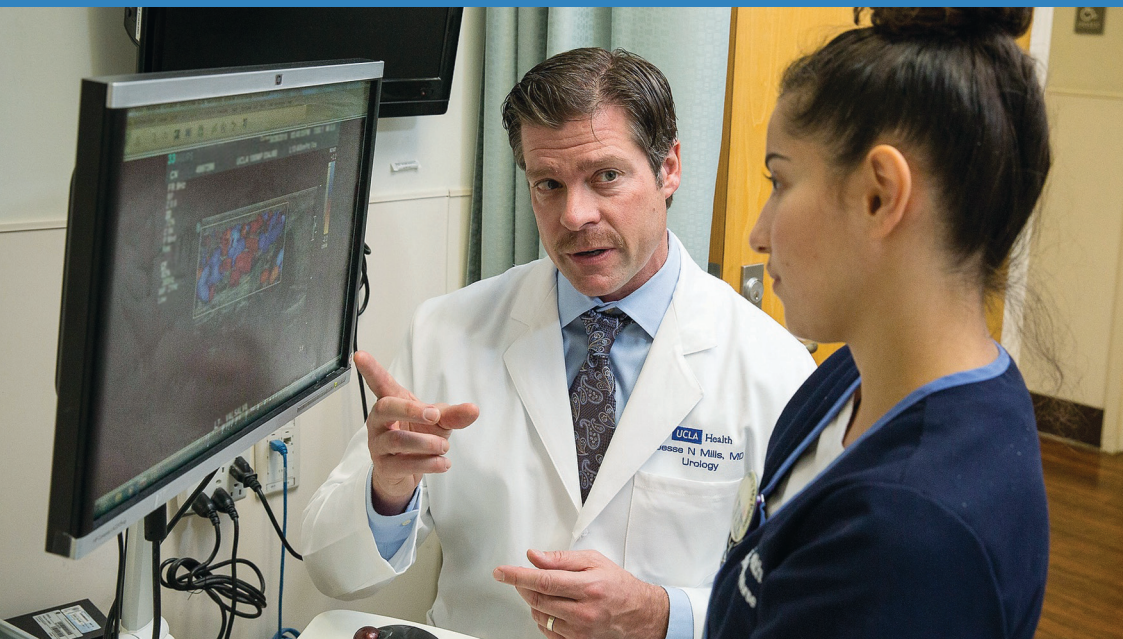




UCLA UROLOGY

UPDATE



Dr. Jesse N. Mills (above left and far right), director of the UCLA Health – The Men's Clinic, a multidisciplinary health and wellness center in Santa Monica, discusses a patient's case with Administrative Nurse Manager Liza Hoffman (center). Dr. Mills, an associate professor of urology, hopes to counter cultural norms that have taught men to “play through pain” and not seek care even when it's needed.

New UCLA Health – The Men's Clinic Aims to Keep Males Active and Fit

UCLA Urologist Jesse N. Mills, MD, suggests that when it comes to looking after their health, men could learn a few things from women. Men are less likely than women to seek routine medical care and are more likely to ignore dangerous health warning signs, Dr. Mills notes. Unlike women, men tend not to go in for routine checkups between the ages of 18 and 50.

“That’s a lot of years in a man’s life in which he is missing out on an opportunity to be checked for potential risk factors and counseled in ways to optimize his health,” says Dr. Mills.

UCLA Health – The Men's Clinic, a comprehensive, multidisciplinary health and wellness center located in Santa Monica, aims to change the narrative by engaging men at an earlier age in their health and well-being. When completed, the center will include or partner with multiple departments, including UCLA faculty from urology, cardiology, endocrinology,

internal medicine, orthopedics and sports medicine, nutrition, physical therapy, psychiatry, family medicine, and East-West medicine, among others.

Under the leadership of Dr. Mills, known for his high-volume surgical and clinical practice in male reproductive and sexual medicine and male hormone management, **UCLA Health – The Men's Clinic** will provide services that improve sexual health while laying a foundation for healthy living through cardiovascular risk screening and

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Dr. Rajfer, a professor urology and an expert in male infertility and sexual dysfunction, together with Dr. Mills, are working to create the UCLA Health – The Men’s Clinic that will improve men’s sexual health while laying a foundation for healthy living.

