



UCLA UROLOGY

UPDATE



Left: Olive View-UCLA Medical Center is one of three Los Angeles County safety net facilities where UCLA Urology provides state-of-the-art care. Right: At Olive View, UCLA Urology faculty member Jonathan Bergman, MD, MPH, consults with UCLA Urology resident Eric Miller, MD.

Bringing State-of-the-Art Urologic Care to L.A. County Facilities

As an integral part of the safety net, Los Angeles County's hospitals and clinics serve the region's most vulnerable populations, including uninsured patients and those covered by Medicaid. One might assume that healthcare at these sites wouldn't be comparable to the care at facilities serving privately insured patients in more affluent communities such as Westwood and Santa Monica, where UCLA's two hospitals are located.

But that is far from the case, at least when it comes to the services provided by UCLA Urology at three UCLA-affiliated county facilities: Harbor-UCLA Medical Center, the 570-bed teaching hospital and Level I Trauma Center in the South Bay community of Torrance; Olive View-UCLA Medical Center, a 377-bed teaching hospital in the north San Fernando Valley; and Martin Luther King, Jr. Outpatient Center in South Los Angeles, which operates more than 70 primary care and specialty care clinics and is adjacent to the revitalized medical campus that includes the 131-bed Martin Luther King, Jr. Community Hospital.

At Harbor-UCLA, for example, UCLA Urology is part of one of the nation's longest-running kidney transplant programs, providing the life-saving operation to patients who are uninsured, underinsured, and in some cases undocumented. The program was recently one of only 30 in the country to receive the highest possible rating from the U.S. Department of Health and Human Services' Organ Procurement and Transplantation Network, which tracks patient outcomes.

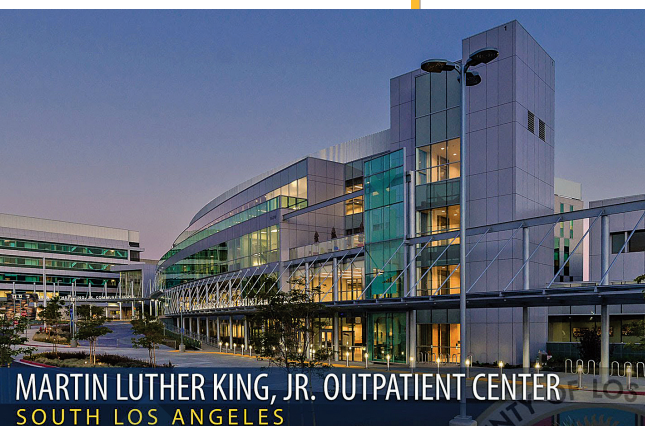
In 2014, Harbor-UCLA became the first county

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Martin Luther King, Jr. (MLK) Outpatient Center in South Los Angeles (left) and Harbor-UCLA Medical Center in the South Bay community of Torrance (right) are two of the Los Angeles County safety-net facilities (along with Olive View-UCLA Medical Center) where UCLA Urology provides state-of-the-art care. Among the UCLA Urology faculty leading the effort are (l. to r.): Stanley Frencher, Jr., MD, MPH, and Alan Kaplan, MD, at MLK Outpatient Center; William Aronson, MD, at Olive View-UCLA Medical Center; and Kiran Gollapudi, MD, and Jeremy Blumberg, MD, at Harbor-UCLA Medical Center.

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hospital in the United States to establish a robotic surgery program, with urology playing the lead role. The investment set the stage for other county hospitals to acquire their own robotic equipment, including Olive View-UCLA Medical Center, which is starting its program this year. "In the past, county hospitals were thought of as being reliant on old technology, but if a patient would be offered a robotic procedure in a community practice, or an academic medical center such as UCLA, we need to offer that to our patients," says Jeremy Blumberg, MD, assistant professor of urology at UCLA and chief of urology at Harbor-UCLA Medical Center. Similarly, Harbor-UCLA has recently begun what is likely the nation's first MRI/ultrasound fusion biopsy for prostate cancer program at a county hospital, giving its patients access to a technology pioneered at UCLA that has improved the accuracy of prostate cancer diagnosis. "We are providing the same world-class, complete urologic care to the patients of Los Angeles County as they would receive at any of UCLA's other hospitals, including Westwood and Santa Monica," Dr. Blumberg says.

