



# UCLA UROLOGY

UPDATE



UCLA Urology's Dr. Steve Lerman (above left and to the left in the photo at the entrance to the Clark Morrison Children's Urological Center, which he directs) and Oscar Rivera, LVN (right), are part of a multidisciplinary team that collaborates on the care of individuals and their families with disorders of sex development (DSD).

## Team of Specialists Improves Care of Disorders of Sex Development

For expecting and new parents, it's high on the list of questions: "Boy or girl?" But for approximately 1 in 5,000 live births, the answer is uncertain. Disorders of sex development (DSD) refers to any of dozens of conditions — usually apparent at birth, but in some cases not until as late as adolescence — involving a mismatch between the child's chromosomes and the appearance of their genitals, making their sex unclear.

"When a child's anatomic sex is indeterminate, it can cause considerable anxiety for families, as well as presenting major challenges for doctors who are not used to making such a diagnosis," says Dr. Steve Lerman, the Judith and Robert Winston Chair in Pediatric Urology, director of the Clark Morrison Children's Urological Center at UCLA and chief of UCLA Urology's Division of Pediatric Urology. "In such cases, it's a great benefit for us not just in urology, but also in genetics, endocrinology, and

psychiatry, to collaborate with each other and then with the family to determine the best plan."

The UGEP (Urology, Genetics, Endocrinology and Psychiatry) Clinic at UCLA was established approximately 15 years ago as one of the first in the nation to bring together a multidisciplinary group of specialists in the care of DSD patients. Under Dr. Lerman's leadership, a team that includes experts from pediatric urology, pediatric and reproductive endocrinology,

*continued on page 2*

### Winter 2023

VOL. 34 | NO. 1

Pediatric Urology Updates	p3
New Face	p3
Alumni Profile	p4
Healthy at Every Age	p4
Letter from the Chair	p5
Kudos	p6
Donor Spotlight	p7
VA Urology Clinic	p7
The Men's Clinic at UCLA	p8

*continued from cover*



As director of the UGEP Clinic, Dr. Lerman heads a group that includes urologists, geneticists, endocrinologists, and psychiatrists working in tandem to improve the care and long-term outcomes for DSD patients.

genetics, psychiatry, and social work collaborates on the diagnosis and management of DSDs in infants, children and adolescents in order to improve their care, as well as educating families and health care providers, informed by ongoing basic and translational research.

In the simplest terms, Dr. Lerman explains, DSDs generally involve either a genetic female getting abnormally high levels of testosterone, making them

look on the outside like a boy; or a genetic male getting abnormally low testosterone — either because it's produced at low levels or because their hormone receptors don't recognize it — making them appear female. "The most common result is a child born with what doctors call ambiguous genitalia," Dr. Lerman says. "In such cases, it's not entirely clear on the external examination whether this child fits more into a traditional male phenotype, with the external genitalia of a male, or a female phenotype, with the external genitalia of a female."

In some pregnancies, DSDs are diagnosed prenatally through an abnormal fetal ultrasound and an amniocentesis that can test chromosomes. This early diagnosis allows families to receive counseling prior to the delivery. At the other end of the spectrum, some DSDs aren't diagnosed until later in life — during puberty, for example, when a person thought to be a biological girl doesn't menstruate. When such patients are referred, testing may reveal that their internal anatomy is that of a male.

Most often, DSDs are detected at the time of the birth, when the physical exam yields ambiguous genitalia. For such cases at UCLA, Dr. Lerman notes, representatives from the four specialties are brought to the bedside to counsel the family — or, when the birth occurs at a remote hospital, the child is stabilized and brought in as an inpatient if they are unhealthy in any way, or to the UGEP clinic as an outpatient if they are healthy and stable. "At that point, we go through a diagnostic workup with the family, which involves X-rays to determine the child's internal structures, hormone testing, and genetic testing, along with providing psychological services and support

during a trying time," Dr. Lerman says.

In addition to pediatric urologists and geneticists, he explains, endocrinologists are important team members because many DSDs are related to enzyme deficiencies that lead to hormone imbalances, which can often be offset through medication. Psychological support is also critical to help families address issues that arise when, for example, their child begins to recognize that their genitalia look different from their siblings.