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guidance on nutrition, exercise, and other health-promotion activities.

“My favorite patient is a male in his 30s to 60s who is motivated to learn how to improve himself, both in and out of my office,” says Dr. Mills, who led a similar effort in Colorado before being recruited to join the UCLA Urology faculty, where he is an associate professor as well as director of the new center. “Perhaps he is overweight and has some risk factors for cardiovascular disease or diabetes, and is experiencing some sexual dysfunction, but he is willing to have a dialogue about what we can do through treatment and lifestyle modifications to correct these problems.”

“Too many men don’t get to a physician until something impacts them tremendously,” says Jacob Rajfer, MD, UCLA professor of urology and an expert in male infertility and sexual dysfunction whose research paved the way for the discovery of Viagra and other similar drugs. “The idea behind a men’s health center is to approach men’s health in an all-encompassing way and longitudinally, with all of the specialists patients will need to remain mobile, strong, sexually active, and healthy in mind and body as they age.”

Dr. Mills believes cultural norms have worked against men’s health. “Men are taught to play through pain, ‘walk it off’ and move on,” he says. “The traditional male role is to be the strong provider and not to seek care even when it’s needed, which has had the unfortunate effect of marginalizing efforts to address men’s overall health in a holistic way.”

Dr. Mills notes that many men begin to gain weight in their 30s and 40s, setting them up for dangerous conditions such as metabolic syndrome and type 2 diabetes, but fail to address these and other ominous signs as long as they feel OK. “It’s amazing how many men will even ignore severe cardiovascular warnings,” Dr. Mills observes. He believes that media images often contribute to the problem – advertisers reinforce cultural expectations, for example, by appealing to women through depictions of exercise and healthy eating while men are inundated with images of beer and unhealthy foods.

Beyond the cultural factors, many men simply have little contact with healthcare providers from age 18 until they begin their cancer screenings at age 50, and

as a result they may not realize that something like high blood pressure, known as a silent killer, threatens their health. Although most men haven’t traditionally been told they should make doctor visits during their 20s, 30s and 40s unless they have an acute problem, that is changing. Dr. Mills notes that the American Urological Association has issued a Men’s Health Checklist that recommends basic health maintenance and screening that should occur during the young-adult years leading to early middle age. At **UCLA Health – The Men’s Clinic**, patient care coordinators work with patients in relation to the checklist.

“Our goal is to help a man establish a healthcare relationship beginning in his late 20s to early 30s so that providers can identify potential risks such as high blood pressure, high cholesterol, depression, erectile dysfunction, obesity, and risky personal behaviors,” Dr. Mills explains.

“We want men to feel empowered and invested in their health, and to feel as if going to the doctor is not only necessary, but also a positive experience.”

Urology is the cornerstone of **UCLA Health – The Men’s Clinic** because it is sexual and urinary difficulties that often are what initially drive men to the doctor’s office, Dr. Mills says. Moreover, sexual

dysfunction can be a sign of other health concerns. Dr. Mills points out, for example, that a man who develops erectile dysfunction in his 40s is more than twice as likely to have a major cardiac event in the following 10 years as a man with normal erections.

“The most important thing about any men’s health center is recognizing sexual dysfunction not just as a lifestyle problem but as a true health crisis,” Dr. Mills says. “If a doctor is just giving a prescription for an oral medication and not performing a full risk assessment, he’s not doing that patient any favors.”

Studies have shown that more than 70 percent of Americans are uncomfortable discussing sexual health with their physicians, and that only about 35 percent of doctors discuss sexual health with their patients. **UCLA Health – The Men’s Clinic** is staffed with experts in male sexual medicine who help men feel comfortable discussing these issues. And by earning patients’ trust on a sensitive topic, **UCLA Health – The Men’s Clinic** providers are better positioned to promote other health strategies that can help the patient’s overall health.

“We want men to feel empowered and invested in their health,” Dr. Mills says, “and to feel as if going to the doctor is not only necessary, but also a positive experience.”