By delivering state-of-the-art care to traditionally underserved populations, UCLA Urology is fulfilling one of its core missions: community engagement. Equally important, the department's partnership with the county hospitals addresses its training mission by providing invaluable teaching experiences for residents and fellows.

Diverse Teaching Environments

As a busy Level I Trauma Center, Harbor-UCLA attracts complex urologic cases in high volume, including patients who require immediate and rapid care — affording trainees an experience they wouldn't otherwise receive, Dr. Blumberg notes.

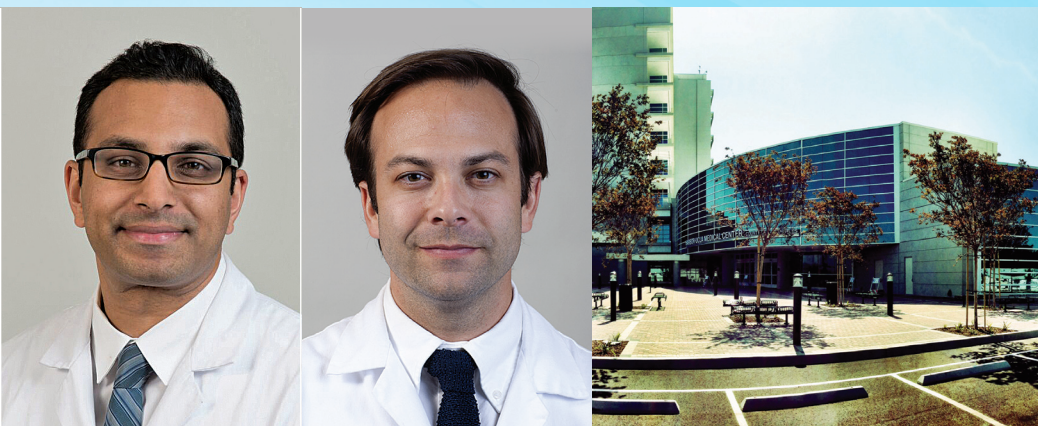
Olive View-UCLA Medical Center provides a very different training environment, but one that is equally vital. "Olive View offers our residents an opportunity to focus on bread-and-butter urology," says William Aronson, MD, the hospital's chief of urology. "We certainly have plenty of challenging cases, but there is also time to focus on the more common problems that are seen in the community, which is very important for our residents' education."

*"To provide the best
urologic care anywhere,
we need to be providing
it everywhere."*

Dr. Aronson describes Olive View-UCLA as a community-based practice, with most of the referrals coming from the providers of outpatient services in the L.A. County system. "Our residents are the first point of contact for these patients, and they are given a great deal of autonomy but also very

close supervision when required," Dr. Aronson says. "They gain experience treating a highly diverse group of patients representative of the many cultures found in Los Angeles, which can be extremely rewarding, important for their education, and of course critical for the patients who are served."

In addition to the UCLA Urology academic faculty who practice at Olive View-UCLA, several community-based urologists make integral contributions to the training experience by volunteering their time supervising the residents as members of UCLA Urology's clinical faculty. These accomplished practitioners, from both private practice and the Kaiser Permanente system, offer an important perspective that is different from that of an academic urologist. "In academia we have research and administrative responsibilities, but these physicians are devoting all of their time to their patients, and they are expert in providing effective and efficient care," Dr. Aronson explains. At a monthly teaching conference, community urologists participate in grand rounds, enabling the trainees to receive outside input on how urologic problems are managed in the community setting.



Improving Access to Urologic Care

UCLA Urology's impact on access to quality care for traditionally underserved communities is exemplified at Martin Luther King, Jr. (MLK) Outpatient Center, where the department has helped build a strong foundation for urology services in a community that was severely lacking. Approximately 1.2 million people live in L.A. County Service Planning Area 6, and MLK is the only freestanding ambulatory surgery center, notes Stanley Frencher, Jr., MD, MPH, UCLA Urology assistant professor and lead physician for urology at the MLK Outpatient Center. Only four urologists were practicing in the community prior to the opening of the center, which brought in six more. Alan Kaplan, MD, UCLA Urology assistant professor, also recently joined the MLK team.

