these exchanges have brought the benefits of a transplant to patients who otherwise would remain on dialysis.

In addition to paired exchanges — in which two willing donors who are incompatible with their loved ones are matched — the UCLA Kidney Exchange Program has taken part in “chain” donations, which start with an altruistic donor who decides to give to a stranger, whose willing-but-incompatible donor gives to another stranger, whose willing-but-incompatible donor “pays it forward” to keep the chain alive, and so on. UCLA has also started a first-of-its-kind Advance Donation Program administered by the NKR for people who want to donate to a loved one who is expected to need a transplant in the future. Through the program, donors can give a kidney when it is best for them, and the intended recipient receives a voucher to be able to receive a kidney transplant when needed. In the meantime, the altruistic donation can be used to start a chain with the potential to benefit multiple people.

Such actions produce heartwarming stories in which lives are transformed by the goodness of strangers — transcending racial, ethnic, religious and socioeconomic lines. Members of one multiethnic chain started by an altruistic donor and involving six UCLA patients were honored at the 2017 Rose Parade in Pasadena, and a video featuring the patients received nearly 200,000 views on Facebook.

“To a surgeon, a kidney is always pink,” says Dr. Veale. “We can learn a lot from these strangers who generously saved one another’s lives.” Dawn Dorland, another altruistic donor who started a chain, was honored at a recent Los Angeles Lakers basketball game as “Laker for a Day,” describing to the crowd what it meant to her to donate a kidney to a stranger.

The UCLA Kidney Transplant Program continues to find new ways to overcome the donor shortage. Earlier this year, after a kidney transplant recipient died suddenly for reasons having nothing to do with the transplant, Dr. Veale and his team re-transplanted the same kidney into another patient. It was only the sixth time a kidney has been shared by three people and the first time in California.

In recent years, the UCLA Kidney Transplant Program has also been among the early centers adopting the laparoscopic donor nephrectomy procedure for living donors. “We have continued to refine the surgery to the point that many of our patients are in the hospital for a very short time and can recover quickly,” Dr. Gritsch says. To further reduce barriers for living donors, the program is developing a special service to assist people who have donated kidneys in navigating the complexities of the healthcare system and facilitating better access to routine care (see Donor Spotlight on page 6).

For transplant recipients, the program is developing new methods to detect early signs of damage to the kidneys. The standard blood test used to monitor kidney function is not sensitive, Dr. Gritsch explains, so patients can experience a significant decline before it shows up on the test. Dr. Gritsch and colleagues have begun working on a urine test, using a technology known as mass spectrometry to identify metabolites in the urine that would provide an early indication of kidney damage. They are studying the test

in pediatric patients, who would benefit the most from early detection and treatment of a problem, given that they have the most years of life ahead of them.

In other research, Dr. Veale and a new member of the department, Dr. Neil Kogut (see New Face on page 8), are pursuing a clinical trial using combined bone marrow/kidney transplantation. The procedure, which has been performed at only a few centers in the nation, has the potential to eliminate the need for immunosuppression and re-transplantation, enabling patients to keep the same kidney for life.

*“We have continued to refine the surgery to the point that many of our patients are in the hospital for a very short time and can recover quickly.”*

“Because of both the size of the UCLA Kidney Transplant Program and the depth and breadth of clinical and scientific expertise here, we have the potential to make a significant contribution

to the field of immune tolerance,” says Dr. Kogut, a hematologist who specializes in bone marrow transplantation. “The dual dream of achieving ‘one kidney for life’ and eliminating or reducing the need for long-term immunosuppression is the driving force for this project.”

Fifty years in, the UCLA Kidney Transplant Program is stronger than ever. In 2016 the program performed 357 transplants, the most in its history. The 142 living-donor transplants was a UCLA record, as was the national high of 46 kidney exchanges. UCLA is one of only two programs in the United States that has had statistically better-than-expected kidney transplant survival rates every year the data have been reported.

“Transplantation is one of the greatest achievements in medicine in the last century,” Dr. Gritsch says. “For our program to be able to take very sick patients and allow them to lead normal lives, thanks to the generosity and sacrifice of other individuals, continues to be a tremendous honor and source of pride.”