In recent years there has been an evolution in how DSDs are viewed and treated, driven by advocacy groups as well as pediatric urologists, as issues of gender fluidity and gender dysphoria have become better understood. "There used to be a mindset that the baby had to be made to look like a 'traditional' boy or girl right at birth," Dr. Lerman says. "But we've learned that this philosophy can set children and young adults up for great difficulties later on when they're in a body they don't feel comfortable in. Now, there is a big push to first 'do no harm,' remembering that surgery should not be a knee-jerk response to 'curing' these patients. In some cases, surgery may be medically necessary or determined to be in the best interests of the child, but more often than not we are delaying surgery until the child can participate in the decision-making process."

Dr. Lerman points out that because UCLA's pediatric urology program allows for transitional urology, patients treated at the UGEP Clinic can continue to be seen as young adults rather than "aged out" as they might be at other pediatric facilities. That longitudinal follow-up is important

both for the individual patient and as a way to help the UGEP team monitor the physical and psychological outcomes of its treatment approaches.

The UGEP Clinic started, along with half a dozen others across the country, after a recognition

among health care professionals treating DSD that more collaboration was needed to improve outcomes of these rare and complex cases. "We felt it was important to share experiences and develop a more national approach to the management of DSD patients," Dr. Lerman says. "Now, based on the success of these initial programs, there are close to two dozen such clinics across the country, and it has led to greatly improved long-term care of this very complex patient population."

*"When a child's anatomic sex is indeterminate, it can cause considerable anxiety for families."*



# Pediatric Urology Updates

Whether it's in the hospital, across the UCLA campus, or in Central America, UCLA Urology's pediatric urologists are making a major impact.



**Dr. Jennifer Singer**, clinical professor of pediatric urology and the Peter Starrett Term Chair in Medical Education in Urology, is making an impact across the UCLA Health system as Ronald Reagan UCLA Medical Center's chief of staff for the 2022-24 term. In this role, Dr. Singer serves as the medical staff's liaison to the health system leadership and administration, providing leadership and

guidance to the staff as well as promoting effective communication. "The chief of staff helps to guide Medical Staff Executive Committee members through complex problems and deliberations as they make important decisions that affect the medical staff, health system staff, trainees and, most importantly, patients," Dr. Singer notes. Among her many responsibilities, she attends meetings on day-to-day medical staff issues; participates in actions related to physician quality of practice or professionalism concerns; and brainstorms with health system leadership to improve strategies and operational aspects concerning how physicians function in the context of the broader health system.

Beyond fulfilling these responsibilities, Dr. Singer says, "My goals for my tenure are to make UCLA Health a system where physicians are proud to work — a culture that prioritizes professionalism, collegiality, integrity, and respect, and where colleagues are eager to support one another toward a common goal of providing outstanding care to all patients at all times."

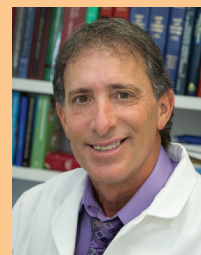


When she's not seeing pediatric urology patients, **Dr. Renea Sturm** is leveraging the vast expertise of the UCLA campus to develop and evaluate innovative solutions to clinical needs. As a federally funded surgeon-scientist, her *raison-d'être* is to apply technological advancements to enhance surgical outcomes for all children, regardless of care setting. On the clinical research side, she has pursued

this common goal with the team in pediatric urology along with additional specialists at UCLA and beyond. In the past year, this has included the evaluation of interventions in fetal urology, kidney stone surgery, hypospadias repairs, testis surgery, surgical 3D imaging, spinal anesthesia, and the effect of postoperative care pathways. One of the recent highlights of this work is the introduction of

both medical and undergraduate engineering students to urology, mentoring combined teams as they identify and prioritize clinical needs, followed by designing and testing potential solutions.

In the lab, Dr. Sturm and engineering collaborators (including Nasim Annabi, PhD) are developing highly elastic biomaterials for the urinary tract, with the goal of providing tissue replacement strategies that can facilitate early urination and decrease postoperative complications. To improve the consistency of lower urinary tract repairs, she is also working with Ali Khademhosseini, PhD, and team to develop the Bio-Zipper — a biodegradable, biocompatible closure device that provides tissue support at suture lines in robotic or open surgery. Dr. Sturm says she is excited to see the expansion of the program and looks forward to continuing to apply research insights to improve care for all children.