"Without access, many people in South Los Angeles were going without needed urology services," Dr. Frencher says. "We have seen this manifest in patients who have had kidney stones that went untreated for long periods of time and now have non-functioning kidneys as a result. Other patients traveled across town or further east to receive care, in many cases taking three or four buses. By providing services that are closer to home, we have increased the likelihood that patients in the community will receive timely care."

Along with Allan Pantuck, MD, MS, UCLA Urology professor, Dr. Frencher sees patients at MLK Outpatient Center. He has also spearheaded the effort to acquire appropriate equipment, train staff, and build a robust program providing the full spectrum of outpatient urology services. Urology's early efforts at MLK Outpatient Center have paved the way for an increase in volume: A collaboration among primary care, surgery, and anesthesia to develop a perioperative medical home at the facility has helped to increase the efficiency with which surgery patients are

treated, more than doubling the number of urology cases that are completed each day, Dr. Frencher says.

Collaboration, Research, and Innovation

The urology leadership at the three UCLA-affiliated county facilities works closely together to ensure that patients receive the best possible care. For example, patients at MLK who are candidates for prostatectomy or have a small renal mass are in some cases referred to Harbor-UCLA for robotic prostatectomy or robotic partial nephrectomy, taking advantage of the technology there to avoid open surgery. Olive View-UCLA recently acquired its own state-of-the-art robotic system under the leadership of Jonathan Bergman, MD, MPH, UCLA Urology assistant professor, and is set to begin offering robotic surgery to patients who are candidates. Similarly, appropriate patients are sent to MLK Outpatient Center for ambulatory surgery, especially kidney stones, capitalizing on the focus at that campus. "As close colleagues we work together to make sure patients are getting the right care at the right place, and by the right provider," Dr. Frencher says. What began with emails and phone calls across the campuses has evolved to include the use of eConsult, a county-run e-referral system, to forward patients from one facility to another as appropriate.

Through a workgroup led by Dr. Bergman, urology leaders at the three facilities — including Dr. Bergman at Olive View-UCLA, Dr. Frencher at MLK Outpatient Center, and Drs. Blumberg and Kiran Gollapudi at Harbor-UCLA — collaborate with other urologists within the county's Department of Health Services, and with primary care physicians in the county system, to coordinate care as well as to establish standards of care for urology. "This expands the scope of practice for primary care physicians and improves access for our patients," Dr. Bergman explains. "We are also looking at the effect of care integration

on patient access to care, including having their problems resolved. This is a collaborative process among Harbor, MLK, Olive View, USC, and patient-centered medical homes in the Department of Health Services."

UCLA Urology's efforts at the three county facilities include other research initiatives designed to innovate and improve the quality of care. At Olive View-UCLA, Dr. Bergman is identifying ways to modernize the patient experience and improve the value of clinic visits, while at Harbor-UCLA, Dr. Gollapudi is working to improve the management of complex urinary stone disease. Dr. Gollapudi, who runs Harbor-UCLA's prostate cancer program, has led the effort to introduce MRI/ultrasound fusion biopsy for prostate cancer. Harbor-UCLA also has a basic science laboratory focusing on erectile dysfunction (ED) and other men's health issues. The lab is headed by Nestor Gonzalez-Cadavid, PhD, UCLA Urology adjunct professor, and includes UCLA Urology professor Jacob Rajfer, MD, whose research was critical to the discovery of ED drugs. At MLK Outpatient Center, Dr. Frencher and colleagues have used the perioperative medical home to optimize which patients undergo elective surgery. In collaboration with members of UCLA's Robert Wood Johnson Clinical Scholars Program, Dr. Frencher's team is developing protocols to determine which patients should be treated at the ambulatory center and which should be referred.

