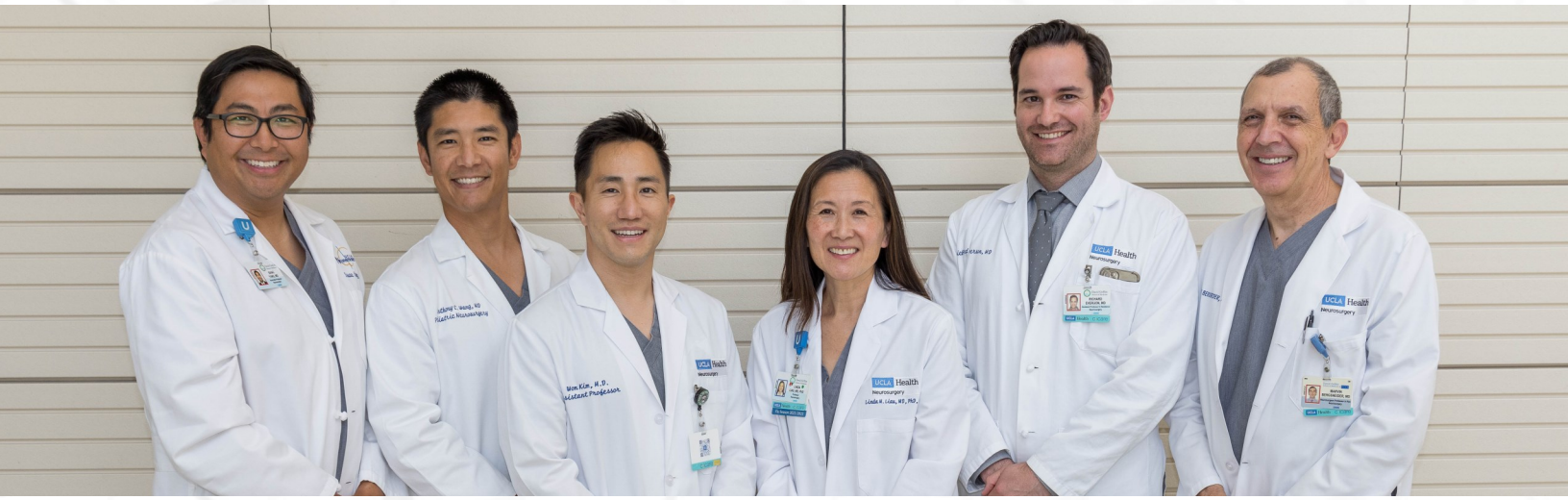
BRAIN TUMOR EDITION | 2022

UCLA Neurosurgery Connections



BRAIN TUMOR EDITION

UCLA SPECIALIZED PROGRAM OF RESEARCH EXCELLENCE (SPORE) IN BRAIN CANCER

PRECISION MEDICINE, COLLABORATION, AND PATIENT-CENTERED CARE

Brain cancer is one of the most difficult conditions to effectively treat, and unfortunately ranks among the deadliest of malignancies. Glioblastoma, one of the most common brain tumors in adults, is particularly lethal. Current standard therapies such as surgical resection, radiation, and chemotherapy have not significantly improved survival rates for patients with glioblastoma. However, the Brain Tumor Center at UCLA seeks to challenge these statistics and carve out a more hopeful future for brain cancer patients through significant contribution to the diagnosis, prognosis, and treatment of brain cancer.

The Brain Tumor Center is comprised of a world-class, multidisciplinary team of specialists. Chief among the program's concerns is providing individualized patient care—from personalized brain cancer vaccines to expertly tailored treatment plans, brain cancer patients at UCLA have some of the best survival rates and treatment outcomes in the nation.

The Brain Tumor Center is designated as a Specialized Program of Research Excellence, or SPORE, by the National Cancer Institute (NCI), a distinction that few programs obtain. Dr. Linda Liau, Chair of the Neurosurgery Department and Director of the Brain Tumor SPORE, describes what makes this designation so impactful. She explains that "[programs] get funded based on the strength of their science, and that is very powerful in terms of showing that our research is scientifically valid and meaningful, and hopefully will lead to future treatments." This research excellence contributes to better treatments at the bedside and in the operating room, and continuously pushes the limit to what is believed possible for brain cancer patients.

