



UCLA UROLOGY

UPDATE



Above left: UCLA Urology's Dr. Bernard Churchill (center), who held the Judith and Robert Winston Chair in Pediatric Urology until his retirement and is currently chairman of the board for MicrobeDx, with the company's CEO, Richard Janeczko (left) and lab manager Colin Halford, who co-founded the company along with Dr. Churchill and UCLA Urology's Dr. David Haake. Above right: The company is developing a rapid test to confirm urinary tract infection and determine appropriate antibiotics.

UCLA Urologists Develop Rapid UTI Diagnostic Test

Sir Alexander Fleming, a Scottish bacteriologist, changed the course of medicine with his 1928 discovery of penicillin, which paved the way for the use of antibiotics to treat patients with bacterial infections. But nearly a century later, antibiotic resistance has become one of the world's biggest public health crises. Through the evolutionary process, bacteria learn to adapt to antibiotics over time, necessitating the development of new drugs. And because antibiotics are overused — according to the U.S. Centers for Disease Control and Prevention, each year at least 47 million antibiotic prescriptions are unnecessary — the pace of antibiotic resistance is accelerating.

One of the primary reasons for the overuse of antibiotics is that for some infections it can take up to 72 hours to determine what, if any, drug is appropriate — the process known as antibiotic susceptibility testing. Such is the case for urinary tract infections (UTIs), which are among the most common infections worldwide. More than 150 million UTIs occur each year, primarily in

women. And as anyone who has ever experienced a UTI can attest, the discomfort can be so severe that waiting up to three days to confirm the infection and determine what antibiotic will be effective isn't feasible. So in most cases, physicians use their best judgment in prescribing an antibiotic before the bacterial culprit has been identified and the antibiotic

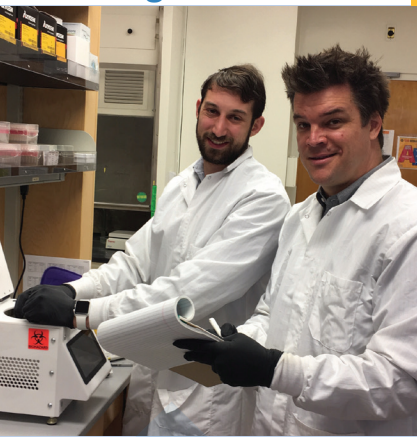
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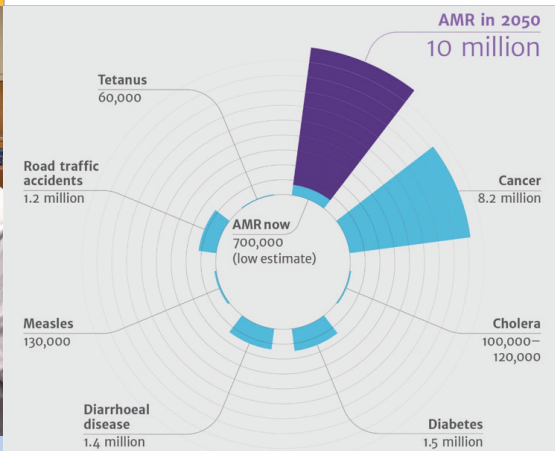
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Rapid UTI Diagnostic Test



Dr. Churchill notes that molecular diagnostic microbiology, as pioneered by the Ruby-Winston-UCLA-MicrobeDx group, is much faster than microscopic testing (used by competitors), which in turn is much faster than current culture-based techniques. Above right: Predicted toll of antimicrobial resistance (AMR). Above: MicrobeDx lab manager and co-founder Colin Halford (right) with lab assistant Scott Churchman.



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susceptibility profile is known.

As an internationally renowned pediatric urologist — originally in Toronto, and then as chief of pediatric urology at UCLA from 1995 to 2015, where he held the Judith and Robert Winston Chair — Dr. Bernard M. Churchill began to observe that children with spina bifida were experiencing an alarming increase in antibiotic-resistant UTIs. “The parents were getting concerned,” Dr. Churchill recalls. “One of them said, ‘What are we going to do when we run out of antibiotics?’”