Community Engagement

Given that the South Los Angeles community served by MLK Outpatient Center is historically underserved, meeting the population's clinical needs starts with community engagement, Dr. Frencher explains. He has joined with the Black Beauty Shop Health Foundation on a project for the entire MLK campus called Know Your Basics, in which representatives go to beauty salons, barber shops, churches and other community settings to spread the word on the opening of the campus and availability of services, as well as to provide education on healthy behaviors and when and how to seek care.

"For all of the county facilities, UCLA Urology brings a focused attention to high-quality urologic care with an emphasis on improving access, reducing disparities, and identifying innovative strategies to improve the care in low-income communities," Dr. Frencher says. "It would be very hard to fulfill our mission practicing only in Westwood. As part of a public institution and to provide the best urologic care anywhere, we need to be providing it everywhere."

Urethral Stricture

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.

A urethral stricture is scarring in or around the urethra that narrows or blocks the passageway through which urine flows from the bladder. The stricture results from inflammation, infection or injury, and is much more common in men than in women. In men, the scarring can occur anywhere between the bladder and the tip of the penis. In addition to uncomfortable urinary symptoms such as reduced flow rate and more frequent urination, a urethral stricture can lead to complications that include urinary tract infections, prostatitis, urinary retention and kidney damage.

For men, as urine makes its way into the urethra on its way out of the body, it passes through the bladder neck into the portion of the urethra surrounded by the prostate. It then enters a section called the membranous urethra, which includes a muscle called the external urinary sphincter. Contracting this muscle is how we hold in urine or stop its flow. Stricture in this area most commonly results from an injury associated with a pelvic fracture, such as from an automobile or industrial accident. Strictures not caused by pelvic injury tend to occur in the

area from the sphincter to the tip of the penis. Among the most common causes are “straddle” injuries, such as the bruising from falling onto a crossbar. Trauma resulting from placement of a catheter, endoscope, or other foreign body into the area can also induce urethral stricture. Other potential causes are sexually transmitted diseases such as gonorrhea or chlamydia, and other inflammatory conditions. Urethral strictures sometimes occur after prostate surgery or removal of kidney stones, or following reconstructive surgery for congenital abnormalities in children.

Symptoms of urethral stricture are mostly urinary – painful urination, reduced urine output, slow urine stream, spraying of the stream, incomplete emptying of the bladder, and inability to void. Urinary tract infections are also common, and blood will occasionally appear in the urine. Diagnostic tests include urinalysis, urine cultures, uroflowmetry studies measuring the flow from the bladder, and post-void residual studies, in which an ultrasound measures the amount that is left after a normal voiding.

Among the many approaches to treating strictures are gradually stretching them, a process called dilation; cutting the stricture with a laser or knife using a specially designed cystoscope; and surgically removing the stricture and then reconstructing the area with grafts. The choice of treatment depends largely on the severity of the stricture. In minor cases in which the complication risk is low, doing nothing may be the best option; more moderate or severe cases are best addressed using either a minimally invasive or open surgical approach.

UCLA Urology’s Gladys Y Ng, MD, MPH, specializes in the treatment of urethral stricture.

For more information, visit www.uclaurology.com. To make an appointment, call (310) 794-7700.



Letter from the Chair



We are bringing safety-net patients access to the same high-quality, innovative and technologically advanced care we provide at UCLA's flagship hospitals.

At a time of uncertainty about the future direction of our healthcare system, county hospitals are more vital than ever to the health of our communities. These facilities form the backbone of the healthcare safety net — providing services to vulnerable members of our society, including the uninsured, people with Medicaid, and other underserved populations. As our cover story in this issue describes, UCLA Urology, along with the David Geffen School of Medicine at UCLA and UCLA Health system as a whole, plays an integral role at two such facilities: Harbor-UCLA Medical Center and Olive View-UCLA Medical Center; as well as at the revitalized Martin Luther King, Jr. (MLK) Outpatient Center and MLK Community Hospital, a public-private partnership that also serves as an important part of the safety net.