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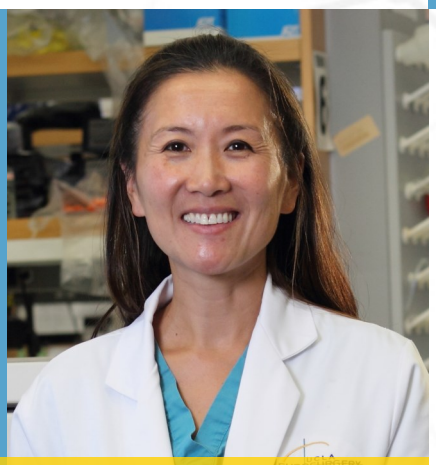
UCLA Health



Linda Liau, MD, PhD, MBA

Professor & W. Eugene Stern Chair
UCLA Department of Neurosurgery

"The UCLA Brain Tumor Program is comprised of a talented and dedicated team spanning across an array of disciplines, all working towards improving the diagnosis, treatment, and prognosis of brain cancer patients."

Dear Colleagues and Friends,

Welcome to Brain Tumor Edition of the UCLA Neurosurgery Connections newsletter!

May was Brain Tumor Awareness Month, which gave us the opportunity to draw attention to the cutting-edge research conducted by the scientists and clinician-investigators in the UCLA Brain Tumor Program and the Department of Neurosurgery.

The UCLA Brain Tumor Program is comprised of a talented and dedicated team spanning across an array of disciplines, all working towards improving the diagnosis, treatment, and prognosis of brain cancer patients. In this program, basic scientists and clinicians come together with the distinct goal to take treatments from the bedside to the laboratory and back so that patients receive the best care possible.

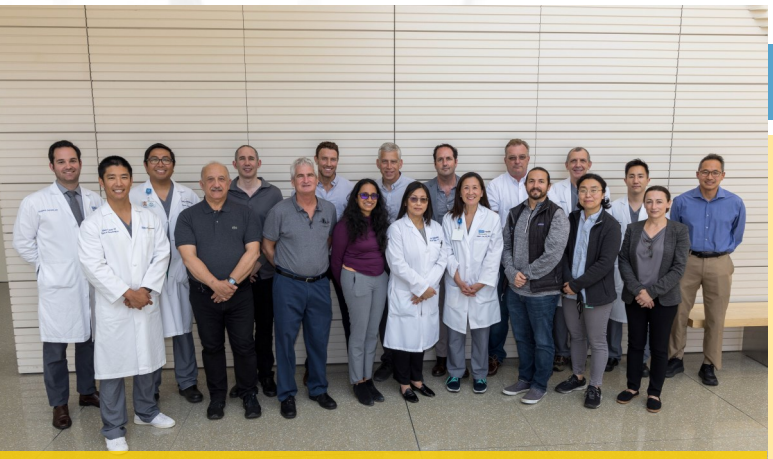
In this edition of the newsletter, we will be highlighting the work done by our neurosurgeons in the Brain Tumor Program and the new **CAST-approved Neurosurgical Oncology Fellowship** *(page 6)*. From the multifaceted and collaborative approach to fighting glioblastoma undertaken by our **SPORE researchers** (*page 1 and page 3*), to the innovations in immunotherapy targeted towards **Pediatric Brain Tumors** (*page 5*), to the work being done to engineer new treatment methods for **Meningiomas** *(page 6)*, our team is edging towards groundbreaking discoveries every day. Additionally, our **Acoustic Neuroma** (*page 4*) team strives to expand targeted, minimally invasive procedures that are maximally effective to improve functional outcomes for patients with acoustic neuromas. For **Pituitary Tumors** (*page 4*), our neurosurgeons and researchers are improving the diagnosis and treatment of pituitary tumors through new surgical devices. In terms of **Brain Metastases** *(page 5)*, discoveries are expanding knowledge in both the research and clinical realms.

The expertise of our neurosurgeons spread across a variety of conditions, so be sure to visit our website to learn more about the research and interests of each neurosurgeon.

From everyone in the Neurosurgery department, we wish you and your families the best of health, and we hope you all had a reflective and enjoyable Brain Tumor Awareness Month! If you are interested in donating to the UCLA Brain Tumor Program, please visit our website here. We appreciate your consideration and commitment to our research.

Warm regards,

Linda M. Liau



The SPORE in Brain Cancer Team

SPORE IN BRAIN CANCER

(CONTINUED FROM COVER STORY)

The SPORE in Brain Cancer is working to elucidate the genetic underpinnings of brain cancer to more effectively diagnose and treat the condition. In particular, more effective treatments for glioblastoma are desperately needed, a deficiency the program's researchers aim to address. The SPORE in Brain Cancer was recently renewed for a grant worth over $11 million, which helps support its three diverse research projects that involve mechanistic pre-clinical work and innovative clinical studies. A consistent tenet of these projects is the commitment to addressing knowledge gaps about glioma resistance and developing novel strategies to overcome this treatment resistance, particularly through immunotherapy.