That concern set Dr. Churchill and others on a journey to harness the power of molecular biology to develop a rapid test that would bring the time required to confirm a UTI infection and determine the appropriate antibiotics from three days to three hours or less. In 2001, with \$500,000 in initial support from the Wendy and Ken Ruby Fund for Excellence in Pediatric Urology Research, Dr. Churchill and a multidisciplinary team that included Dr. David Haake, a member of the UCLA Urology faculty and an infectious disease specialist at the Greater Los Angeles VA Healthcare System, began conducting preliminary experiments toward their goal of revolutionizing UTI treatment through rapid testing and personalized antibiotic therapy. “The science was getting smaller and faster, but bacteriology was stuck on big and slow,” Dr. Churchill says.

By 2015, the research team, backed by \$10 million in grants from the National Institutes of Health to go along with continued philanthropic support, had provided a proof of principle — a rapid molecular testing platform that identifies the bacteria in 30-45 minutes, and concludes antibiotic susceptibility testing in less than three hours, with greater than 96 percent accuracy. Approximately a month after he retired from clinical practice in 2015, Dr. Churchill, along with Dr. Haake and Colin Halford, helped to found MicrobeDx, a company with the motto

“The technology is there to bring UTI into the molecular age.”

-Dr. David Haake

“redefining antibiotic informatics.”

“Molecular diagnostic microbiology, as pioneered by the Ruby-Winston-UCLA-MicrobeDx group, is much faster than microscopic testing [used by competitors], which in turn is much faster than current culture-based techniques,” Dr. Churchill explains. “In addition, rRNA is the optimal molecular target because of its large copy numbers, species-specific sequences, and very rapid metabolic rate.” While the company’s initial focus has been on UTI, the test has also shown promise when used with blood cultures, and thus could have other applications.

“The idea is that if a rapid diagnostic test for urinary tract infection could be used at the point of care to make the diagnosis and determine the best antibiotic for the patient, it would avoid overtreatment in patients with a susceptible bacteria, avoid unnecessary treatment in patients who don’t actually have an infection, and avoid undertreatment in patients who have resistant bacteria,” explains Dr. Haake.

Dr. Haake notes that rapid diagnostics have been shown to improve health care outcomes and reduce costs in a number of other conditions. Rapid flu and strep tests are widely employed in emergency rooms. Tests now used for patients with positive blood cultures have reduced the time for diagnosis and identification of the bacteria

from approximately two days to less than an hour. “It’s time that such a test become available for patients with less severe infections, like UTIs,” Dr. Haake says. “We’re still living in the era of Louis Pasteur, where we wait for the bacteria to grow, but the technology is there to bring UTI, which is an underappreciated

quality of life problem that disproportionately affects women, into the molecular age.”

Dr. Churchill now devotes all of his time to moving the technology from the research stage to clinical practice through his work for MicrobeDx, where he serves as chairman of the board. The company is headed by Richard Janeczko, CEO, who has extensive experience in the in vitro diagnostic industry. MicrobeDx and the Regents of the University of California recently concluded an exclusive license for the intellectual property that has been developed, bringing to nine the number of MicrobeDx intellectual properties in various stages of maturity. “There are still significant technical and business challenges that have to be overcome before extensive clinical acceptance and financial success are achieved,” Dr. Churchill says. “But we have come a long way.”

Philanthropists Help UCLA Urology Fulfill its Missions

Philanthropic supporters of UCLA Urology make a huge impact on the department's research and teaching programs and in doing so, touch the lives of countless patients and their families. Following are examples taken from a long list of generous gifts and pledges made for the 2018 season.



Celebration of the 100th transplant of the UCLA Kidney Exchange Program.