Every year around Thanksgiving — interrupted only at the height of the COVID-19 pandemic — **Dr. Steve Lerman**, UCLA Urology's chief of pediatric urology, joins colleagues for a trip to Central America. Volunteering their time, Dr. Lerman's group and local pediatric surgeons deliver potentially life-changing procedures in some of the most underserved communities. The annual pilgrimage initially

took Dr. Lerman to Guatemala, where, working with the nonprofit U.S. volunteer organization Heal the Children, he and his colleagues provided assistance on complex pediatric urology surgeries as well as education designed to build the capacity of the local surgeons to perform these procedures year-round. After ramping up the educational efforts in Guatemala over a number of years, Dr. Lerman, along with former UCLA Urology trainee Dr. Andrew Freedman, now at Cedars-Sinai, are part of a group doing the same in Honduras, in conjunction with the nonprofit organization Ohana One.

"The surgeons in these communities are outstanding, but as general pediatric surgeons, they don't do many urology-specific procedures," Dr. Lerman says. "However, they pick up these techniques very quickly. We work toward improving their ability to do the more routine procedures during the year, then come in to help with the most complicated surgeries. It's been very satisfying, and has fostered a wonderful working relationship."

## NEW FACE



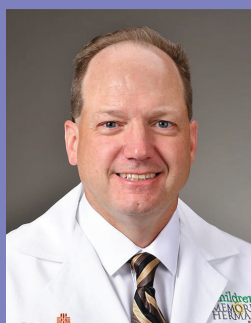
**Dr. Kathy Huen**, a graduate of the UCLA Urology residency program, is the most recent addition to the pediatric urology team. Following her undergraduate studies at Brown, Dr. Huen earned her MD from Emory University. She completed her urology residency at UCLA, and her pediatric urology fellowship training under Dr. Antoine Khoury's

tutelage at Children's Hospital of Orange County/UC Irvine.

Dr. Huen is committed to helping infants, children, and adolescents with congenital conditions of the genitourinary tract, such as

spina bifida and differences in sex development, achieve their full potential as young adults. She aims to do so by partnering with both adult and pediatric specialties to develop a transitional urology care program emphasizing aspects of care that pertain to quality of life, such as sexual function and reproduction. Dr. Huen's research interests focus on exploring how the health care infrastructure affects adolescents and young adults during the transition period. "I am excited about the opportunity UCLA Urology has given me to become a leader in academic pediatric urology as a skilled surgeon, compassionate physician to children and their families, researcher advancing knowledge in the field, and mentor/teacher of future clinicians," Dr. Huen says.

## Eric A. Jones, MD



More than 20 years after he completed his residency, Dr. Eric A. Jones still draws on lessons he learned from his UCLA Urology mentors. “I continue to carry that training with me, and it helps me practice at a high level,” he says. “To have been at one of the premier programs in the country was such an honor — and there is no doubt that it opened up many doors.”

After completing his residency training in 2000, Dr. Jones did his pediatric urology fellowship training at Baylor College of Medicine in Houston and continued as a member of the Baylor faculty until 2010. He then established Houston’s first pediatric urology private practice, which he ran for nearly a decade before it was acquired in 2019 by the University of Texas, Houston (UT). At that point, Dr. Jones joined the UT academic faculty, where he continues to serve as an associate professor while maintaining an active role as a member of the urologic surgery programs at the UT Health Science Center at Houston and Houston Methodist Hospital. He also serves as site director for UT’s pediatric urology training program, overseeing the education of residents in the subspecialty.

In recent years, Dr. Jones has developed a growing focus on fetal urologic problems and their management after birth. While in private practice he spent considerable time at Women’s Hospital of Texas, and as the only pediatric urologist collaborated closely with the facility’s maternal-fetal medicine physicians on the transition from prenatal to postnatal care for urologic problems. That interest has continued at UT, where Dr. Jones works with the hospital’s fetal navigation program, which brings in specialists when prenatal abnormalities are detected to meet with the parents and then care for the patients after birth.

Advances in prenatal diagnosis have increased the importance of pediatric urologists and other specialists becoming involved, Dr. Jones notes, in order to provide information and counseling to prospective parents. “For a urologic problem, it’s beneficial for a pediatric urologist to help explain the care that will be needed, as well as to provide reassurance to parents and ensure seamless navigation to the right provider after birth,” Dr. Jones explains.

He says the opportunity to develop long-term relationships with patients and their families is the most rewarding aspect of his work. “You become very close with families when caring for children with chronic problems over time,” he says. “I have patients I took care of as newborns in the early 2000s who are still coming to my clinic. It’s wonderful to be able to see the impact my care can have on their lives over time.”