## A SPECIAL BOND:

# Celebrating the Gift of Longer Life



Denice Lombard raises a toast with her parents, Ted Lombard and Anne Lombard. Fifty years ago, Ted Lombard donated his kidney to Denice.

The healthy kidney that has allowed Denice Lombard to live a long and active life is now 88 years old.

On August 30, 1967, Ted Lombard, then 38, donated the kidney to his then-13-year-old daughter Denice in a gesture that saved her life. It was the first living-donor transplant performed by the UCLA Kidney Transplant Program and nearly 50 years later, both father and daughter are alive and well, the transplanted kidney continuing to function. They are believed to be the longest living donor-recipient pair.

Denice and her identical twin Diane were born in 1954, the year the first kidney transplant was performed. Both twins suffered from chronic glomerulonephritis, a progressive disease that led to kidney failure. After Diane Lombard died in 1961 at age 7, her mother Anne embarked on a tireless crusade to get Denice a transplant in order to spare her of the same fate.

Transplantation, especially involving a child, was new and considered risky at the time. But in 1967 a UCLA transplant team agreed to perform the surgery. Testing revealed that Ted Lombard, Denice's father, was the best match. "Dad didn't hesitate," Denice recalls. "He hates being called a hero. He says he was just lucky to be the one to give me the kidney that allowed me to live."

Denice remembers crying with her parents in the UCLA Medical Center parking lot on the day of the surgery. "I asked, 'Am I going to die,'" she says. That was the last tense moment Denice remembers. Her new kidney began working immediately after the transplant. She grew from her height of 4 feet, 4 inches before the transplant to her current 4 feet, 11 inches. And for the last 50 years she has lived a full and healthy life. "Over the years my parents, my partner and I have kayaked, bicycled, backpacked and cross-country skied together," Denice said at a February event commemorating the 50-year anniversary of UCLA's first living-donor transplant. "I have loved, laughed, and grieved. I feel lucky to have lived long enough to enter old age."

## Lifestyle's Impact on Kidney Disease

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

Approximately one in 10 adults in the United States has kidney disease, which can lead to the need for dialysis or transplantation. As much as one-third of the U.S. population is at risk. A family history of kidney failure and being age 60 or older are among the risk factors, but some of the most important determinants of end-stage kidney failure requiring a transplant have to do with lifestyle factors that can be controlled.

Worldwide, diabetes is the leading cause of kidney disease, contributing to approximately 44 percent of kidney failure cases. One of every four kidney recipients has diabetes at the time of the transplant and another 15 percent develop diabetes after the surgery. Hypertension, also known as high blood pressure, is the second-leading cause, responsible for approximately 28 percent of kidney failure cases.

Many people have kidney disease without knowing it, since it often develops with no symptoms and can go unnoticed until kidney function is significantly compromised. Early detection and treatment can slow or even prevent kidney disease from occurring. Kidney disease can be detected through a urine test that measures the amount of the protein albumin, or through a blood test to measure the glomerular filtration rate — or the extent to which the kidneys are removing wastes from the blood.

Maintaining a healthy weight, eating a balanced diet and exercising regularly are important strategies for reducing the risk of kidney disease. Even if you have been diagnosed with diabetes, keeping your blood sugar under control and getting regular tests to monitor your kidney function can go a long way toward preventing kidney failure and the need for dialysis or transplantation.

UCLA pediatric and adult urologists play an important role in the management of patients at risk for kidney failure due to congenital anomalies of the urinary tract or with acquired conditions that obstruct the flow of urine or increase the risk of infections. Drs. H. Albin Gritsch, Jeffrey Veale, Jeremy M. Blumberg, Arnold I. Chin, and Jennifer Singer have specialized training in kidney transplantation.

For more information, visit [www.uclaurology.com](http://www.uclaurology.com).

To make an appointment, call (310) 794-7700.



# Letter from the Chair



*The UCLA Kidney Transplant Program exemplifies our commitment to serving the greater community.*

This issue's cover story celebrates the renowned UCLA Kidney Transplant Program. UCLA is among only a handful of institutions in the United States where kidney transplantation is performed under the auspices of the urology department, in collaboration with our nephrology division. Nearly everywhere else, a separate department conducts solid organ transplants, but at UCLA urology faculty, fellows and residents perform the surgery and oversee the pre- and postoperative care.