At the direction of Helen Spiegel, the **Thomas Spiegel Family Foundation** has contributed to the UCLA Kidney Transplant Program to support postoperative on-campus housing for qualified UCLA

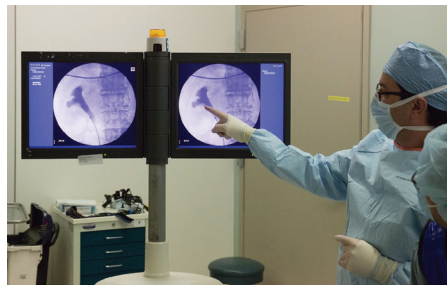
kidney transplant patients. Under the leadership of **Dr. Albin Gritsch**, surgical director of the Kidney Transplant Program, the foundation's generous gift will benefit patients who travel long distances by providing the necessary means for UCLA to facilitate recovery and provide optimal postoperative care.



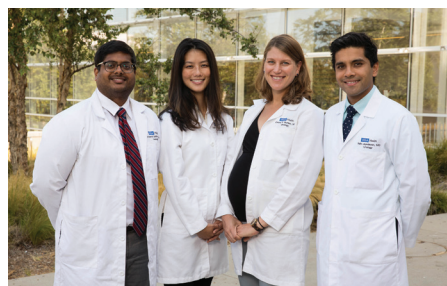
UCLA Urology has received a substantial commitment from the **PHASE ONE Foundation** (www.phaseonefoundation.org). The foundation's grant will support **Dr. Karim Chamie**, associate professor,

in his research on upper urinary tract urothelial carcinoma (UTUC). Urothelial carcinoma is a common malignancy affecting more than 400,000 people each year. PHASE ONE's support will further Dr. Chamie's studies toward developing new minimally invasive therapies for invasive UTUC.

Rebecca and Sandor (Sandy) Shapery have generously donated to UCLA Urology. The Shaperys wanted to support cancer research and the training of young doctors to improve



patient care and outcomes. They decided to focus their impact on the research of **Dr. Karim Chamie** in the development of new treatment approaches for urothelial cancers. Their gift will also support UCLA Urology resident education.



UCLA Urology 2018 fourth-year research residents.

Aurelio De Laurentiis has continued to bestow his support on the Department of Urology and **Dr. Mark S. Litwin**, professor and chair, with a focus on the department's academic programs and research by contributing to UCLA Urology's resident research year. This critical support will foster the next generation of physician-scientists in the UCLA Urology residency program as they pursue a deeper understanding of urologic science.

Once again, **Sheldon and Carol Appel** have made a charitable contribution to support the leadership of Dr. Litwin and his team. Their gift is bolstering the research and clinical experience for UCLA Urology patients with kidney stones. The Appels are longtime supporters of the kidney stone program at UCLA Urology, dating back to the 1980s when the department acquired one of the first lithotripters in the U.S.

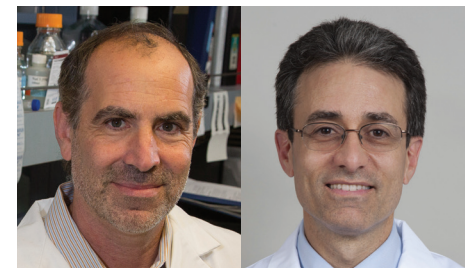


UCLA alumna **Linda Janger** is actively involved in the Los Angeles arts community, including as a member of the board of directors at the Hammer Museum, as well as being a generous

supporter of many areas of the university. She enjoys giving back to the community and has made a thoughtful philanthropic gift and

important investment to something she is deeply passionate about: education to support prostate cancer research under the direction of **Dr. Mark S. Litwin**. For the last several years, she has funded the Jerry Janger Fellowship in prostate cancer research for a UCLA Urology resident.

Thanks to the generosity of philanthropic support from **G. Louis Graziadio III, Dr. Leonard S. Marks**, UCLA Urology professor, is able to take his research to new levels as he advances the diagnosis and treatment of prostate cancer. Dr. Marks and his multidisciplinary UCLA team are providing many new options for men with prostate cancer. Private philanthropy fuels the innovative ideas and brings them to fruition.