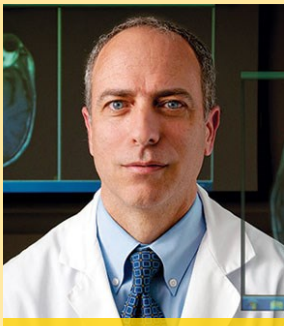
Dr. Robert Prins

Dr. Linda Liau and Dr. Robert Prins, a research scientist and professor in the neurosurgery department, lead the first of the three SPORE projects. Their research centers on investigating immune evasion following treatment with dendritic cell vaccines, and developing strategies to overcome the potential immunosuppression that can occur in response to these vaccines.

The premise of this vaccine is relatively simple, although the underlying mechanisms are complex. "Our brain cancer vaccine is made for the patient," explains Dr. Liau. "We use the patient's tumor cells removed during surgery and immune cells extracted from the patient's blood. In the lab, we train immune dendritic cells to activate killer T cells to hunt and kill tumor cells. These 'killer cells' make up a personalized brain cancer vaccine."

However, a potential downside to this form of therapy is that it can create a pro-inflammatory environment within the tumor that can mitigate the impact of the vaccine by creating an immune tolerance instead of an immune response. Dr. Liau and Dr. Prins are now researching how to address this issue, namely by studying the interactions that occur on a local cellular level. They postulate that these micro-interactions are a critical factor in the efficacy of immunotherapies in glioblastoma patients. Additionally, they hope that their research can provide more insight into impactful ways to induce therapeutic anti-tumor immune responses for glioblastoma.

Despite these potential setbacks, Dr. Prins is optimistic about immunotherapeutic interventions to treat glioblastoma. "Immunotherapy is theoretically one of the best new treatments that can target isolated tumor cells before they metastasize elsewhere," said Dr. Prins. "I think immunotherapies are going to be the next new revolution in this cancer therapy."



Dr. Timothy Cloughesy

The other two SPORE projects target different aspects of brain cancer. For instance, in Project 2, Dr. Timothy Cloughesy and Dr. David Nathanson are researching how apoptosis, or cell death, can be exploited to drive glioblastoma tumor cell death. Past studies have indicated that glioblastoma cells undergo a limited amount of cell death in response to traditional therapies such as chemotherapy or radiation, meaning that glioblastoma are particularly adept at adapting to therapeutic interventions. The researchers hope that they can use the intrinsic cell death pathway within glioblastoma to expose vulnerabilities that can be targeted with novel clinical drugs to induce apoptosis.

Dr. David Nathanson

Dr. Leia Nghiemphu, Dr. Albert Lai, and Dr. Frank Pajonk direct SPORE Project 3, which homes in on exploring the mechanisms by which radiation therapy fails to treat glioblastoma. Specifically, the researchers are developing strategies to reduce the process by which noncancerous cells become radiation-resistant cancerous stem cells. Dr. Nghiemphu, Dr. Lai, and Dr. Pajonk posit that by combining radiotherapy with drugs capable of preventing the cells' conversion can improve glioblastoma treatment efficacy.

Dr. Leia Nghiemphu & Dr. Albert Lai

The SPORE designation built upon UCLA's already successful brain cancer program and expanded it, allowing the program to have a greater impact on how cancer is treated. The program's interdisciplinary, multifaceted approach means that observations from the lab can be brought to the clinic quickly. "We now have glioblastoma patients living 15 years beyond their original prognosis of one to two years," says Dr. Liau. "Our team continues to mark and celebrate each year of survival with our patients, which makes our journey to find a cure for brain cancer worthwhile."

Dr. Frank Pajonk

PITUITARY TUMORS

NOVEL TECHNOLOGY CAN IMPROVE DETECTION OF PITUITARY TUMORS

The Pituitary Tumor Program at UCLA is one of the most preeminent pituitary centers in the nation, treating thousands of patients and performing more than 100 endoscopic pituitary tumor surgeries per year. An unfaltering dedication to excellence and patient-centered treatment not only contributes to the program's reputation, but also to the caliber of professionals who work within the team. This highly experienced, multidisciplinary team is focused on delivering the safest, most effective treatments as well as advancing the field through innovative research.