Kidney transplantation supports each of UCLA Urology's core missions. For our residents and fellows, it provides extraordinary hands-on training in a highly technical surgery, and in the complicated management of these patients post-transplant. The program is also the home of cutting-edge research. In addition to studying transplant outcomes, our UCLA Urology kidney transplant faculty members are investigating new ways to improve transplant survival rates and to detect early kidney damage after a transplant, among other studies.

Our mission to provide outstanding clinical care is also well represented by the UCLA Kidney Transplant Program, which has been consistently ranked #1 nationally in short- and long-term patient survival, avoidance of complications, and survival of the transplanted kidney. Combined, our kidney transplant teams at Ronald Reagan UCLA Medical Center and Harbor-UCLA Medical Center bring this life-changing operation to nearly 400 patients a year, making UCLA the busiest kidney transplant program in the country.

And finally, the UCLA Kidney Transplant Program exemplifies our commitment to serving the greater community. We are proud to be a national leader in promoting and performing kidney exchanges and donor chains, two ways in which UCLA helps to increase the number of people who can benefit from transplantation at a time when nearly 100,000 people are on the waiting list nationally for a donor kidney. Kidney transplantation serves patients from all racial and socioeconomic communities. And the humanity involved in a program in which both deceased and living individuals transform the lives of very sick patients through their kidney donation epitomizes what drives all of us here at UCLA Urology, where through our training, research, clinical care and community service we are committed to healing humankind.

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



## Dr. Ray Irani

**D**r. Ray Irani is grateful for the dramatic improvement in his health and quality of life since the day last October when he received a kidney transplant at UCLA. “Already I feel much better physically and sharper mentally,” says the former chairman and chief executive officer of Occidental Petroleum. “I was so impressed with the team approach to my case. Everyone did an outstanding job of evaluating me before the operation, treating me, and helping with my recovery. I wanted to support the program so that more people can benefit the way I have.”

Dr. Irani made a generous donation to be used at the discretion of the UCLA Kidney Transplant Program’s surgical director, Dr. H. Albin Gritsch, and its medical director, Dr. Gabriel Danovitch. The gift will be used in part to develop a “concierge” service designed to assist living donors in navigating the healthcare system and ensuring they can easily access the follow-up care they need.

“Living organ donors sacrifice so much, both for the people they love and for the country, since they are contributing to a much better life for the recipients of their donations,” Dr. Gritsch says. “Dr. Irani’s generous gift will help us to make things easier for these selfless individuals. They have gone out of their way to help someone else, and it’s only right that we go out of our way to make life easier for them.”

## Patrick C. Walsh, MD

**R**adical prostatectomy as a cure for prostate cancer was first performed at Johns Hopkins University in 1904. But 70 years later, when Dr. Patrick C. Walsh arrived at Johns Hopkins as chief of urology and director of the James Buchanan Brady Urological Institute, very few men with prostate cancer were choosing the surgical route. “At that time,” Dr. Walsh explains, “100 percent of patients were impotent postoperatively, 10-25 percent were totally incontinent, and when the operation was performed through an abdominal incision, bleeding was life threatening.”

Dr. Walsh set out to discover why these complications occurred and whether they could be prevented.

He determined that the side effects were the result of a lack of understanding of the anatomy around the prostate — the location of the veins, nerves, and sphincter. Based on his anatomical studies over the next eight years, he developed a nerve-sparing operation that reduced bleeding, made it possible to preserve potency, and improved urinary control. The combination of the discovery of PSA and the development of an acceptable operation for patients reduced prostate cancer death rates by 50 percent.

Dr. Walsh was only three years removed from his UCLA Urology training when he assumed the leadership of the prestigious Johns Hopkins program. “The training I received at UCLA was like going to graduate school and being given the opportunity to follow your dreams,” he says. “Willard Goodwin and Joseph Kaufman [the program’s first two chiefs], charismatic and inspirational, were fantastic role models and made it possible for residents to grow in whatever direction they wished. I was able to spend two years in the laboratory working on molecular endocrinology while also becoming a skilled



surgeon. It provided the perfect background for my future career.”