Howard B. Klein has made a major contribution to support **Dr. Robert Reiter**, professor of urology and Bing Endowed Chair in Urologic Research, and **Dr. William Aronson**, professor and chief of urology at Olive View-UCLA Medical Center. Dr. Reiter is the principal investigator of the UCLA Specialized Program of Research Excellence (SPORE) in Prostate Cancer, which supports multidisciplinary investigations that aim to translate basic laboratory research into therapies that prevent, manage, and cure all forms and stages of prostate cancer. Dr. Aronson and his team of researchers are continuing to make important advances in the lab related to the favorable impacts of fish oil on the immune system and cancer control.



The Saul Brandman Foundation continues its philanthropic investment in support of **Dr. Leonard Marks**, UCLA urology professor, and his expert team, in groundbreaking research to bring exciting prostate

cancer treatment approaches to fruition. Together, the foundation and Dr. Marks' team are making exciting new advances in prostate cancer technology possible through the support of some of the brightest minds in their field.

David C. Miller, MD, MPH



In his new role as chief clinical officer for the University Hospital and Cardiovascular Center at the University of Michigan, Dr. David C. Miller is part of a multidisciplinary leadership team charged with identifying and implementing initiatives to improve the quality and safety of care across the university health system. It's a broader application

of an interest Dr. Miller has pursued throughout his career, beginning with his UCLA Urology fellowship training.

A urologic oncologist with clinical interests in kidney cancer, prostate cancer and robotic surgery, Dr. Miller completed his residency at the University of Michigan Health System in 2005 and then began a two-year urologic oncology fellowship at UCLA. The first year was spent conducting health services research under the mentorship of UCLA Urology faculty, including Drs. Mark S. Litwin and Christopher Saigal, currently the chair and vice chair of the department, respectively; the second year was devoted to patient care. As Dr. Miller focused on using data to identify quality-of-care gaps in urology, it became increasingly clear to him that identifying the gaps was one thing, but actually solving them was the bigger challenge.

"Both as a research fellow and as a clinical fellow, I learned the importance of not just identifying problems or challenges in the delivery of urological care, but also taking the next step — coming up with actionable solutions and opportunities for change," Dr. Miller says. "When I would show my findings to UCLA Urology faculty members they would always say, 'That's very interesting. What's next?' That emphasis on impacting patients' lives through a purposeful focus on 'what's next' has stuck with me."

At the University of Michigan, Dr. Miller has continued to study how the health care delivery system influences quality and access to care for patients with urological cancers. He is director of the Michigan Urological Surgery Improvement Collaborative, a statewide consortium of more than 40 urology practices, in collaboration with Blue Cross Blue Shield of Michigan, that aims to improve the quality and cost-efficiency of prostate cancer, kidney cancer and kidney stone care in the state. The consortium collects data to inform and drive quality improvement initiatives.

"Fundamentally, it's still my interactions with patients — helping them address the challenges that come with a new cancer diagnosis and being able to provide expertise to help them navigate that diagnosis — that are the moral compass for everything I do," Dr. Miller says. "But it's also been a great pleasure to collaborate with urology practices all over the state of Michigan to create a resource and infrastructure that wasn't previously possible, and I'm hoping to make similar progress in my new administrative role."



Jamie Carroll

When it comes to determining where to direct its support, the **Jean Perkins Foundation** likes to "bet on brains." That's how **Jamie Carroll**, the foundation's president, describes the annual decision-making process of his organization's board of directors, which has invested substantially and consistently in the brainpower of UCLA Urology's faculty and programs for more than a decade.

The Los Angeles-based foundation was established in 1991 by the late Jean Perkins Stuart, an heir to the Carnation Company. It continues to be run by Mr. Carroll, who was Ms. Stuart's friend and attorney. The beneficiaries of the foundation's support are wide-ranging — undergraduate combat veterans, children of first responders, bright young people from underprivileged backgrounds, and children of fallen Navy SEALs, to name a few.

