



UCLA UROLOGY

UPDATE



As chief of ethics at the VA Greater Los Angeles Healthcare System, Dr. Jonathan Bergman has worked with healthcare providers to ensure that terminally ill patients are identified early and asked about their treatment desires at the end of life, and that all of their needs are appropriately addressed.

UCLA Urologist Leads Effort to Improve End-of-Life Care

Whether he's fulfilling his role as a mentor and teacher of residents and medical students, conducting research, or heading a multidisciplinary program to improve end-of-life care at the VA Greater Los Angeles Healthcare System, Jonathan Bergman, MD, MPH, is guided by a simple but important lesson from his training as a UCLA Urology resident and Robert Wood Johnson Clinical Scholar.

"I used to think that an academic career should focus on getting grants and publishing papers, but I learned that a more important goal to strive for in research, teaching, administrative and clinical work is to build interventions that make the biggest positive impact we can on as many people as we can," says Dr. Bergman, who joined the faculty as an assistant professor of urology and family medicine after completing his training in 2013.

That revelation is what led Dr. Bergman to focus

on end-of-life care, an area he calls "low-hanging fruit" for someone who wants to make a difference – both in the lives of patients and their families, and for the healthcare system as a whole. Nationally, an estimated one-fourth of healthcare dollars are spent at the end of life. Dr. Bergman notes that these expenditures often produce little or no benefit, and divert financial resources away from other important healthcare priorities. "So much of what we do at the end of life happens by inertia," he says. "As a system, we

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As much as anything he does professionally, Dr. Bergman cherishes his roles as mentor and teacher of residents and medical students at UCLA.

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waste a lot of resources on care that doesn't extend lives and, if you asked patients ahead of time, usually isn't what they would want. Meanwhile, we do a poor job of treating actual needs, including pain, depression and family concerns."

As chief of ethics at the VA Greater Los Angeles Healthcare System, Dr. Bergman has led an effort to address these issues, under the mentorship of UCLA Urology faculty members Carol Bennett, MD, and William Aronson, MD, chief of urology and chief of urologic oncology, respectively, at the facility. "The VA is amazing," Dr. Bergman says. "It does a better job than any other healthcare system of looking at a patient as a human being and asking, 'How can we most improve his life?' Under Dr. Bennett's and Dr. Aronson's leadership, we work with the institution to build programs that prevent and address complex psychosocial and medical problems."

Led by Drs. Bennett and Aronson, Dr. Bergman has helped to establish a pilot program at the VA that seeks to identify terminally ill patients early in their disease course, then works with clinicians and other providers, including palliative care professionals, to ensure that patients are asked about their treatment desires at the end of life and that all of their needs are appropriately addressed. The program was created with input from wide-ranging provider and patient groups, and Dr. Bergman and colleagues are studying its impact.

"We have excellent evidence about what we should be doing at the end of life, but no one has figured out how to successfully implement it," Dr. Bergman says. "Our goal with this project was to build something scalable. If we can show that this is good for patients and for the system, we can apply it broadly beyond the walls of our urology clinic." Already, Dr. Bergman notes, VA administrators have asked that the program be expanded to cover the entire hospital.

While a student at the David Geffen School of Medicine at UCLA more than a decade ago, Dr. Bergman decided to become a urologist because of the mentorship he received from two UCLA Urology faculty members: Steven Lerman, MD, professor of urology and pediatric urologist at the UCLA Clark

Morrison Children's Urological Center; and Mark S. Litwin, MD, MPH, professor and currently UCLA Urology chair. "Dr. Lerman always thinks of others before himself. I could see in his work amazing skill and humanity – he viewed every experience from the perspective of the patient and the patient's family, and cared so much about what was best for them; his selflessness was and is inspiring," Dr. Bergman says. "And from Dr. Litwin I learned to think creatively about how to fix big problems, and to focus on meaningfully impacting our patients and our population."

As he moved through the UCLA Urology training program, Dr. Bergman was encouraged by his mentors (including Dr. Litwin and Christopher Saigal, MD, MPH, professor and vice chair of UCLA Urology) to pursue his interest in end-of-life care, an issue Dr. Bergman first encountered while working in a pediatric hospice as a medical student. "They convinced me that urologists could make a difference in end-of-life issues," Dr. Bergman says. "It is not a traditional role for urologists, but it should be. We develop longstanding relationships with our patients, so it makes sense that we would join them in the last phase of their lives."