Beyond developing the anatomic approach to radical prostatectomy that continues to drive the surgery to this day, Dr. Walsh made his own mark in mentoring the next generation of leaders in urology. During the 30 years that he ran the Brady Urological Institute, Dr. Walsh — who continues to be active at Johns Hopkins as University Distinguished Service Professor of Urology — oversaw the training of 62 individuals, 18 of whom became chairs of departments around the country.

He continues to look fondly at the institution where he trained. “It’s wonderful to see how the department that was started by Willard Goodwin has continued to maintain its leadership in academic urology,” Dr. Walsh says. “Will’s successors, Joe Kaufman, Jean deKernion, and now Mark Litwin, have made distinguished contributions that have expanded our field into new directions, and have recruited and trained future leaders like themselves. It is rare to see a department as distinguished as UCLA’s that has been able to maintain its position of leadership in the field.”

# Kudos

Two UCLA Urology emeritus faculty members were recently honored by the *Journal of Urology* in its 100-year anniversary issue. To commemorate the anniversary, the journal's editors, in collaboration with the Urological Historical Society, selected 25 articles out of the thousands published over the last 100 years that were especially impactful. One of the chosen articles was "Radical nephrectomy for renal cell cancer," co-authored by **Dr. Bernard M. Churchill**. Another was "Comparison of digital rectal examination and serum prostate specific antigen in the early detection of prostate cancer: Results of a multicenter clinical trial of 6,630 men," co-authored by **Dr. Jean B. deKernion**.

**Ed Chang**, who will graduate from the David Geffen School of Medicine at UCLA in May and begin a urology residency at the University of Washington in June, will present his UCLA research on MRI/ultrasound fusion and active surveillance at the upcoming American Urological Association meeting in May. He was recently inducted into the *Alpha Omega Alpha* medical honor society.

**Seth A. Cohen, MD**, a graduate of the UCLA female pelvic medicine and reconstructive surgery fellowship, and **Shlomo Raz, MD**, fellowship director, recently had their work published in the *Journal of Urology*. Their research efforts characterize the use of sodium fluorescein in attempts to confirm ureteral patency during pelvic floor reconstructive surgery. Dr. Cohen is now assistant clinical professor within the Division of Urology at City of Hope.

**Nicholas Donin, MD**, UCLA Urology fellow, has had two recent publications related to his group's studies of a new investigational reverse thermal gel. These studies have laid the foundation for a new clinical trial, the OLYMPUS Trial, which will open soon at UCLA. Dr. Donin co-authored "Immunotherapy for the treatment of urothelial carcinoma," which was featured on the cover of the *Journal of Urology* and *AUA News*. The article reviews immunotherapy for bladder cancer and includes a discussion of many of the new blockbuster immunotherapy drugs.

**Stanley K. Frencher, Jr. MD, MPH**, UCLA Urology assistant professor and director of urology at Martin Luther King, Jr. Community Hospital, presented "Living the Dream: Addressing Health Disparities Through Research and Quality Improvement on the MLK Medical Campus" as UCLA's 2017 AOA lecturer. He spoke at a combined Grand Rounds for medicine and surgery during residency Match Week in March.

**Isla Garraway, MD**, UCLA Urology associate professor, was an author on "Keratin 13 is enriched in prostate tubule-initiating cells and may identify primary prostate tumors that metastasize to the bone" in *PLoS One* and "Keratin 13 expression reprograms bone and brain metastases of human prostate cancer cells" in *Oncotarget*.

**Andrew Goldstein, PhD**, UCLA Urology assistant professor, was an author on "Low CD38 identifies progenitor-like inflammation-associated luminal cells that can initiate human prostate cancer and predict poor outcome" in *Cell Reports*. He received a Margaret E. Early Medical Research Trust grant to investigate the role of NAD salvage enzymes in prostate cancer.