In medicine, much of the foundation's focus has been on supporting talented young researchers. "The idea is to provide seed money to promising labs for a few years so that they can make progress in their area of inquiry, then use their results to obtain additional grants from the National Institutes of Health," Mr. Carroll explains.

The Jean Perkins Foundation's support for UCLA Urology is rooted in the friendship Mr. Carroll developed more than a decade ago with Dr. Jean deKernion, who was then chair of the department. After Mr. Carroll was diagnosed with prostate cancer, he began asking friends who were physicians where they would seek care if they were in his shoes. "All roads led to Jean," he recalls. "And in the process of getting to know him, I learned that he was not just a world-renowned physician, but also a tremendous human being. We became very good friends, and he introduced me to a number of worthwhile projects."

The foundation has supported the work of Dr. Leonard S. Marks, UCLA Urology professor, a pioneer in developing the targeted prostate biopsy, which has improved the accuracy of diagnosis and enabled more men with non-aggressive tumors to choose active surveillance over treatment. More recently, the foundation has supported the work of Dr. Marks and his colleagues in developing focal therapy, which aims to target the cancer while sparing normal tissues. The foundation has also supported the research of Drs. Arnold Chin and Isla Garraway, both members of the UCLA Urology faculty, as well as the department's residency program.

Mr. Carroll says his involvement with UCLA Urology has been personally rewarding. "It feels good to know that we are supporting work that will benefit humanity," he says. "And for me, getting to know so many smart, dedicated people in the process has been a great bonus."

Letter from the Chair



The holiday season is a time when many of us pause from our daily routines to reflect on what we are thankful for, both personally and professionally. Our UCLA Urology family is immensely appreciative to be part of a community of healthcare providers, scientists and trainees with the ability to make a profound impact on the lives of our patients, our community and the world through state-of-the-art care, research, and our training of the future leaders of our profession.

Our ability to carry out our academic mission depends heavily on the generous support of private philanthropists.

It is also gratifying to have such wonderful supporters. For those who can afford it, one of the most enduring forms of support is to establish an endowed chair, which creates a fund to be used in perpetuity. This year a small group of large donors funded the Shlomo Raz, MD, Chair in Urology, named after a pioneer in the field of pelvic medicine and reconstructive surgery. This philanthropy highlighted the plight of the many women Dr. Raz has helped over the years, substantially improving the lives of those who have suffered from conditions such as pelvic pain and urinary incontinence. And we will soon be announcing another special new endowment, this one to support the UCLA Urology residency program. It is highly unusual for a department to have one endowed fund for its educational mission, but this new chair will be our second such endowment; it joins the Peter Starrett Chair in Medical Education, which supports faculty leadership in teaching.

In this era of uncertain public funding, both at the state and federal levels, our ability to carry out our academic mission depends heavily on the generous support of private philanthropists. While some supporters have the means to establish endowments, we are deeply appreciative of every donation — be it \$25,000, \$250, or \$25. The smaller checks we receive are pooled into funds that provide critical support for our research and education programs, whether allowing a trainee to travel to an important scientific meeting or enabling a junior faculty member to provide the proof of principle for an important new research idea that could one day lead to a breakthrough.

At this time of year, we at UCLA Urology are appreciative of all types of support — from the largest gifts to the heartfelt notes of thanks we receive from the patients whose lives we are dedicated to improving. We are fortunate to be in this fulfilling position, and we remain ever grateful for that good fortune.

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

Kudos

Arash Amighi, a fourth-year student at the David Geffen School of Medicine at UCLA, presented a poster titled “Rates of Completion and Reasons for Dropout from a Standard Eight-Injection Course of Collagenase Clostridium Histolyticum Therapy” at the 19th Annual Fall Scientific Meeting of the Sexual Medicine Society of North America (SMSNA) in Miami Beach, Florida. His UCLA Urology co-authors included **Drs. Sriram Eleswarapu, Neil Mendhiratta, Justin Nork, and Jesse Mills.**

William Aronson, MD, UCLA Urology professor, received \$2,166,246 in R-01 funding from the National Cancer Institute for “Role of GPR120 and Macrophages in Dietary Omega-3 Fatty Acid Inhibition of Prostate Cancer.” Dr. Aronson’s research sets a new direction for a precision medicine approach to selecting prostate cancer patients more likely to be responsive to dietary modification based on GPR120 status. This establishes a new field of study — nutritional immunotherapy — which could ultimately lead to innovative nutritional therapies for patients with prostate cancer.