Dr. Marvin Bergsneider, neurosurgeon and Director of the Pituitary Tumor Program, and his team recently received a grant from the Neurosurgery Research and Education Foundation (NREF) to develop a flexible MRI coil device that will enable neuroradiologists to detect tiny pituitary tumors that are currently "invisible" with standard imaging techniques.

Even the strongest clinically available 3-Tesla magnetic resonance imaging (MRI) machines cannot reliably resolve tumors or other lesions less than 4 mm in size. Cushing's disease, a potentially fatal disorder that is caused by a pituitary tumor, can be cured by removing the tumor when its location within the pituitary gland can be identified. Unfortunately, almost one third of Cushing's disease tumors are less than 4 mm, making accurate detection challenging. If an MRI scan does not identify a tumor, the neurosurgeon must then resort to slicing up the pituitary gland with the hope of discovering the tumor. Not only does this surgical exploration often not locate the tumor, it also subjects the patient to the possibly of permanently damaging the pituitary gland.

Dr. Marvin Bergsneider

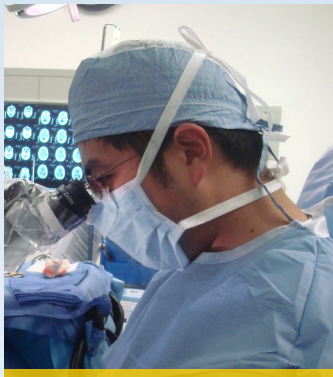
To address this problem, Dr. Bergsneider has collaborated closely with MRI physicists and electrical engineers to develop a small, flexible coil that is designed to be positioned close to the pituitary gland. Preliminary results indicate this approach improves the image resolution up to twenty-fold, enabling ultra high resolution MRI scans. Tumors as small as 1 mm may be detectable using this novel coil. While the coil has only been tested through simulated experiments, Dr. Bergsneider is eager to see how it can improve the detection and treatment outcomes in patients. Dr. Bergsneider and his team are now pursuing funding from the National Institutes of Health (NIH) to further the development of this research project.

ACOUSTIC NEUROMAS

TARGETED THERAPIES ENHANCE PATIENT OUTCOMES

Acoustic neuromas are benign tumors that develop in the nerves leading from the brain to the inner ear. Due to the location that these tumors manifest, tumor growth can significantly impact one's balance, hearing, and other daily functions. Thus, despite the fact that these tumors are non-cancerous, they still can alter one's quality of life.

Dr. Isaac Yang is a neurosurgeon specializing in the treatment and research of acoustic neuromas. When Dr. Yang approaches treating an acoustic neuroma, preserving a patient's function is one of his top priorities. Since acoustic neuromas are typically positioned nearby facial nerves, one side of a patient's face could droop significantly if the facial nerve is damaged during the resection of the tumor. "My goal is to see my patients smile at the end of surgery, both literally and figuratively," Dr. Yang says.



Dr. Isaac Yang

Therefore, while treating the tumor through surgery or combating the tumor with radiation are both options, they alone do not necessarily lead to the best outcomes for patients. To address this, Dr. Yang and his team utilize a combination of surgery and radiation when treating acoustic neuromas. Using adaptive hybrid procedures, neurosurgeons like Dr. Yang can remove a portion of the tumor, and use targeted radiation for the rest. This method minimizes post-surgery recovery and side effects from the radiation, meaning that patients can more readily preserve the function of their facial muscles. However, Dr. Yang is working to develop other means to treat acoustic neuromas.

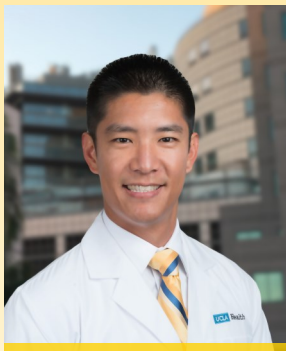
Dr. Yang and his team were the first at UCLA to be awarded research grants from the North American Skull Base Society and the Acoustic Neuroma Association for their work in developing targeted treatments for brain tumor patients. Namely, the grant from the Acoustic Neuroma Association homes in on identifying expression levels of epithelial membrane protein 2 (EMP2) in acoustic neuromas. EMP2 is commonly found to be upregulated in other types of tumors, such as breast and ovarian tumors. Dr. Yang's lab posits that profiling EMP2 in acoustic neuromas might illuminate potential biomarkers and lay the groundwork for a new form of therapy that targets the upregulated EMP2 and thus the acoustic neuroma. This therapy would be less invasive and safer than other existing treatments, thereby providing patients with an alternative treatment modality.