Mindful of his own positive experiences with UCLA Urology mentors and consistent with his interest in making a maximum impact, Dr. Bergman has embraced his teaching and mentorship roles. He teaches courses at the medical school to expose students to urology, and describes his daily work with residents in the clinic and operating room as the most rewarding part of his job. "Our residents are the best. Each of them is such a brilliant, caring, kind, creative and mission-driven person who will do everything possible to help patients," Dr. Bergman says. "After spending a day with them, you go home and wonder what you could do to be a better person, because of the example they set."

Dr. Bergman, who has won several campus-wide awards for his teaching, says he draws inspiration away from the work environment from his husband, an educator. "I will always be the second-best teacher in my household," he says. "I am fortunate to have such amazing role models both at home and at UCLA."

"We have excellent evidence about what we should be doing at the end of life, but no one has figured out how to successfully implement it."

Office-Based Procedure Offers Relief for BPH



When Jeff Brenner (pictured above) first began experiencing bothersome urinary symptoms in his 40s, he attributed it to middle age and figured it was something he could live with. By the time he was in his early 50s, bothersome had become intolerable, with Mr. Brenner often forced to get up several times a night to urinate.

Benign prostatic hyperplasia, or BPH, is a condition in which the prostate gland becomes enlarged to the extent that it blocks or reduces the flow of urine through the urethra, the tube that carries urine from the bladder out of the body. It's estimated that more than half of men in their 60s and as many as 90 percent of men in their 70s and 80s have some symptoms of BPH – including more frequent urination, difficulty starting a stream, dribbling, leaking, or discomfort.

Medication is the first option for most of these men, and it is often enough. For men who don't sufficiently benefit from daily medication, or in whom the side effects are unacceptable, the next treatment option has often been a surgical approach, most commonly laser surgery or transurethral resection of the prostate (TURP) – an effective but significant procedure

performed under general anesthesia, with all of the risks and potential side effects associated with any major surgery.

Now, there is a middle-ground option for patients like Mr. Brenner. UroLift, a minimally invasive office-based treatment, is performed under local anesthesia with minimal pain or discomfort, quick recovery and without the side effects related to sexual function that are commonly associated with both medication and major surgery.

"UroLift is the only effective office-based procedure for BPH," says Allan Pantuck, MD, a UCLA urologist who has used the device for more than a year. "For patients who don't want to be on medication and don't want major surgery in the operating room, this is an attractive alternative."

Dr. Pantuck explains that the UroLift device utilizes tiny implants to hold the enlarged prostate tissue out of the way so that it no longer blocks the urethra, resulting in improved urine flow. No cutting, heating or removal of the prostate tissue is involved. "Patients can come in, get it done in the procedure room, then walk back to their car and drive home," Dr. Pantuck says. "In most cases a catheter isn't needed, and there are fewer risks than are associated with the other procedures." Patients may initially experience increased urinary frequency and/or some discomfort when voiding, but those symptoms typically disappear within 1-2 weeks, he says.

UroLift treatment is ideal for patients who have a small- to moderate-sized prostate gland and don't want to take daily medication, Dr.

Pantuck explains. He notes that BPH drugs tend to be well tolerated, but in some men they may cause lightheadedness and/or sexual dysfunction, including problems with erection or ejaculation. When it comes to improving urinary symptoms, outcomes for UroLift appear to be equal to outcomes for more invasive surgical approaches, although there are no long-term results since the treatment has been FDA-approved only since 2013.

After Jeff Brenner went on BPH medication, he saw some improvement. But over the years, his symptoms returned. He found himself urinating more frequently, and his stream was weak. "It got to the point where every two hours I had the urge to go," he says. "You empty yourself but you're not really empty." Mr.

Brenner was particularly bothered by retrograde ejaculation, a side effect of the medication in which the semen enters the bladder during orgasm rather than going through the penis.