Daniela Browstein, a second-year UCLA medical student participating in the 2018 Summer Short Term Training Program, presented findings from her research entitled “A Qualitative Analysis of Decisional Conflict in Kidney Stone Patients” with fellow researchers **Sylvia Lambrechts** and **Drs. Matthew Dunn** and **Christopher Saigal.**

Karim Chamie, MD, UCLA Urology associate professor, was appointed to be an assistant editor for the *Journal of Urology.*

Isla Garraway, MD, PhD, UCLA Urology associate professor, served as a visiting professor at The Ohio State University in September.

Andrew Goldstein, PhD, assistant professor of urology and molecular, cell & developmental biology, had a manuscript titled “CD38 is methylated in prostate cancer and regulates extracellular NAD” published in the journal *Cancer and Medicine.*

Kamal Golla, MD, UCLA Urology resident, received \$40,000 in funding from the Urology Care Foundation, the research arm of the American Urological Association, to support his fourth-year

research project, “Quality of Care in Patients with Muscle-Invasive Bladder Cancer Undergoing Chemoradiation Therapy.” Dr. Golla will be mentored by **Dr. Karim Chamie**, UCLA Urology associate professor.

Nestor Gonzalez-Cadavid, PhD, UCLA Urology professor, delivered the 2018 Robert Krane Lecture at the Sexual Medicine Society of North America fall 2018 meeting in Miami. The Krane Lecture honors a basic scientist or physician-scientist who has made significant contributions to the field of sexual medicine.

Amar Kishan, MD, an assistant professor with a dual appointment in radiation oncology and urology at UCLA, was first author on two manuscripts published recently in the *Journal of the American Medical Association* and *JAMA Oncology.* Both articles included co-authors from throughout the UCLA Institute of Urologic Oncology. Dr. Kishan was also first author on two featured abstracts presented at the 2018 American Society for Radiation Oncology Annual Meeting in San Antonio. He received funding from the SPORE Career Enhancement Program, a STOP Cancer Seed Grant, and a seed grant from RSNA Research.

Steven E. Lerman, MD, UCLA Urology clinical professor and chief of the Division of Pediatric Urology, was appointed Judith & Robert Winston Chair in Pediatric Urology. Mr. and Mrs. Winston are longtime generous supporters of UCLA Urology who established this chair many years ago to honor the memory of their grandson with the goal of advancing the state of knowledge, education, and clinical care in pediatric urology. Dr. Lerman and the Winstons were honored at an event in late October. Dr. Lerman leads a vibrant and growing group of clinicians focused on the care of children with congenital urological conditions. He is well known as a passionate teacher, a consummate technical surgeon, and a compassionate physician.

Steven Mills, MD, UCLA Urology resident, presented a poster titled “Efficacy of Multi-Modal Penile Rehabilitation Following Robotic-Assisted Laparoscopic Prostatectomy Beginning in the Preoperative Period” at the 19th Annual Fall Scientific Meeting of the Sexual Medicine Society of North America (SMSNA) in Miami Beach, Florida. His

co-authors included **Vadim Osadchiy** and UCLA Urology’s **Dr. Matthew Pollard** and **Dr. Jesse Mills.**



Allan Pantuck, MD, MS, UCLA Urology professor, and **Mark S. Litwin, MD, MPH**, UCLA Urology professor and chair, hosted a spinning fundraiser at Burn Fitness in Santa Monica to support the Prostate Cancer Foundation.

Nishant Patel, MD, UCLA Urology assistant professor, was first author of “CT-based diagnosis of low vertebral bone mineral density is associated with hypercalciuria and hypocitratemia on opportunistic imaging,” published in the *Journal of Endourology* in August.