PEDIATRIC BRAIN TUMORS

INNOVATIONS IN IMMUNOTHERAPY OPEN DOORS FOR NEW TREATMENTS

The UCLA Brain Tumor program is home to one of the world's leading brain tumor immunotherapy programs. Dr. Anthony Wang, a neurosurgeon specializing in pediatric, cerebrovascular, and complex brain tumor care, focuses his research on tailoring immunotherapies to pediatric brain tumor patients. Dr. Wang and collaborating researchers are studying the distinctive features of pediatric brain tumors and are searching for ways to exploit an individual's innate immune response to recognize and destroy cancer cells.

Dr. Wang and his collaborators posit that the genetic mutations that distinguish the cancers that afflict children can be leveraged to stimulate immune activation. By identifying specific targets within these tumors, the immune system can be trained upon the cancer cells to treat them as infections, and respond to them in the same way the immune system rids the body of bacteria and viruses. This immunotherapy opens the door for new forms of treatment beyond surgery and radiation. Additionally, a diverse array of clinical trials are available to pediatric patients with brain tumors of many types at UCLA. Many of these clinical trials involve strategies that target genetic mutations and/or immunotherapies.



Dr. Anthony Wang

In addition to developing experimental therapies, Dr. Wang works to refine and optimize care for children with brain tumors nationally and internationally, writing comprehensive guidelines for pediatric brain tumor care with the National Comprehensive Cancer Network. Summaries of these guidelines are concurrently designed for patients and families of patients to improve understanding and knowledge of pediatric brain tumors, with the goal of demystifying and destigmatizing the diagnosis.

Learn more about the program here!

BRAIN METASTASES

CUTTING-EDGE RESEARCH IMPROVES KNOWLEDGE OF AND TREATMENT FOR METASTATIC BRAIN TUMORS

Metastatic brain tumors arise when a cancer that began elsewhere in the body spreads to the brain. Dr. Won Kim is an Assistant Professor of Neurosurgery and Radiation Oncology and co-director of the Stereotactic Radiosurgery (SRS) and Brain Metastasis Program at UCLA. His clinical and research interests focus around the minimally invasive treatment of brain tumors, using a variety of techniques including focused radiation (SRS), endoscopy, brain ports, and laser interstitial thermal therapy (LITT).

Dr. Kim was an awarded grant funding through the UCLA Clinical and Translational Science Institute (CTSI) in 2018 to build a brain tumor bank of brain metastases and study the immune environment of these tumors. With further support through a UCLA SPORE Career Enhancement Program, he has collaborated with Dr. Robert Prins, PhD to better understand why certain tumors are able to resist targeted destruction by the immune system, while others are more susceptible. Through the analysis of the RNA of individual immune cells within these surgically removed brain tumors, he and his team are elucidating the mechanisms through which immune resistance occurs. Moreover, through cutting-edge technology that analyzes these immune cells and their RNA production in spatial relation to each other, they are beginning to better understand the delicate interactions that drive immunotherapy resistance. Dr. Kim currently has a manuscript in preparation for publication detailing this work. He and his team hope to soon start clinical trials through which novel methods of delivering immunotherapy are used to help treat patients with brain metastases.

Dr. Won Kim

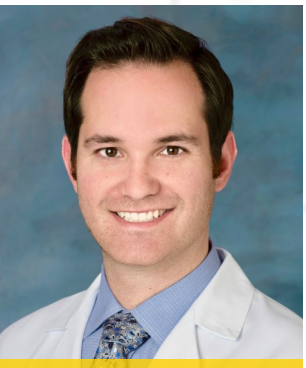
In addition to his translational work, Dr. Kim is dedicated to clinical outcomes research in his brain metastases patients. As an early adopter of the MultiMet radiosurgery platform, UCLA has led the way in the ability to treat numerous (20+) brain metastases simultaneously in a single 45-minute session, a process that would normally take multiple hours over days. In a recent publication in *Radiation Oncology*, Dr. Kim and the UCLA Radiation Oncology team detailed their experience and the safety of this technique. Through the continuous assessment of technical and clinical outcomes, Dr. Kim works to improve the radiosurgical treatment of these brain tumors.

Recently, Dr. Kim has begun with Dr. Daniel Kamei, PhD in the Department of Bioengineering to develop novel methods to detect individual brain metastasis cells within the cerebrospinal fluid of patients. Through this work, they hope to produce a rapid assessment test to help diagnose the spread of metastatic brain tumors to the cerebrospinal fluid, thereby expediting the diagnosis of this grave and poorly understood disease process.