Still, he was reluctant to opt for surgery – until

he met with Dr. Pantuck and learned that with UroLift, a relatively simple procedure could improve his symptoms and get him off his medications, with the likelihood of no undesirable side effects.

Mr. Brenner had the UroLift treatment last August, and today, at 62, his BPH symptoms are gone and he's been talking up the procedure to friends who are experiencing their own BPH symptoms. "I can go 3-5 hours without urinating, my stream is normal, and there are no more sexual side effects," Mr. Brenner says. "It's the best I've felt in 20 years."

"For patients who don't want to be on medication and don't want major surgery in the operating room, this is an attractive alternative."

The Men's Clinic at UCLA

Did You Know?

According to a recent study published in the journal *JAMA Internal Medicine*, normal-weight men who reduce their calorie intake by 25 percent show improved sex drive and increased testosterone levels compared to normal-weight men who eat what they want.

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.



Nicolette Janzen, MD



As a UCLA Urology resident from 2000 to 2005, Dr. Nicolette Janzen trained in pediatric urology under the mentorship of Dr. Bernard Churchill, the Judith and Robert Winston Chair in Pediatric Urology and founding director of the Clark Morrison Children's Urological Center at UCLA. "Dr. Churchill was a great inspiration with all of the knowledge

he had of complex reconstructive surgery," says Dr. Janzen, who notes that she also learned a great deal about providing compassionate patient care from Dr. Steven Lerman, professor of urology and a pediatric urologist at UCLA.

But beyond any technical skills she learned from her mentors, the career advice received from Dr. Churchill is something Dr. Janzen has never forgotten. "He encouraged me to pursue a position in academia," she recalls. "His reasoning was that it is a stimulating environment, which would be more sustaining over an entire career."

Dr. Janzen didn't heed the advice right away. After completing a urology fellowship at Baylor College of Medicine, she went into private practice. But in 2010 she returned to Baylor as an assistant professor of urology, and has been there ever since.

In addition to seeing patients as a pediatric urologist, Dr. Janzen conducts research and teaches residents. For the latter, she is drawing on her own experience as a UCLA Urology trainee. "We learned a great deal from each other," Dr. Janzen says. "It was a great system in which the chief residents took on a lot of responsibility for the education of the other residents and medical students. I try to encourage that in the residents here."

Dr. Janzen is also involved in multiple efforts to advance patient care. With a team of engineers at Texas A&M, she is developing a device to improve the evacuation of stones following stone removal procedures. Through the national Society of Pediatric Urology, she is part of an effort to define quality metrics for hypospadias repair and to develop a national database for studying outcomes of hypospadias, a birth defect in males in which the opening of the urethra is not located at the tip of the penis.

Looking back, Dr. Janzen realizes that Dr. Churchill's observation about the drivers of job satisfaction was astute. "Patient care is still the most important thing to me, but being able to get involved in resident education and some of these research projects has been a great addition to my career," she says. "It's exciting to be able to think creatively about ways to contribute to new knowledge and, ultimately, better care."

Promoting Men's Health

Healthy living for men can be broken down to three simple categories: eating, moving and sleeping. What men eat, how they move, and the quantity and quality of their sleep can have a major impact on their health; those who eat well, exercise often and sleep well tend to be healthier and happier than those who don't. Unfortunately, beginning in the teen or early adult years, the wheels come off for many men and they stop following simple daily good behaviors.

To get back to the basics, choose something to change and stick with that one thing for a month. Start with eating: Rather than getting bogged down by a complicated diet that you're unlikely to stick with, focus on consuming 25 percent less than you did the day before. Reducing your portions by 25 percent is much easier than calorie counting.

Once you're eating less for a couple of weeks or a month, add movement to your agenda. If you eat 25 percent less food and move 25 percent more every day, you're quickly running a calorie deficit and you are sure to lose weight. Feel the hunger for a while – it will pass and your body will quickly move into a hyper-calorie burning state called ketosis, which is pure fat burning and will stop the hunger pangs. Find a fitness tracker that will count your steps or distance travelled during the day. While there's a limit to how little you can eat, there's no limit to how much you can move – and the more you move, the better you will feel, the more energy you'll have and the better your heart will be. Movement should be strenuous enough that you get short of breath for at least 6-10 minutes of your exercise plan.