The Ripple Effect of Philanthropy

In an era of diminishing federal support, philanthropy is more critical than ever to UCLA Urology's continued success. All gifts, no matter their size, can have a profound impact. A relatively small donation, for example, often sets off a chain reaction of support by enabling a faculty member to launch a program, project or study that triggers interest leading to additional funding and the program's continued growth.

A prime example of this ripple effect stems from the seed funding provided by Pamela and Curtis Reis. In 2010, the Reises made a gift of \$60,000 to the fledgling UCLA Kidney Exchange Program. The initial funding allowed Dr. Jeffrey Veale, UCLA Urology associate professor, and his team to launch research around kidney chains that led to Dr. Veale's program being awarded more than \$450,000 in support from the National Institutes of Health. The Reis gift sparked tremendous growth, supporting everything from marketing and hiring of staff to training of residents and fellows. Moreover, the initial funding helped to attract additional donors to the program, and continues to enable Dr. Veale to grow kidney chains, as well as helping to connect donors and recipients of the life-changing transplants.

Last summer, Dr. Z. Chad Baxter (below), UCLA Urology assistant clinical professor, received seed funding for work that typically would go unfunded. Tanya and James Shaffer have been supporters of UCLA for several



years, particularly engaged with the work of Dr. Owen Witte, director of the Eli and Edythe Broad Center of Regenerative Medicine & Stem Cell Research. Recently, the Shaffers made gifts to support Dr. Baxter, along with Dr. Anjay Rastogi in UCLA's Division of Nephrology. Dr. Baxter will utilize the support to investigate new modalities of care in pelvic medicine.

While traditional research often takes place in a laboratory, innovative faculty members like Dr. Baxter are seeking to improve patient care and advance UCLA Urology in the clinical



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

setting through real-time research that brings immediate benefits to patients. Prompted by proven results in dermatology, urologists and gynecologists have begun to investigate laser therapy to regenerate vaginal tissue. Over the past several years, numerous studies have demonstrated that the vaginal epithelium can be largely regenerated via treatment with fractional CO2 laser therapy, helping to abate symptoms associated with vaginal and urethral atrophy. While topical hormone therapy treats only the most superficial layer of tissue, laser therapy can penetrate further and stimulate regeneration of the extracellular matrix and elasticity of the vagina.

Much more remains to be learned regarding vaginal and urethral remodeling via laser therapy. Primary among these questions is whether or not the normal vaginal flora is able to thrive without supplemental hormone therapy. Given that researchers are learning more about the normal bacterial biome, it may be that there are complex symbiotic interactions between vaginal and urethral tissue that go beyond simple hormonal control. To that end, the Shaffers' gift will enable Dr. Baxter to acquire a CO2 laser delivery system and receive training and certification in its use. He can then begin to improve patients' quality of life, reduce infection rates, and learn more about the relationship between individuals and their bacterial biome.

Dr. Baxter's project has the potential to profoundly improve patient care – and the gift from the Shaffers that has made it possible

illustrates the critical nature of private funding in supporting important work that would otherwise not be possible.

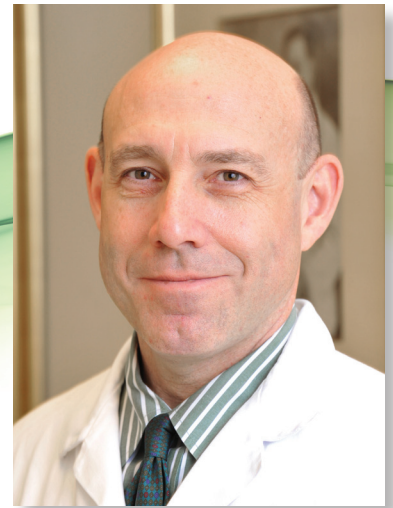
The ripple effect also extends to UCLA Urology's philosophy on education and training. Each year, the department looks to expand its training and educational initiatives, operating on the principle that UCLA Urology has an enormous responsibility to provide a training ground for future urologists, who will in turn spread UCLA Health's mantra of "healing humankind, one patient at a time." The steady decline in state funding and federal grant monies has made it more challenging for the department to fulfill its training goals. However, thanks to the generosity of private foundations and