MENINGIOMAS

ENGINEERING A NEW METHOD TO TARGET A COMMON TUMOR

Meningiomas are the most common brain tumor in adults over 35 years of age. While most often benign and treatable through conventional surgery and radiotherapy, up to 25% of meningiomas can take on aggressive or malignant cellular characteristics which can cause recurrence, or regrowth of the disease—a situation which is unfortunately often associated with high morbidity and mortality. For patients facing a recurring aggressive meningioma, there is an urgent need to develop novel and effective therapies. Convention currently relies on repeated surgeries and radiation therapy as the only treatment options, which have limited efficacy for improving survival.



Dr. Richard Everson

The recent successes of immunotherapy for other tumors, such as immune checkpoint inhibitors in melanoma and lung cancer, have renewed the interest in developing similar therapies for brain tumors. However, a major barrier for their development to treat meningiomas has been the lack of a tumor antigen that is universally expressed by meningioma cells. Such an antigen could help the immune system to specifically identify and eliminate tumor cells, while sparing the normal surrounding brain.

Recently, Dr. Richard Everson and his lab have studied the presence of a unique tumor antigen, NY-ESO-1, in meningiomas. NY-ESO-1 is a member of a class of proteins known as cancer testis antigens (CTA) that are normally only expressed in embryonic development, but the similarities between the genetic programs shared between stem and cancer cells cause these antigens to be re-expressed. CTAs are promising targets of immunotherapy since they possess the ability to serve as unique cancer biomarkers. Additionally, they can induce systemic immune response due to their role in cancer growth and in cancer stem cells. NY-ESO-1 is the most overexpressed CTA in high grade meningiomas, making it an ideal target for meningioma immunotherapy.

Working with Dr. Everson, Dr. Matthew Sun, a seventh year Neurosurgery resident, has taken advantage of the presence of NY-ESO-1 in meningioma cells to develop a new therapy for meningiomas using a technique called TCR-engineered Adoptive T cell transfer. Using this therapy, a patient's own immune cells are extracted from blood and reprogrammed to all seek out and eliminate tumor cells with the NY-ESO -1 antigen. Studies to date have demonstrated the ability of these engineered immune cells to eliminate meningioma cells in vitro and in animal models. Based on these promising results, Dr. Sun's successful study titled "Systemic Adoptive-Cell-Transfer Immunotherapy for High-Grade Meningiomas Targeting NY-ESO-1 Using TCR-transduced T-Cells" was selected to receive the Synaptive Preuss Research Award at the 2022 Annual Scientific Meeting of the American Association of Neurological Surgeons (AANS). The success of these studies, combined with the urgent need of patients facing a disease with currently limited options, has spurred the development of this technique towards human clinical trials.

FELLOWSHIP

CAST-APPROVED NEUROSURGICAL ONCOLOGY FELLOWSHIP

The UCLA Department of Neurosurgery and UCLA Brain Tumor Program is expanding their mission to train the next generation of brain tumor-focused neurosurgeons by providing advanced neurosurgical training through the new Neurosurgical Oncology Fellowship program. UCLA was selected as a site for this fellowship through a competitive application process by the Committee on Accreditation of Subspecialty Training (CAST) of the Society of Neurological Surgeons and will be one of only a handful of centers around the country to offer a CAST-approved fellowship program.

Training to become a neurosurgeon is a lengthy process and typically requires undergoing a seven year residency training program after four years of medical school. However, with the expansion of technologies and specialized techniques required to offer comprehensive surgical care for patients with brain tumors, further training is required. Beginning in July 2022, neurosurgical fellows will learn from the five core clinical brain tumor neurosurgery faculty that comprise The UCLA Brain Tumor Program: Drs. Linda Liau, Marvin Bergsneider, Richard Everson, Won Kim, and Isaac Yang.

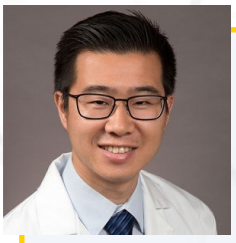
Together, the UCLA Brain Tumor Program at Ronald Reagan UCLA Medical Center (RRUCLA) cares for more than 800 patients a year who have tumors of the brain, skull, spinal cord, spine, and peripheral nerves. The fellows' education will derive from their experiences working with the faculty providing care to those patients. Additionally, an emphasis will be placed on individualized care plans that seek to provide the best possible care and treatment for patients. The fellowship curriculum is designed to teach neurosurgeons-in-training the fundamental knowledge and techniques necessary to practice neurosurgical oncology after they complete their training, whether in community-based or academic settings in the United States or abroad.