Sleep is critical to regulating body hormones, from testosterone to cortisol to adrenaline. Sleep specialists recommend at least seven hours a night of good, uninterrupted sleep. How to get there is not always easy, but it is tied to eating and moving. Rigorous exercise soon before bedtime is a great way to exhaust yourself and set up a good night's sleep. Avoiding alcohol at least two hours prior to bedtime will let the body get into deeper sleep and keep the bladder from waking you during the night. Eating dinner a few hours prior to bedtime will also help you sleep; a little hunger can cause the body to shut down further and burn more calories while sleeping.

After a few months of changing eating habits, exercise habits and sleeping habits, most people won't go back to their old unhealthy ways. The weight will come off, the exercise will be fun and it will be much easier to get a good night's sleep.

Check with your physician about specific dietary plans that may be safest for you. Your doctor can make sure you're fit enough to gradually increase your daily movement. He or she may also want to check blood work, particularly hormones such as testosterone, to ensure adequate levels to optimize your new healthier lifestyle. The Men's Clinic at UCLA, a comprehensive, multidisciplinary health and wellness center located in Santa Monica and under the direction of UCLA Urology's Dr. Jesse N. Mills, can help with these efforts. For more information or to make an appointment, call (310) 794-7700.



Letter from the Chair



*We draw a remarkable
group of bright, talented
and dedicated young
people to train as UCLA
Urology residents.*

One of the features that sets UCLA Urology apart is a training program that we believe is second to none. In the course of an intensive six-year period, UCLA Urology residents blossom into outstanding clinicians and researchers, learning under the mentorship of our outstanding faculty both in UCLA's flagship facilities in Westwood and Santa Monica and in our affiliated training facilities that include two county hospitals and the Greater Los Angeles VA Healthcare System. Our chief residents – those in the final year of the program – gain teaching and mentoring skills themselves by providing guidance and instruction to junior residents.

At the end of the academic year each June, we bid farewell to a “graduating” group of residents who have completed the six-year program. As you will see in the article on the resident Class of 2016 on page 7, our graduates follow divergent paths. Many continue on the academic track, helping to fulfill a major part of our mission – training the next generation of professors who will move the field of urology forward not only through outstanding patient care, but also through cutting-edge laboratory and clinical research that leads to better treatments and cures for urological conditions; and by teaching and mentoring future generations of urologists. Most of these individuals first pursue additional training in the form of an academic fellowship in a specialized area of their choosing.

Other UCLA Urology trainees decide to become practicing urologists in community-based settings, and this, too, is an important role. These individuals choose to focus solely on patient care, becoming the best possible clinicians, while continuing to exercise the critical thinking skills and ability to follow and implement the latest research discoveries that are advancing the field. Some of these graduates also choose to pursue a fellowship prior to becoming community practitioners, honing their expertise within a particular area of urology.

As one of the nation's leading academic urology programs – ranked as the No. 3 department in *U.S. News & World Report's* most recent Best Hospital Survey – we draw a remarkable group of bright, talented and dedicated young people to train as UCLA Urology residents. Among other things, our program is designed to assist residents with the process of identifying and pursuing their dreams. Regardless of the career they choose after training, seeing them fulfill their goals gives us great pride. And as these impressive individuals settle into their positions as leaders in both academic and community settings across the country, UCLA Urology's influence continues to grow.

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



Jeffrey and Sally Biegert

The first time Jeffrey Biegert spoke with UCLA Urology's Dr. Stuart Holden was in 2008, when Mr. Biegert and his wife Sally were celebrating their 30th anniversary touring Africa. The anniversary was bittersweet: Mr. Biegert had recently learned that his prostate cancer had recurred, and was weighing treatment options in the U.S. and abroad. "We met a couple on that trip who were friends with Dr. Holden, and they put us on the phone with him from Morocco," Mr. Biegert recalls. "He told me not to do anything before letting him see me first."