Pamela and Curtis Reis at the 100th chain transplant of the UCLA Kidney Exchange Program.

philanthropists, UCLA Urology has been able to narrow that shortfall and offset costs, including postgraduate scholars' salaries and living expenses, basic and translational research costs,

Letter from the Chair



For many of us, the end of the year brings an opportunity to reflect on the things for which we are thankful. Professionally speaking, all of us at UCLA Urology feel extremely fortunate to practice in one of the finest urology departments within one of the world's leading academic medical centers. The latest *U.S. News & World Report* "Best Hospitals" survey ranks UCLA Urology No. 3 in the nation; overall, UCLA Health is No. 3 nationally and Best in the West.

I also believe that with this good fortune comes a duty to share our knowledge, skills and resources in ways that improve the urological health of people not just in our surrounding community, but all over the world. And I am proud to say that our faculty and trainees regularly travel abroad to fulfill that obligation where it is most needed.

In some cases that means going to more advanced nations, such as South Korea, where Dr. Christopher Saigal, UCLA Urology professor and vice chair, was invited along with executives from the UCLA Health system to share our department's efforts to redesign patient care in order to provide maximum healthcare "value." As an invited guest of the Hallym University Health System, Dr. Saigal spoke with South Korean healthcare leaders interested in promoting value-based care within their country about how best to implement these ideas.

In other cases, our faculty and trainees travel to low-income nations where there are urgent needs for basic skills and equipment that wouldn't otherwise be available. In September, a medical team from Medicine for Humanity headed by Dr. Christopher Tarnay, a member of the UCLA Urology faculty and a surgeon in UCLA's Department of Obstetrics and Gynecology, set out for Mbarara, Uganda. As part of the organization's mission to improve the health of women in underserved populations by bringing much-needed medical care and creating sustainable programs of education, prevention, and treatment, Dr. Tarnay's team – which included Dr. A. Lenore "Lenny" Ackerman, a UCLA Urology fellow in pelvic medicine and reconstructive surgery – participated in the care of 43 women with complicated pelvic floor disorders such as prolapse, vesicovaginal fistula and incontinence. Joining the capable team of physicians at Mbarara University of Science and Technology and the Mbarara Regional Referral Hospital, the UCLA-led group, which has made many previous visits to Uganda, helped in the evaluation, treatment, surgical repair, and recovery of these women.

A number of our faculty make visits to other countries to build the capacity of the medical community to perform complex urologic surgeries. Dr. Robert E. Reiter, professor and director of the Prostate Cancer Program at UCLA Urology, makes it a point at urological events to teach professionals how to incorporate MRI into performing robotic surgery, as well as sharing his general expertise in robotic prostatectomy. Dr. Reiter's recent travels have taken him to Bolivia, Brazil, and Uruguay, among others. He also participated in a Peking University-UCLA consortium meeting in Beijing, China, in June, where he met with Chinese urologists with the goal of opening clinical trials in China for new therapies that were originally developed at UCLA.

Similarly, Dr. Shlomo Raz, professor and director of our Division of Pelvic Medicine and Reconstructive Surgery, travels to Latin America, India, and elsewhere, training urologic surgeons in pelvic reconstruction. In recognition of his many contributions to educating Latin American urologists, Dr. Raz was the first recipient of an award named after him – the Shlomo Raz Medal – from the *Confederación Americana de Urología*, which includes more than 8,000 members from Spain, Mexico, and South and Central America.

We see our international work as being just as valuable to our department as it is to those on the other end of our efforts.

Dr. Steve Lerman, a professor of urology and pediatric urologist at the UCLA Clark Morrison Children's Urological Center, travels to Guatemala for a week every November. Through the U.S.-based volunteer organization Healing the Children, Dr. Lerman and several pediatric urology colleagues and their medical and nursing team visit approximately 100 children in the clinic, then perform several dozen operations during the week, inviting local urologists to assist and observe. Dr. Lerman has encouraged UCLA Urology residents to take part in some form of international volunteerism during their training – convinced of the value of such exposure at an influential time in their careers.