The program integrates elements of the multiple disciplines involved in taking care of patients with brain tumors: neuro-radiology, neuro-oncology, neuro-pathology, and palliative care, with an emphasis operative and non-operative management in the inpatient and outpatient setting. Fellows will lead several weekly conferences including the multidisciplinary neuro-oncology, CNS-radiosurgery, skull-based tumor, and pituitary tumor conferences. Fellows will also partner with clinical and basic science faculty to become involved in brain tumor research.

The UCLA Neurosurgical Oncology Program has recruited Dr. Kunal Patel, a sixth year Neurosurgery resident, as the inaugural fellow of the program. Dr. Patel is currently an outstanding resident in the UCLA department of neurosurgery and has demonstrated a strong commitment to caring for patients with brain tumors both in the operating room and through his scientific research.

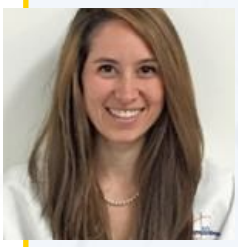
Dr. Kunal Patel, PGY-6

RESIDENT HIGHLIGHTS



AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS (AANS) AWARD
Synaptive Preuss Research Award

Awarded to: Dr. Matthew Sun (Resident, PGY-7)



HARVARD/MASS GENERAL PERIPHERAL NERVE FELLOWSHIP (2022-2023)

Awarded to: Dr. Jasmine Dicesare (Resident, PGY-6)

GLIOBLASTOMA FOUNDATION AWARD
Neil Peart Neurosurgery Research Award

Awarded to: Dr. Sophie Peeters (Resident, PGY-5)

STRYKER NV IIS GRANT
Analyzing Gene Expression Alterations with Changes in Fluid Dynamics in Intracranial Aneurysms

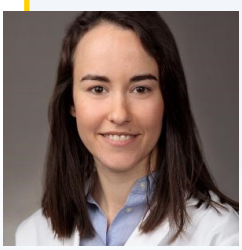
Awarded to: Dr. H. Milan Samarage (Resident, PGY-4)

L.B. RESEARCH AND EDUCATION FOUNDATION—H.H. LEE RESEARCH GRANT
Potential role of EZH2 as a therapeutic target in high grade meningiomas

Awarded to: Dr. Joshua Casaos (Resident, PGY-3)

L.B. RESEARCH AND EDUCATION FOUNDATION—H.H. LEE RESEARCH GRANT
Neurobiology of cervical myelopathy

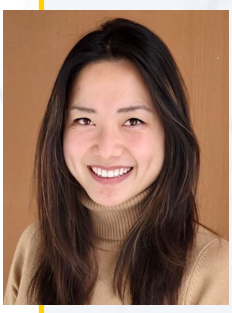
Awarded to: Dr. T.J. Florence (Resident, PGY-3)



L.B. RESEARCH AND EDUCATION FOUNDATION—H.H. LEE RESEARCH GRANT
Overcoming radio-resistance in meningiomas

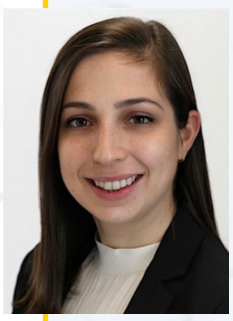
Awarded to: Dr. Maya Harary (Resident, PGY-3)

INCOMING RESIDENTS



Dr. Diana Chang
Medical School: University of California, San Francisco (UCSF)

Diana grew up in Los Angeles as the middle child of two Taiwanese immigrants. She loved learning everything she could get her hands on. Of course, the most interesting thing to learn about was always the brain, regarding which she had some personal questions. Influenced by her Chinese artist grandparents, she also studied art. Neurosurgery was the perfect combination of both learning and art. She went on to UCSF for medical school where she enjoyed excellent academic rigor and met compassionate mentors in pediatric neurosurgery. She looks forward to returning home to UCLA for neurosurgery residency with a focus in pediatric epilepsy and discriminating the economic factors underlying neurosurgical decision making.