## Spina Bifida

Spina bifida is a permanently disabling condition, usually present at birth, resulting from a neural tube defect that occurs when the vertebral canal around the spinal cord fails to develop or close properly. It is often referred to by physicians as a spinal dysraphism, since spina bifida means split spine, and there are many other types of spinal cord abnormalities. These conditions can generally be diagnosed with prenatal ultrasound.

Many patients with spinal dysraphisms have abnormalities related to how their urinary tracts develop, and these patients require lifelong management by a urologist trained in managing these conditions. Many develop neurogenic bladder, a dysfunction of the bladder related to abnormal innervation of the urinary bladder and urinary tract. Some patients with more minor anomalies experience normal bladder function, while others have intermediate degrees of dysfunction, which may include urinary incontinence or retention; still others may have unhealthy and unsafe urinary tract problems that can result in damage to the kidneys, sometimes leading to renal failure. Depending on the degree of dysfunction, patients may require no interventions, medications to manage bladder and urethral sphincter function, daily catheterization regimens to ensure proper and regular bladder emptying, or major reconstructive urinary tract surgeries. Many patients with spinal dysraphisms similarly have bowel dysfunction, with challenges related to constipation and/or stool incontinence. These patients may require management by a gastroenterologist, or a pediatric surgeon when surgical reconstruction is indicated.

Patients with spinal dysraphisms have a variety of medical and social needs and generally require a multidisciplinary team of providers to optimize their quality of life and long-term medical outcomes, allowing them to lead productive and rewarding lives. In 2018, UCLA opened the UCLA Health Spina Bifida Clinic under the leadership of Dr. Jennifer Singer, UCLA Urology clinical professor. The clinic’s goal is to coordinate patients’ care across the spectrum of their needs. Patients with complex medical and social needs have access to a wide array of services, often in one location and in a single visit. A specialist licensed vocational nurse, Oscar Rivera, spends time teaching each patient how to manage their complex urological conditions, and UCLA Urology’s pediatric urologists — Dr. Singer, Dr. Steve Lerman, Dr. Renea Sturm, and Dr. Kathy Huen — attend clinics along with two pediatric neurosurgeons, Dr. Aria Fallah and Dr. Anthony Wang.

*For more information, visit [www.uclaurology.com](http://www.uclaurology.com). To make an appointment, call (310) 794-7700.*



# Letter from the Chair



When medical students ask what it takes to be a successful urologist, I like to bring up the three H's. It starts with the head — urology requires keeping up with a large body of knowledge and determining the best course of action when presented with a set of symptoms and test results. It also involves the hands — developing the technical skills to turn that knowledge into action through the execution of often-complex surgical procedures. But a third H is an essential component for a truly complete professional in our specialty as well: heart.

As we wind down toward the holidays, our focus this issue is on our department's extraordinary group of pediatric urologists, who represent the quintessence of what we all aspire to be in urology. I was reminded of this recently when I stopped in to see the team in the midst in one of the most challenging operations in our specialty, if not all of surgery. The patient was an eight-day-old infant with cloacal exstrophy, a rare and serious condition in which the bladder and part of the intestines open to the outside. It requires major reconstructive surgery shortly after birth, and can take 12-18 hours.

Given the unusual and complex nature of the case, many of our faculty and trainees dropped in during the surgery to observe and learn. I stopped by in the late afternoon to find three of our pediatric urology professors, scrubbed and in the OR, about halfway through the lengthy reconstruction. As I watched, two things struck me. One was the incredible dexterity of the team members as they worked with the structures of this tiny infant — meticulously sewing with sutures the size of a human hair, with no margin for error, as they reconstructed the baby's anatomy so that he could lead a normal life.

These team members clearly possessed both the know-how and the technical prowess to perform this exceptionally difficult procedure. But I was also taken by the humanity in the room. Here were three faculty, fully engaged and working together in an atmosphere of great camaraderie and intellectual community despite the long hours. I also recognized that this tiny patient, barely more than a week old, would continue to come back to them for follow-ups throughout his childhood, growing up under their care.

This case put into clear focus what draws talented and compassionate people to the subspecialty of pediatric urology, and what's special about our pediatric urology team at UCLA: the combination of intellectually and technically challenging work with the opportunity to establish long-term relationships with patients — like this child just eight days out of the womb, who will now have the opportunity to enjoy a healthy, happy and productive life.