Mr. Biegert has been treated by Dr. Holden and his UCLA Urology colleague Matthew Rettig, MD, ever since, traveling with his wife from Laramie, Wyo., for his appointments. Unfortunately there is no cure for his cancer, which has metastasized and is hormone-refractory. "At this point you're just trying to hold it back," Mr. Biegert says. "You can't see it, you can't talk to it, you can't negotiate with it. You're really at the mercy of your medical team. It's not easy for someone who is used to being in the driver's seat, but you have to put your trust in your medical team, and I am thankful for mine."

Beyond the state-of-the-art care he has received from Dr. Holden, associate director of the UCLA Institute of Urologic Oncology and medical director of the Prostate Cancer Foundation, and other members of the UCLA Urology faculty. Mr. Biegert says he has appreciated their "up front and heartfelt" approach. To support UCLA Urology's research in metastatic prostate cancer, the Biegerts have donated \$100,000 each of the last two years.

"I don't want to see any other families have to go through what we are going through," Mr. Biegert explains. "With time, research dollars and the hard work and talents of UCLA Urology faculty, they may be able to find a way to slow this process down. It is very difficult to find a cure at this point, but hopefully someday that will happen too. It won't be in time for me, but we hope we can contribute to preventing other families from having to experience this in the future."

Kudos

Arnold Chin, MD, PhD, UCLA Urology assistant professor, was appointed to a three-year term on the American Urological Association's Laparoscopic, Robotic, and New Surgical Technologies Committee. Dr. Chin was senior author on "Biased Expression of the FOXP3Δ3 Isoform in Aggressive Bladder Cancer Mediates Differentiation and Cisplatin Chemotherapy Resistance," published in *Clinical Cancer Research*.

Nicholas Donin, MD, UCLA Urology fellow, and **Karim Chamie, MD, MS**, UCLA Urology assistant professor, successfully initiated a single-patient compassionate-use trial of the investigational agent MitoGel in a patient with upper-tract urothelial carcinoma in a solitary kidney. The case represented the only patient treated with the agent in the United States. An international prospective trial is scheduled to begin in late 2016. "Immunotherapy in the Treatment of Urothelial Carcinoma," a review paper authored by Dr. Donin, was accepted for publication in the *Journal of Urology*.

Tonye ("TJ") Jones, MD, UCLA Urology resident, received a 2016 Excellence in Teaching with Humanism Residents and Fellows Award. The award, created and presented by the David Geffen School of Medicine at UCLA student body, recognizes residents and fellows who model exemplary behavior toward medical students and other members of the healthcare team.

Ja-Hong Kim, MD, UCLA Urology assistant professor in the Division of Pelvic Medicine and Reconstructive Surgery, was an invited speaker at the 67th Korean Urological Association annual meeting, held in Seoul, South Korea last November.

Andrew Lenis, MD, UCLA Urology resident, received funding from the H&H Lee Surgical Resident Research Scholars Program for his research year.

UCLA Urology faculty members **Steven Lerman, MD**, and **Jesse N. Mills, MD**, director of the Men's Clinic at UCLA, were nominated as 2016 UCLA Exceptional Physicians.

Mark S. Litwin, MD, MPH, UCLA Urology professor and chair, was awarded the prestigious Barringer Medal from the American Association of Genitourinary Surgeons in April. Dr. Litwin is the 35th recipient of the award. In making the presentation, Dr. David Penson, chair of urology at Vanderbilt, a former UCLA urology trainee, and the 2016 Kaufman Visiting Professor in Urology at UCLA, cited Dr. Litwin's work focusing on quality of life in prostate cancer survivors and motivating a generation of urologists to pursue careers as surgeon-scientists in health services research.

Christopher Saigal, MD, MPH, UCLA Urology vice chair, was nominated to the National Quality Forum's expert panel on decision aids, which will work to set national standards to certify decision aids in healthcare.

UCLA Urology has acquired a High Intensity Focused Ultrasound (HIFU) machine. HIFU is an FDA-approved treatment for prostate cancer that involves the use of intersecting, precision-focused ultrasound waves to ablate diseased tissue.

UCLA Urology was well represented at the American Urological Association 2016 annual meeting, held in San Diego in May. Dozens of faculty, trainees and UCLA Urology alumni presented at the meeting.