Dr. Alan L. Kaplan is one who agrees with that assessment. Dr. Kaplan is a UCLA Urology resident who went with a small group of urologists from the United States and France to Senegal in conjunction with IVUMed, a nonprofit organization dedicated to teaching urology in low-income countries. During his week in the capital city of Dakar, Dr. Kaplan spent time providing general urology clinic and surgical services, as well as helping make a video to teach African surgeons how to repair obstetric fistula – a serious and tragic childbirth injury that is all too common in low-resource areas. As a resident from a world-leading urology program, Dr. Kaplan was treated as a visiting faculty member, playing a vital role on a team providing urgently needed services. But beyond the clinical experience, he learned how to think creatively in a setting without the resources we tend to take for granted at home.

As these examples suggest, we see our international work as being just as valuable to our department as it is to those on the other end of our efforts. This is particularly the case when it comes to our trainees. Just as we raise our children to value the importance of charity and good deeds through our modeling behavior, we believe it is vital to expose our residents and fellows to the full spectrum of human suffering and the moral imperative to heal humankind one patient at a time – not only here in Los Angeles, but around the world.

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



Samir Taneja, MD



Nearly 20 years after he completed his UCLA Urology residency, Dr. Samir Taneja says the preparation he received – particularly the focus on developing strong scientific roots as part of the clinical training – continues to serve him well.

“UCLA was one of the few urology programs at the time where top-notch clinical training was paired with a scientific basis, and where you had a dedicated year of research in which you were linked with people who understood the relationship between molecular biology and cancer,” Dr. Taneja says. “It was not only stimulating, but it also gave you a skill set that’s unique in urology, and that’s really stuck with me in my career. I have tried to extend that to my trainees as well – that you don’t just accept clinical paradigms; you challenge them along the way, in a scientific manner.”

Dr. Taneja went from UCLA to New York University in 1997, where he has enjoyed a fruitful clinical and research career ever since. He is currently a professor of urology with a secondary appointment in radiology, and serves as director of the Division of Urologic Oncology at NYU Langone Medical Center as well as co-director of the Smilow Comprehensive Prostate Cancer Center. He also oversees the Genitourinary Oncology Program at NYU Langone’s Perlmutter Cancer Center.

In addition to his busy clinical practice in urologic oncology, Dr. Taneja has maintained an active research program – initially running a laboratory, and more recently turning his focus to clinical studies. Specifically, his work focuses on applying imaging and biomarkers to improving prostate cancer diagnosis, risk assessment and treatment. Dr. Taneja oversees a multidisciplinary research group that includes experts in urology, radiology, pathology, and bioengineering. Much like the UCLA Urology-based program run by Dr. Leonard Marks, the NYU team has used magnetic resonance imaging not only to improve the accuracy of prostate cancer biopsies, but also in some cases to determine whether there is a need for a biopsy at all, as well as to assess the risk of the cancer as a way of better informing decisions about treatment.

“There have been few major changes in the way we diagnose and manage prostate cancer during my career, and even predating it,” Dr. Taneja notes. “The work in the field of imaging is exciting because it has the potential to shift the paradigm in how prostate cancer is managed, which should translate to better patient outcomes.”

Dr. Taneja notes that he has benefited in this work from his molecular biology roots, which were developed when he was a UCLA Urology resident working in the laboratory of Dr. Arie Beldegrun, UCLA Urology professor and director of the UCLA Institute of Urologic Oncology.

“Coming out of training at UCLA,” Dr. Taneja says, “I never felt there was anything I couldn’t do.”

Diet and Kidney Stones

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.

In the United States, approximately 1 in 10 males and 1 in 20 females will develop a kidney stone in their lifetime, and the incidence is on the rise. The experience can be quite painful, and one kidney stone occurrence significantly increases the likelihood of a second one – approximately half of those who have a first kidney stone episode experience a recurrence within 5-10 years. However, following proven dietary strategies can substantially reduce your recurrence risk.