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

*Our department's  
extraordinary  
group of pediatric  
urologists represent the  
quintessence of what  
we all aspire to be  
in urology.*



# Kudos

**Isla Garraway, MD, PhD**, UCLA Urology professor, received a \$1 million Prostate Cancer Foundation Challenge Award for The Rate Elements Skewing Outcomes Linked to Veteran Equity in PCa (RESOLVE PCa) Consortium: Multilevel Modeling to Predict Prostate Cancer Incidence and Aggressiveness. As principal investigator, Dr. Garraway will lead a multi-institutional team of researchers in understanding the factors that contribute to prostate cancer disparities.

**Efe Chantel Ghanney, MD**, UCLA Urology resident, has had more than a dozen peer-reviewed publications, abstracts and scientific presentations in 2022, many of them focusing on addressing racial and ethnic disparities in exposure, access, and training in, and offering a blueprint and process for justice on issues of equity, diversity and inclusion.

**Kathy Huen, MD, MPH**, UCLA Urology assistant clinical professor, had two manuscripts published: “Single-layer acellular porcine bladder matrix as graft in corporoplasty for ventral curvature in pediatric proximal hypospadias repair: an initial experience” in *Urology* and “Recurrent ventral curvature after corporoplasty with tunica vaginalis flap” in the *Journal of Pediatric Urology*.

**Tommy Jiang**, an MD/MBA student at the David Geffen School of Medicine at UCLA, is first author of two research articles on empiric medical therapy for male subfertility, one in the *World Journal of Men's Health*, and the other in *Translational Andrology and Urology*. His mentors are UCLA Urology faculty **Dr. Sriram Eleswarapu** and **Dr. Jesse Mills**.

**Kellie Maes**, program manager for The Men's Clinic at UCLA, delivered two presentations on optimizing programmatic success in men's health, one at the annual UroGPO meeting and one at the Sexual Medicine Society of North America (SMSNA). UCLA Urology faculty member **Dr. Jesse Mills** also presented at SMSNA on “The people

around you: Working with MDs, APNs, RNs, and other staff.” UCLA Urology faculty member **Dr. Sriram Eleswarapu** gave two talks at SMSNA, one on empiric medical therapy for idiopathic infertility, and another on ejaculatory dysfunction.

**Taylor Sadun, MD**, UCLA Urology female pelvic medicine and reconstructive surgery fellow, and **Christopher Tarnay, MD**, chief of female pelvic medicine and reconstructive surgery in the Department of Obstetrics and Gynecology, traveled to Mbarara, Uganda in September with Medicine for Humanity on a global health trip. They participated in the surgical care of 47 women, addressing issues such as incontinence, prolapse, and genitourinary fistulas, as well as participating in the training of residents and fellows at Mbarara University of Science and Technology.

**Joseph Shirk, MD**, UCLA Urology assistant professor, was appointed chief of urology at the VA Greater Los Angeles Healthcare System.

**John T. Sigalos, MD**, UCLA Urology resident, was a recipient of the Traveling Scholar Award from the Society for Male Reproduction in Urology. He presented two abstracts at the American Society of Reproductive Medicine Scientific Congress: “Sperm DNA methylation predicts human aging in fertile and infertile men,” and “Variation in the semen microbiome of fertile men versus men with idiopathic infertility: a single institution cohort study.” Among the co-authors were UCLA Urology resident **Dr. Thomas Gaither** and UCLA Urology faculty **Dr. Sriram Eleswarapu** and **Dr. Jesse Mills**. Dr. Sigalos was also first author of “Acute lower back pain after intralesional injection of collagenase Clostridium histolyticum for Peyronie's disease,” published in the *Journal of Urology*.

**Renea Sturm, MD**, UCLA Urology assistant professor, had her UCLA Clinical and Translational Science Institute Institutional KL2 award reappointed for a

second year. Dr. Sturm will receive \$99,750 to continue her research to create an option for urethral tissue replacement for urethral defects requiring urethroplasty (repair of urethral tube) that occur in children and adults.

**Jeffrey Veale, MD**, UCLA Urology clinical professor and director of the UCLA Kidney Exchange Transplantation Program, along with colleagues **Nima Nassiri**, **Erik Lum**, **Monica Meade**, **Ann Raldow**, and **Neil Kogut**, had their manuscript, “Immune tolerance induction through haematopoietic chimerism after kidney donation,” published in *The Lancet*. The manuscript highlights the first pair of individuals to successfully undergo the team's immune tolerance protocol, which combines a haematopoietic stem-cell transplant with a kidney transplant with the goal of inducing sustained mixed chimerism — a state in which the recipient's haematopoietic system has a mixture of both host and donor cells. This reduces or eliminates the need for kidney donor recipients to take immunosuppressants following their transplant.