Several years ago, when plans were first being made to build the new MLK campus and bring much-needed health services to South Los Angeles, a leadership group came to UCLA to ask various clinical departments for assistance. I am proud to say that urology was the first department to respond, “Count us in.” Ever since, we have worked with the senior leadership team at MLK to ensure that the best possible urologic care is provided to this historically underserved community. Most importantly, in 2013 we recruited Dr. Stanley Frencher, Jr., who has done an incredible job heading our effort to build services and staff urology at the hospital and outpatient center. Other UCLA urologists who are part of the MLK Urology team include Dr. Allan Pantuck, Dr. Alan Kaplan, and several of our fellows.

It's common around the country for safety-net facilities to employ urologists who have teaching appointments at the local medical school, but our relationship with these safety-net facilities is more unusual. At MLK and at the two UCLA-affiliated county hospitals, the urology programs are wholly run by members of the primary UCLA Urology faculty. Our fully integrated involvement at these facilities provides indispensable training opportunities for our residents and fellows. But even more importantly, it means that we are bringing these safety-net patients access to the same high-quality, innovative and technologically advanced care we provide at UCLA's flagship hospitals in Westwood and Santa Monica, including the potential to enroll in the latest clinical trials. This fulfills an essential element of our department's mission — serving the greater Los Angeles community, including those without the means to get to our campus.

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

Michael Stolper and Lonna Williams Stolper

Michael Stolper was in his mid-60s when he received a health scare: His primary care physician told Mr. Stolper that his prostate-specific antigen (PSA) level had risen above 4, a warning that he might have prostate cancer. Mr. Stolper was referred to a urologist for a biopsy, and was relieved to learn that it was negative for cancer. But a follow-up visit six months later revealed that Mr. Stolper's PSA had soared to 16. A second biopsy was performed — again, with a negative result. The urologist, an experienced practitioner in San Diego, where Mr. Stolper was living at the time, suggested “watchful waiting” or the experimental saturation biopsy approach.

But Mr. Stolper's wife, Lonna Williams Stolper, sensed that something needed to be done and that a saturation biopsy was not the right approach. Mrs. Stolper had much more than a passing familiarity with the PSA test. Early in her career, she had played a role in educating academic urologists about PSA as a business and marketing professional with Hybritech Inc., the company that introduced PSA testing in the late 1980s. “I knew that with a PSA that high, there was a greater than 80 percent chance my husband had prostate cancer,” Mrs. Stolper says.



Mrs. Stolper began calling some of the top academic urologists around the country whom she had gotten to know in her position at Hybritech. All of them pointed her to UCLA, where a multidisciplinary group headed by UCLA Urology's Dr. Leonard Marks was developing

a new approach to prostate biopsy — using magnetic resonance imaging to identify suspicious areas, then fusing the findings with real-time ultrasound in a special device.

The so-called targeted biopsy approach confirmed what the rising PSA had suggested: Mr. Stolper had two large tumors in the middle of his prostate. Further testing showed that the tumors were aggressive. Mr. Stolper immediately underwent a robotic prostatectomy; nearly five years later, he is cancer-free. “I am blessed to have a spouse who understood the importance of seeking alternative diagnostic methods, and who was able to find out what UCLA was doing,” Mr. Stolper says. “Otherwise I was on a catastrophic path.”

After their experience, Mr. and Mrs. Stolper decided to contribute to research that would enable more men to benefit in the same way. They have generously donated to Dr. Marks' targeted biopsy program, which has more recently begun to explore the potential for using the technology for focal therapy — targeting only the tumor for treatment, while leaving healthy prostate tissue untouched.

“We saw an opportunity to do something that mattered — to contribute to changing the course of diagnostics for a common male malady,” Mr. Stolper says. “And so we were delighted to be able to participate in something so impactful.”

John L. Gore, MD, MS



In developing a program to integrate patient-reported outcome measurements into clinical practice, Dr. John L. Gore and his University of Washington colleagues asked men at cancer patient support groups how many of them had ever filled out a quality of life questionnaire. “Many raised their hands, but then when we asked how many had seen the results of those questionnaires, no hands were raised,” Dr. Gore says.

“Patients are the ultimate stakeholders in what we do,” notes Dr. Gore, an associate professor in the University of Washington School of Medicine's Department of Urology who divides his time between research and a clinical practice in which he sees mostly kidney and bladder cancer patients and serves as surgical director of the kidney cancer program. But too often, Dr. Gore adds, the priorities and experiences of patients haven't received the attention they should when it comes to clinical research and practice.