By far the most important and effective strategy to prevent kidney stones is to consume lots of fluids. Research shows that those who drink more than 2.5 liters per day are 40 percent less likely to experience a kidney stone than those who drink less. Water is the best fluid source, but other drinks, including caffeine, also contribute to reduction of risk. Citrus juices, in particular, can be beneficial – including squeezing a lime, lemon, or orange into your water. Liquids that are not recommended are sugary drinks such as colas and fruit punch.

The foods that are best can depend on the type of kidney stone you have had, but in general a healthy, balanced diet is recommended. For patients who have had calcium stones, one misconception is that calcium should be reduced in the diet. In fact, consuming a normal level of dietary calcium helps to reduce the risk of kidney stones. Also beneficial is a diet high in fiber, with moderate levels of protein and low levels of salt. Packaged and processed foods tend to have high sodium levels, so it is important to read the labels and know the salt content of the food you are purchasing. Increasing potassium citrate, either in the diet or through supplements, can help by increasing the pH levels at citrate levels in the urine. Physical activity is also beneficial, particularly weight-bearing exercise and walking.

For preventing a recurrence of uric acid stones, it is particularly important to consume a diet high in fruits and vegetables, and low in animal proteins and carbohydrates. This strategy helps to counteract the acid load in the body. For stones containing oxalate, the dietary recommendations are less clear, but it appears that in addition to fluids, following a high-calcium, low-sodium, high-fiber diet is the best strategy. Restricting oxalates (common in nuts, chocolate, spinach and kale) is rarely recommended – only when tests show excess oxalate in the urine.

Specific dietary recommendations often depend on the individual patient. For those at risk, the UCLA Kidney Stone Center, staffed by UCLA Urologist Stacey Carter, MD, provides multidisciplinary care that includes nutritional counseling.

For more information, visit www.uclaurology.com.

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



Kudos

Andrew Behesnilian, MD, UCLA Urology resident, had the article he co-authored, “Fluorescent image-guided surgery with an anti-prostate stem cell antigen (PSCA) diabody enables targeted resection of mouse prostate cancer xenografts in real-time,” accepted for publication in *Clinical Cancer Research*. The article describes the potential for a molecularly targeted fluorescent probe to be used for image-guided prostate cancer surgery. His UCLA Urology faculty mentor and co-author was **Dr. Robert Reiter**.

Jeremy Blumberg, MD, assistant clinical professor of urology and chief of the Division of Urology at Harbor-UCLA Medical Center, along with his team, performed the first two robotic kidney transplants in the western United States at Harbor-UCLA.

Seth A. Cohen, MD, UCLA Urology fellow, has been selected to serve on the American Urogynecologic Society’s Clinical Practice Committee in 2015-2016. The committee brings together urologists and urogynecologists in efforts to manage the guidelines and clinical practice statements authored for and promoted by the society to its thousands of members nationwide.

Alan L. Kaplan, MD, UCLA Urology Resident, traveled to Senegal last summer under a scholarship provided by IVUmed and the AUA Western Section. During his time there, he operated with local urologists, taking the lead on simple and radical prostatectomy cases, a pyeloplasty, and transurethral surgery. He also assisted in the production of an interactive surgical training video designed to teach local surgeons how to repair vesicovaginal fistulae.

Sally Maliski, PhD, RN, associate professor of nursing and urology, has been appointed professor and dean of the University of Kansas School of Nursing, effective in January 2016. Dr. Maliski was instrumental in developing and implementing the nurse case management component of the IMPACT program, a central pillar of the UCLA Urology-directed, California-funded program that provides free medical care statewide for low-income, uninsured men with prostate cancer.

Jacob Rajfer, MD and **Jesse N. Mills, MD** received \$50,000 from AMS in support of the department’s andrology fellowship. This is the third year that AMS has supported the program.

Shlomo Raz, MD, published *Atlas of Transvaginal Surgery*, a practical surgical atlas covering reconstructive procedures in vaginal surgery. The book provides step-by-step descriptions of commonly performed and recent surgical techniques in the treatment of urinary incontinence, vaginal prolapse, vesicovaginal fistula and urethral diverticula, including 19 videos that provide live details of the operations.