UCLA Urology Residency Class of 2016

UCLA Urology is saying goodbye to three residents who have completed their six-year training. We asked them to tell us what they will remember from the experience, what they feel they have learned that will be most useful to their careers, and where they are going from here.



Dr. Clavijo (r.) with Carol Bennett, MD, chief of urology at the VA Greater Los Angeles Healthcare System

Dr. Kaplan (l.) with Christopher Saigal, MD, MPH, professor and vice chair of UCLA Urology

Dr. Le (l.) with Leonard Marks, MD, UCLA Urology professor

Raul Clavijo, MD

Memorable Moments

“What comes to mind immediately is our broad exposure to both open and laparoscopic surgery. It is becoming rare to be trained in both approaches. Beyond that, the balance of independence and supervision we get at the county hospitals is extremely helpful in allowing us to grow into competent urologists.”

Lessons Learned

“The opportunity to lead resident teams has been very useful for me – it helped me gain experience in leadership. I also took care of patients from all types of backgrounds, given the diversity of our training sites. This will allow me to be comfortable in almost any future setting.”

Immediate Plans

“I am starting a fellowship in male reproductive medicine and surgery at the University of Miami in July. I am looking forward to focusing intensely on one aspect of urology, both from the clinical and research standpoints.”

Alan Kaplan, MD

Memorable Moments

“As a subintern, I got very interested in health services research, which played a big role in wanting to come here. I spent my research year under the mentorship of Drs. [Christopher] Saigal and [Mark S.] Litwin. This gave me perspective to think in a way that is both big-picture and practical – to see things from a public health point of view with a real-world bent. I have also benefited from seeing faculty who take innovative approaches to research and clinical practice as a way of moving the needle on patient care.”

Lessons Learned

“You start out constantly looking for advice on every decision, and gradually, there is this six-year-long transformation process toward becoming a physician with his own confidence and style. This program is designed to guide you on that path. Watching all of the faculty in our department has taught me that being a urologist is a continuous learning process, and that you learn to leverage networks of clinical experts as you take care of patients.”

Immediate Plans

“I will be doing an administrative fellowship in Healthcare Strategy and Leadership here at UCLA. Under the mentorship of UCLA Health system leaders, Drs. Litwin and Saigal, I will be learning more about the business side of healthcare while also doing clinical work in general urology.”

Jesse Le, MD

Memorable Moments

“I will graduate having logged close to 3,500 operative cases and procedures, and of course each one of those cases represents a unique patient and experience. A few stand out. I remember taking care of a young mother who came in with a life-threatening gas-forming kidney infection, rushing her to the operating room, and I recall how thankful she and her family were when she walked out of the hospital healthy and healing a few weeks later. I remember counseling patients through new cancer diagnoses. I also have to mention the experiences I’ve shared with my co-residents, bonding during countless late nights on call at the hospital.”

Lessons Learned

“The past six years have imparted in me appropriate doses of confidence to go out on my own, a continued desire to learn and improve the quality of care that I provide, and humility to seek the advice of peers at times when necessary.”

Immediate Plans

“I will be joining Pacific Urology, a private practice group in Northern California. Among others, the practice includes Dr. Judson Brandeis, a UCLA Urology alum. I’m looking forward to building my own practice and incorporating all that I have learned from the great faculty at UCLA.”



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

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



UCLA Urology Hosts 41st Annual State of the Art Conference

More than 250 community-based urologists from around the country attended the 41st annual UCLA State-of-the-Art Urology Conference at the Ritz-Carlton in Marina del Rey, Calif., in March. At the meeting, UCLA Urology faculty and other expert presenters explored some of the most challenging management problems facing practicing urologists. The annual conference emphasizes interaction between the course faculty and participants.

"We were extremely pleased with the feedback from our attendees, who said they obtained new information that they could bring back to their communities to enhance the care of their patients," says William Aronson, MD, UCLA Urology professor and course chair of the conference. "We continue to design our program with a practical focus on what is going to be most helpful to the urologists who attend."

Dr. Aronson and his colleagues have begun preparing for the 2017 UCLA State-of-the-Art Urology Conference, which will again be held at the Ritz-Carlton in Marina

del Rey, Calif., next March. Check www.urology.ucla.edu for updates.



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