Taylor Sadun, MD, UCLA Urology resident, had her abstract, “Is 68Ga-PSMA-11 PET-CT Accurate in Excluding Pelvic Lymph Node Metastasis in Patients with Intermediate and High-Risk Prostate Cancer?” accepted for poster presentation at the 19th Annual Society of Urologic Oncology conference held in November in Phoenix. She works under the mentorship of **Dr. Robert Reiter.**

Christopher Saigal, MD, MPH, UCLA Urology professor and vice chair, received a \$1,907,849 grant from the Patient Centered Outcomes Research Institute (PCORI) entitled “Using PCORI Data to Drive Better Decisional Quality for Men with Localized Prostate Cancer.” Partnering with **Dr. David Penson** from Vanderbilt University and **Dr. Jonathan Bergman** at UCLA-Olive View Medical Center, this research will support the development of a robust shared decision-making process for men with localized prostate cancer as they make a decision between surgery, radiation therapy modalities, and active surveillance. Dr. Saigal spoke at the Patient-Centered Outcomes Research Institute’s annual meeting in November and was appointed medical director of the UCLA Physician Quality Officer Program.

Ureteropelvic Junction Obstruction

Ureteropelvic junction (UPJ) obstruction is a partial or total blockage at the place where the organ that produces urine (the kidney) and the tube that carries it to the bladder (the ureter) are joined. The kidney filters blood and collects urine at its center, where the renal pelvis funnels it into the ureter so that it can be delivered to the bladder. UPJ obstruction impedes the flow of urine, causing it to build up and resulting in hydronephrosis — an enlargement of the renal pelvis — and the potential for kidney damage.

UPJ obstruction is more common in children than in adults, often resulting from a congenital abnormality. It is the most common cause of hydronephrosis detected on prenatal ultrasound or in newborns. However, UPJ obstruction can occur in people of all ages. In adults, symptoms can result from overhydration, usually involving alcohol. The UPJ blockage can range from minimal to severe. Mild cases usually don't damage the kidney or impair its function, but they can predispose the individual to urinary tract infections. Severe cases can cause significant harm to the kidney.

UPJ obstruction is often diagnosed during prenatal ultrasound, when the enlarged kidney is seen. When it occurs later or is not detected at birth, symptoms suggesting UPJ obstruction include flank pain, hematuria (blood in the urine), urinary tract infection, kidney infection, and kidney stones.

While the most common type of UPJ obstruction results from a narrowing of the ureter as it forms in fetal development (usually because of an abnormality in the development

of the muscle surrounding the UPJ), when it occurs later in life it can be caused by factors such as compression of the ureter by inflammation, kidney stones, scar tissue, abnormal blood vessels, or a tumor. Diagnostic tests help to determine the degree of UPJ obstruction and whether surgery is necessary.

When the UPJ obstruction is mild, it is usually left to correct itself. Antibiotics may be used to prevent infection, and the patient is monitored every 3-6 months with a renal ultrasound. Because of the potential for kidney damage, more severe cases tend to require pyeloplasty, a surgical procedure that removes the blockage and reconnects the ureter and the renal pelvis. The success rate for this surgery is higher than 95 percent, and the procedure can often be done laparoscopically or robotically. The patient continues to be followed even after successful repair to ensure proper kidney function.

UCLA Urology's Dr. Nishant Patel is among the department's experts in the diagnosis and treatment of UPJ obstruction.

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



Improving Cancer Care in Latin America

Since retiring from clinical practice in 2013, UCLA Urology associate clinical professor Ricardo Reznicek, MD, MHA, hasn't slowed down. Dr. Reznicek continues to volunteer at Harbor-UCLA Medical Center in Torrance, California, where he teaches medical students who work in the urology clinic. And he has devoted increasing amounts of his time to efforts to improve cancer care in low- and middle-income countries, in conjunction with the UCLA Center for World Health.