Dr. Aislyn DiRisio
Medical School: Mount Sinai

Aislyn grew up Albany, NY where she was a competitive figure skater. After studying public health and biology at Cornell University, she went on to Mount Sinai where she received an MD and MS in clinical research. She had early exposure to the field of neurosurgery through her father, a practicing neurosurgeon, but did not consider it for a career until years later when she learned about DBS applications for psychiatric disease. She came to love her work in the OR and with other neurosurgical patients. She remains excited about applications of functional neurosurgery for psychiatric disease, and hopes to continue to expand her knowledge on data science and statistical methods for neurosurgical clinical research. She is also interested in skull base and cerebrovascular neurosurgery. She had the chance to become familiar with the UCLA Neurosurgery department during her subinternship last summer, and looks forward to calling UCLA home for the next seven years.

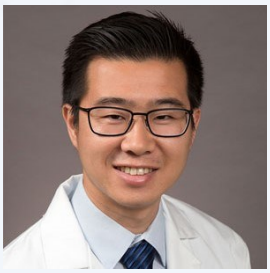
Dr. Sheantel Reihl
Medical School: University of California, San Francisco (UCSF)

Sheantel is originally from Trinidad & Tobago. She immigrated to the U.S. as a teen, and later attended Georgetown University in Washington D.C where she studied psychology and neuroscience. Sheantel had a fascination with the brain since childhood and found neurosurgery to be “as close as it gets” to her favorite organ. Sheantel is looking forward to working with the diverse and complex patient populations in Los Angeles, and learning from many of her idols. She is interested in Neuro-oncology and spine as a career and hopes to focus her research on clinical trial methodology.

GRADUATING RESIDENTS

Dr. Mark Attiah
Spine & Peripheral Nerve Fellowship, University of Miami

Dr. H. Westley Phillips
Pediatric Neurosurgery Fellowship, University of Pittsburgh



Dr. Matthew Sun
Skull Base Fellowship, University of Miami

APPOINTMENT REQUESTS

SCHEDULING AN APPOINTMENT AS A PATIENT

To make an appointment with a UCLA neurosurgeon, please call 310-825-5111 or visit our website for more information.

For information about spine related conditions and treatments, visit the UCLA Spine Center in Santa Monica.

Over the past several years, UCLA Health has been dedicated to making services more accessible to patients outside the immediate Los Angeles area. To make a Telemedicine appointment with a UCLA neurosurgeon, please visit our website or call 310-825-5111.

REFERRING AS A HEALTHCARE PROFESSIONAL

Our partnership with health professionals in the community is key to our success at UCLA Health. Registered nurses and referral coordinators are available to assist referring physicians. Case managers can access services at UCLA Health through the toll-free UCLA Physician Referral Service phone line 1-800-UCLA-888 (825-2888). Visit our website to learn more.

GIVING

Thank you for your interest in supporting the UCLA Department of Neurosurgery. Donations help fund innovative research that has the potential to alter patients' lives. We are grateful for your life-changing generosity.

CLICK HERE TO DONATE

IF YOU WOULD LIKE MORE INFORMATION, PLEASE CONTACT:

Jo Ellen Aragon, MFA
Associate Director of Development
(310) 736-5036
jnaragon@mednet.ucla.edu

CONNECT

ANNUAL STAFF APPRECIATION DAY

On April 27, the Neurosurgery department held its first in person Staff Appreciation Day in over two years! Staff, faculty, and residents gathered in a hybrid fashion to connect, catch up, and enjoy each other's company.

GOOD CATCH AWARD

Recipient: Jim Liao, Neurosurgery PA

UCLA BIRC CAREER AWARD FOR SUPPORTING BRAIN INJURY RESEARCH

Recipient: Kathy Rasco, Dr. David Hovda's Assistant

STAFF MVP AWARDS

Brain Tumor: Jared Thorne (Clinical), Emma Billingslea-Yoon (Nurse Practitioner), and Joey Orpilla (Research)

Cerebrovascular: Ani Alvadzhyan and Marie Rodolfa (Clinical) and Julia Chang (Research)

Functional/Movement Disorders: Bissaya Addish (Clinical), Ana Tchicaya (Nurse Practitioner), and Mary (Wenxin) Wei (Research)

Neurocritical Care/Neurotrauma: Mireya Consiglio (Clinical) and Carl Wherry (Nurse Practitioner)

Pediatric Neurosurgery: Vanessa Marrero (Clinical) and Geoff Owens (Research)

Spine: Naomi Gonzalez (Clinical), Jenna Pastorelli (Nurse Practitioner), and Ruyi Huang (Research)

Outstanding Scribe: Cassia Maniquis

Department Administration: Diana Moughon