Dr. Gore is helping to change that through his patient-centered outcomes research. His research program at the University of Washington has developed tools to integrate patient-reported outcome measurements into prostate cancer care. As part of that work, Dr. Gore and his colleagues have partnered with a number of cancer support groups — partnerships that have led to a separate program that has developed patient-centered resources for bladder and prostate cancer care, and was recently funded to extend the work to breast and colorectal cancers. Dr. Gore's team has also worked with the Bladder Cancer Advocacy Network to establish standard research questions that are most important to patients — work that has been adopted by funders, including the Patient-Centered Outcomes Research Institute.

“We need to ask patients what's important to them much more than we do,” Dr. Gore says. “If procedures that we're performing are more uncomfortable than we realize, it's going to not only affect the patients' quality of life, but it can influence the outcome of their care, since they might be less likely to complete their course of treatment.”

Dr. Gore views his current research program as a natural extension of the quality of life research he conducted under the mentorship of Dr. Mark S. Litwin, current UCLA Urology chair, during Dr. Gore's UCLA Urology training from 2001 to 2009, first as a resident and then as a fellow in the Robert Wood Johnson Clinical Scholars Program. “I had a phenomenal experience at UCLA,” Dr. Gore says. “I received an incredibly foundational clinical experience, and then I got to do this inspirational fellowship that makes you think differently about urology, including how we can incorporate our community of patients into our research efforts. When I mentor residents or fellows here, I try to replicate the approach Dr. Litwin took toward me, which set the stage for everything I'm doing now.”

Kudos

UCLA Urology was well represented at the American Urological Association 2017 annual meeting, held in Boston in May. Dozens of faculty, trainees, and UCLA Urology alumni presented at the meeting.

William Aronson, MD, UCLA Urology professor, spoke at the June 19 meeting of the Southern California Support Group Leaders' Workshop hosted by the California Prostate Cancer Coalition. The workshop was open to all prostate cancer support group leaders, facilitators and administrators, as well as prospective group leaders.

Karim Chamie, MD, MS, UCLA Urology assistant professor, was recognized as an outstanding reviewer for the journal *Cancer*.

Richard Ehrlich, MD, UCLA Urology professor emeritus, had his new artwork, "Faces of Promise: Looking Beyond Autism," published and gifted to 500 attendees of the Kaleidoscope Ball, an annual fundraiser for the UCLA Department of Pediatrics. In addition, Nazraeli Press published Dr. Ehrlich's portfolio collection of photographic collage of inkjet gel transfers called NEOGENESIS. Dr. Ehrlich has had several successful recent exhibitions of his art.

Stanley K. Frencher, Jr., MD, MPH, UCLA Urology assistant professor and director of urology at Martin Luther King, Jr., Community Hospital, has won the Herbert W. Nickens Faculty Fellowship from the American Association of Medical Colleges. The award recognizes an outstanding junior faculty member who has demonstrated leadership in addressing inequities in medical education and health care; demonstrated efforts in addressing educational, societal, and healthcare needs of racial and ethnic minorities; and is committed to a career in academic medicine. Dr. Frencher also received a donation of \$10,000 from the Charles R. Drew University of Medicine and Science to further his project at Martin Luther King, Jr., Community Hospital, "Building the Care Continuum for Surgery: ISTC-Improving Surgical Care Through Coordination."

Andrew Goldstein, PhD, UCLA Urology assistant professor, has been awarded a research scholar grant from the American Cancer Society to fund his work in prostate cancer. Dr. Goldstein is also on the faculty of UCLA's Department of Molecular, Cell and Developmental Biology, and is a member of the UCLA Broad Stem Cell Research Center and Jonsson Comprehensive Cancer Center at UCLA.

H. Albin Gritsch, MD, received a 2017 UCLA Exceptional Physicians award for his outstanding commitment to patients and demonstration of UCLA values: Compassion, Respect, Excellence, Discovery, Integrity, and Teamwork.