Recently, Dr. Reznicek worked with Nicaragua's two public medical schools to establish collaborations with pathologists and oncologists in affiliated hospitals who care for cancer patients. In an effort to better capture cancer data, Dr. Reznicek and his Nicaraguan colleagues assisted in converting pathology reporting from narrative to synoptic — a system of structured checklists designed to make clinical documentation more standardized and precise. Dr. Reznicek is currently focusing on developing multidisciplinary tumor boards in these cancer referral centers, so that the improved pathologic data can help to guide diagnosis and evidence-based treatment decisions.

Dr. Reznicek, whose work has been largely self-funded, hopes the pilot program can serve as a model to improve cancer care in other low- and middle-income countries. "We're just recently starting to see this burgeoning," he says. "It's very exciting to see our efforts beginning to pay off."



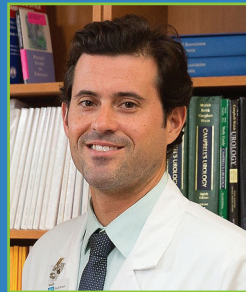
Paul Boutros, PhD, MBA

Dr. Boutros, an internationally renowned cancer genomics researcher, has joined the UCLA faculty as a professor of urology and human genetics. With substantial support from the UCLA Institute of Urologic Oncology, he serves in the newly created position of director of cancer data science for the UCLA Jonsson Comprehensive Cancer Center while also acting as an integral member of the UCLA Institute of Urologic Oncology and the Eli and Edythe Broad Center for Regenerative Medicine and Stem Cell Research at UCLA. Dr. Boutros received his doctorate in medical biophysics from the University of Toronto, where he also earned an executive MBA.



Nicholas Donin, MD

Dr. Donin has joined the UCLA Urology faculty as an assistant clinical professor, practicing urologic oncology and general urology at the department's North Campus locations in Burbank and Santa Clarita. His main clinical focus will be on the management of patients with urologic malignancies, including kidney, prostate, and bladder cancer. After graduating from Harvard and Columbia, Dr. Donin completed his urology residency at NYU School of Medicine and his fellowship in urologic oncology at UCLA. During his training, he spent two years conducting research at the National Cancer Institute.



Huihui Ye, MD

As of January 2019, Dr. Ye joins the UCLA Urology faculty as an associate clinical professor and the UCLA Department of Pathology as chief of the genitourinary service. She is also a member of the UCLA Institute of Urologic Oncology and Jonsson Comprehensive Cancer Center. She is supported by the UCLA Institute of Urologic Oncology. Dr. Ye was most recently an assistant professor of pathology at Harvard Medical School and director of Genitourinary Pathology at Beth Deaconess Medical Center. Her main research interest is the molecular characterization of aggressive prostate cancer with the goal of improving early detection and early interventions of these aggressive cases. Dr. Ye attended medical school at Zhejiang Medical University, did her residency at NYU School of Medicine and completed her urological pathology fellowship at Johns Hopkins University.





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U.S. News & World Report's
UCLA Health hospitals in
Westwood and Santa Monica placed
No. 1 in Los Angeles,
No. 2 in California and
No. 7 in the nation in the 2018-19
U.S. News and World Report rankings.



UCLA Urology: #7 in the Nation
Highest Ranked in Los Angeles



The Men's Clinic at UCLA

DID YOU KNOW?

The Men's Clinic at UCLA now offers low-intensity shock wave lithotripsy (LISWT) to treat men with mild to moderate erectile dysfunction (ED). LISWT is a minor in-office procedure that focuses intense sound waves into the erectile tissue to stimulate new blood flow and improve erections. Men who no longer respond to oral ED medications, or who have side effects to the medications, are ideal candidates to undergo LISWT therapy at the Men's Clinic.

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.



**Give Now.
Here's How.**

Contributions to UCLA Urology support our research programs and help our faculty make the cutting-edge discoveries that can save lives. You can make a gift to UCLA Urology by logging on to <http://giving.ucla.edu/urology>. Please call (310) 794-4746 if you have any questions about making a gift to UCLA Urology.

UPDATE

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