Victoria Scott, MD, UCLA Urology resident, had her research-year project, “Intracellular bacterial communities: A potential etiology for chronic lower urinary tract symptoms,” featured on the cover of the September 2015 issue of the journal *Urology*. UCLA Urology faculty co-authors include **Drs. David A. Haake, Bernard M. Churchill, and Ja-Hong Kim**.

The UCLA Specialized Program of Research Excellence (SPORE) in Prostate Cancer

has announced its 2015-2016 Career Enhancement and Development Research Program awardees. This year’s projects come from various departments across the UCLA campus and Cedars-Sinai Medical Center, and exemplify translational research. The UCLA SPORE in Prostate Cancer’s purpose is to rapidly translate laboratory discoveries to clinical applications that improve the diagnosis, prevention, and treatment of prostate cancer.

DEVELOPMENTAL RESEARCH PROGRAM AWARDS

The Developmental Research Program supports pilot projects focusing on innovative and interdisciplinary translational prostate cancer research.

Dolores Di Vizio, MD, PhD

Surgery, Pathology and Laboratory Medicine and Biomedical Sciences, Cedars-Sinai Medical Center

Large oncosomes: A novel approach to liquid biopsy in patients with prostate cancer

Guoping Fan, PhD

Human Genetics, UCLA

Genomic analysis of tumor circulating cell-free DNAs from CRPC patients in clinical trial with MEK 1/2 inhibitor Trametinib

Andrew S. Goldstein, PhD

Molecular and Medical Pharmacology, Urology, UCLA

Role of metastasis-associated microRNAs in prostate cancer

Beatrice Knudsen, MD, PhD

Translational Pathology, Cedars-Sinai Medical Center

Deep proteomics of the DNA damage response checkpoint for drug development against lethal prostate cancer

Yi Xing, PhD

Microbiology, Immunology and Molecular Genetics, UCLA

Transcriptomic and functional impact of the neuronal splicing factor NOVA1 in prostate cancer

CAREER ENHANCEMENT PROGRAM AWARDS

The Career Enhancement Program supports junior faculty and established researchers who wish to commit their research interests to, or refocus on, translational approaches in the prostate cancer research field.

Yvonne Y. Chen, PhD

Chemical and Biomolecular Engineering, UCLA

Engineering prostate-cancer-specific cytotoxic T cells with minimal off-tumor toxicity

Peter M. Clark, PhD

Microbiology, Immunology and Molecular Genetics, UCLA

Investigating the therapeutic potential of altered metabolism in neuroendocrine prostate cancer

Hilary Coller, PhD

Molecular, Cell and Developmental Biology and Biological Chemistry, UCLA

Targeting androgen-resistant prostate cancer through metabolic vulnerabilities



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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 Ripple Effect of Philanthropy

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Dr. Jeffrey Veale, UCLA Urology associate professor and director of the UCLA Kidney Exchange Program.

and travel costs associated with professional conferences and informational meetings.

Specifically, the private support provided in 2015 has created dedicated space for UCLA Urology residents and fellows not only to collaborate with their peers, but also to have direct access to the faculty providing their training. By maintaining a fertile training ground,

UCLA Urology will ensure excellence for the next generation of urologists. The clinical residents obtain comprehensive training in female urology, oncology, endoscopy, robotic and laparoscopic surgery, pediatric urology, kidney stones, renal transplantation, and other areas.

UCLA Urology's is one of the few urology training programs in the United States that includes a full, dedicated year for research. Each of the department's four research-year residents selects a faculty member to work under, develops a hypothesis-driven plan, and carries out a rigorous program in basic science, clinical science, or population science research for one of their six training years. These projects always culminate in scientific publications and presentations, and often lead to careers in academic urology.

UCLA Urology welcomes and appreciates all gifts, large and small. If you are interested in learning more about ways you can support the department, please contact UCLA Urology Senior Director of Development Keri Eisenberg at (310) 794-2529 or email keisenberg@support.ucla.edu.

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