Tonye Jones, MD, UCLA Urology resident, was awarded Best Abstract for her role in Focal Therapy of Prostate Cancer: Defining Appropriate Treatment Margins Using MRI: Whole Mount Co-Registration, presented at the plenary session of the 2017 American Urological Association annual meeting in Boston.

Andrew Lenis, MD, UCLA Urology resident, had manuscripts published in the *Journal of Urology* and *Urology Practice*. He presented a podium talk at UCLA's Longmire Scientific Day in March.

Shyam Natarajan, PhD, UCLA Urology adjunct assistant professor, and **Leonard Marks, MD**, UCLA Urology professor, won the regional MedTech Innovator pitch competition for their Focal Laser Ablation, an image-guided laser therapy to treat prostate cancer in a doctor's office. They will move on to the finals at the Medical Device Industry Conference September 25-27 in San Jose, California, where they will compete for a grand prize of \$500,000.

Gladys Ng, MD, MPH, UCLA Urology assistant professor, received a prestigious 2017 DGSOM Teaching Humanistic Care at the Bedside Award. Each year, eight faculty members from the David Geffen School of Medicine at UCLA are nominated and selected by their peers for recognition of their outstanding humanistic care of patients. Awardees receive a monetary prize and participate in a series of small group meetings to optimize the teaching of these skills to medical students, residents, and fellows.

Janine Oliver, MD, UCLA Urology fellow, was the lead author of "Complete Excision of Sacrocolpopexy Mesh with Autologous Fascia Sacrocolpopexy," published in the journal *Urology* and co-authored by Dr. Oliver's Female Pelvic Medicine and Reconstructive Surgery colleagues **Zaid Chaudhry, MD**, **Andrew Medendorp, MD**, **Lauren Wood, MD**, **Z. Chad Baxter, MD**, **Ja-Hong Kim, MD**, and **Shlomo Raz, MD**. Dr. Oliver and Dr. Raz co-authored "Suprimeatal Urethrolisis with Martius Flap for Refractory Bladder Outlet Obstruction Following Stress Incontinence Surgery in Females," which has been accepted for publication in the journal *Neurourology and Urodynamics*.

Kris Prado, MD, UCLA Urology resident, was accepted to the Molecular Biology in Clinical Oncology Workshop in Aspen, Colorado in July. The prestigious workshop immerses residents and clinical fellows in exciting developments in translational cancer research, experimental design, hands-on laboratory techniques, best practices in grant writing, personal stories of the faculty's career paths, and networking.

Christopher Saigal, MD, MPH, UCLA Urology professor and vice chair, was nominated to the National Quality Forum Shared Decision Making Action Team and co-chaired the Decision Aids Certification Panel.

Nicholas Smith, MD, UCLA Urology resident, received the 2017 Excellence in Teaching with Humanism Residents and Fellows Award. The award recognizes residents and fellows who model exemplary behavior toward medical students. Dr. Smith also received a 2017 Urology Care Foundation Residency Research Award for his project, "Automated Bladder Cancer Tracking Program as a Means of Improving Delivery of Cancer Care at a VA Hospital." His mentors were UCLA Urology faculty members **Jeremy Shelton, MD, MSHS**, and **Christopher Saigal, MD, MPH**.

UCLA Urology residents **Claire Burton, MD**, **Vishnukamal Golla, MD**, **Rajiv Jayadevan, MD**, and **Steven Mills, MD**, received the Consultant of the Semester Award from The UCLA-Ronald Reagan/Olive View Emergency Medicine Residency Program. The award, based on nominations from residents and faculty within the program, recognizes their excellent patient care.



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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.



The Men's Clinic at UCLA

Did You Know?

Peyronie's Disease is a connective tissue disorder, affecting approximately 10 percent of adult men, in which a curvature of the erect penis caused by abnormal scar tissue makes intercourse difficult and in some cases impossible. A treatment is now available called Xiaflex, in which clinicians inject a powerful biologically derived enzyme directly into the scar tissue of the penis to improve curvature and intercourse. The Men's Clinic at UCLA has one of the world's largest experiences with this FDA-approved treatment.

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



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Here's How.**

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