**David Johnson, MD, MPH**, UCLA Urology fellow, received a 2017 Urology Care Foundation Research Scholars Program grant for his project entitled, "The Effect on Hospital System Finances of Episode-Based Bundled Payments for Patients Undergoing Radical Prostatectomy: The Business Case for Value Based

Cancer Care Redesign." He received a prestigious fellowship with the National Clinician Scholars Program, which offers unique clinical and community-based research training through intensive mentorship for clinicians as change agents driving policy-relevant research and partnerships to improve health and health care. Dr. Johnson is mentored by **Drs. Christopher Saigal** and **Mark S. Litwin**.

**Andrew T. Lenis, MD**, UCLA Urology resident, presented three posters at the 17th Annual Meeting of the Society of Urologic Oncology in San Antonio, Texas: "National Trends in Nephroureterectomy for Upper Tract Urothelial Carcinoma: An Analysis of the NSQIP Database, 2005-2014," "Association Between Metabolic Syndrome and Recurrences of Non-Muscle Invasive Bladder Cancer Following Treatment with Bacillus Calmette-Guerin Treatment," and "The Chemoablative Effect of Vesigel Instillation in Patients with NMIBC - Preliminary Results."

**Mark S. Litwin, MD, MPH**, UCLA Urology chair, received the 2017 Community Service and Praxis to Diversity, Equity, and Inclusion Award from the UCLA Academic Senate Committee on Diversity and Equal Opportunity in recognition of his contributions to fostering a diverse, equitable, and inclusive UCLA.

**Alan Priester, PhD**, received his PhD in bioengineering in December under the tutelage of **Drs. Shyam Natarajan** and **Leonard Marks**. His work on determining margins for focal therapy of prostate cancer was published in the *Journal of Urology* in February, and was featured on the cover of that month's issue.

**Jennifer Singer, MD**, UCLA Urology associate clinical professor, was appointed as the inaugural holder of the newly endowed Peter Starrett Term Chair in Medical Education. This position was created through the generosity and visionary leadership of Peter and Cam Starrett and also made possible through support from the David Geffen School of Medicine at UCLA Dean's Office.

**Nicholas Smith, MD**, UCLA Urology resident, received a \$25,000 HH Lee Research Grant for his project entitled, "Automated Bladder Cancer Tracking Program as a Means of Improving Delivery of Oncologic Care at a VA Hospital." He will be mentored by **Dr. Jeremy Shelton**.

## The Men's Clinic at UCLA Did You Know?

Men with decreased fertility have a higher risk of developing both testicular and prostate cancer. If you are currently experiencing or have experienced a fertility problem, it pays to be extra vigilant in getting screened for these cancers. Early detection is key.

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





David Geffen  
School of Medicine

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

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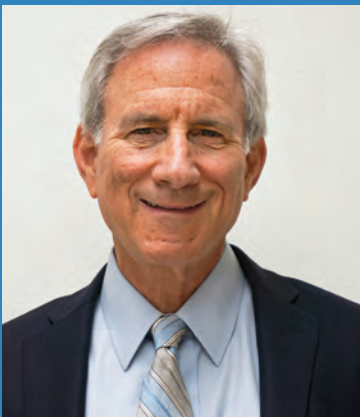
*U.S. News & World Report's*  
Best Hospital Survey ranks UCLA as  
the No. 3 hospital and UCLA Urology  
as the No. 3 department in the country.

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one of California's top-performing  
physician organizations.



## NEW FACES

### Neil Kogut, MD



Dr. Kogut has joined the UCLA Urology faculty as an assistant clinical professor and project scientist. With Dr. Jeffrey Veale, he will lead a project to develop a combined kidney and hematopoietic stem cell transplant program to induce immune tolerance. The program's goals are to improve graft survival and eliminate the need for long-term immunosuppression. Board-certified in internal medicine, hematology, and medical oncology, Dr. Kogut played a key role in the development of the bone marrow transplant program at Kaiser Permanente Los Angeles Medical Center, eventually becoming its director. In 2014, he was appointed director of transplantation for Southern California Kaiser Permanente, responsible for overseeing all solid organ and bone marrow transplant services, both pediatric and adult. He led successful initiatives to improve immunosuppressive monitoring and management, increase the use of advance care planning, and optimize coordination of care. In this role, he partnered with many of the transplant physicians and administrators on the various transplant teams at UCLA.

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Mark S. Litwin, MD, MPH

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Laura A. Baybridge

#### EDITOR

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