**The Men's Clinic at UCLA** received a grant from Endo Pharmaceuticals to help develop a workshop on the contemporary management of Peyronie's disease. The goal of this recurring two-day workshop is to offer practicing urologists, especially those from underrepresented-in-medicine backgrounds, the opportunity to learn more about the evaluation and treatment of penile deformities in a high-volume practice setting.

**UCLA Urology** has made a \$1,000 donation in support of Urology Unbound, a nonprofit organization providing mentorship, networking opportunities, and support for underrepresented minority urologists at all levels of their careers.

**UCLA Urology** has a new website: <https://www.uclahealth.org/departments/urology>

## Judith and Robert Winston



**F**or Judith and Robert Winston, a decades-long commitment to supporting health care and research at UCLA started with the birth of their son, Bob Jr.

“It was a wonderful experience, and so UCLA has always been very close to us,” Judith Winston says. “We’ve always had a great affection, and certainly respect, for UCLA.”

The Winstons’ early gifts benefited the UCLA Department of Medicine and UCLA Jonsson Cancer Center Foundation. Then, 30 years ago, when Robert was told his PSA count was high, he connected with Dr. Arie Belldegrun, now the director of the UCLA Institute of Urologic Oncology and Roy and Carol Doumani Chair in Urological Oncology.

“Judy called UCLA and talked to this relatively new person on the block, Dr. Arie Belldegrun, who turns out to be one of the world’s top, who said he would see me,” Robert Winston recalls. “I had

prostate cancer, and from there we were just taken care of.”

Judith Winston later benefited from urological care at UCLA from Dr. Shlomo Raz, distinguished professor emeritus, now retired. These experiences solidified the Winstons’ commitment to direct their gifts to UCLA Urology.

“We actually were helping the urology department before it was even a department,” Robert Winston says. “There were others involved in this pioneering work, and when urology needed some financing, several families got together and helped fund the first da Vinci machine for robotic-assisted surgery.”

The Winstons also focused on research and pediatric urology, establishing the Judith and Robert Winston Chair in Pediatric Urology. Dr. Steve Lerman, UCLA Urology clinical professor, director of the Clark Morrison Children’s Urological Center at UCLA and chief of the Division of Pediatric Urology, holds the chair, which fosters advancement in the field and enables Dr. Lerman to accelerate his teaching, research, training, and clinical activities.

The Winstons continued their commitment to UCLA in 2021 by establishing the Winston Faculty Research Endowment in the department, and in 2022 they increased the endowment to further support urology research.

Recognizing that the early stages of investigations are crucial, and that funding for novel research ideas is highly competitive, their goal is to seed early investigations. Working with UCLA Urology chair Dr. Mark S. Litwin, the Winstons have seen great success in supporting early-career faculty who have developed their research to the point that they can receive National Institutes of Health funding.

“We have had superior personal care at UCLA Urology and we want other people to benefit,” Robert Winston says of the couple’s longstanding support. “We’re delighted in the way the department has grown and that we have had a small part in helping the growth.”

## VA Urology Clinic Named for Dr. Carol J. Bennett



The urology clinic at the Greater Los Angeles VA Medical Center has been renamed the Carol J. Bennett, MD Urology Clinic in honor of Dr. Bennett, professor and holder of the Henry E. Singleton Chair in

Urology at UCLA. Dr. Bennett was the first Black woman to be board-certified by the American Board of Urology and UCLA Urology’s first female faculty member. She was later appointed as chief of urology at the West Los Angeles VA.

“Dr. Bennett is a trailblazer and has been an absolute inspiration to many during her 30 years at the VA,” says Dr. Joseph Shirk, acting chief of urology at the Greater Los Angeles VA Health System. “The

newly minted Carol J. Bennett, MD Urology Clinic at the West Los Angeles VA Medical Center is a state-of-the-art facility that she built from the ground up, allowing us to provide cutting-edge care to thousands of veterans.”

Dr. Bennett, described by UCLA Urology chair Dr. Mark S. Litwin as “the quintessential physician-educator,” says of the renaming: “I am thrilled and humbled in equal measures by the honor



of having the VA Urology Clinic named in my honor. Our Veterans deserve our best medical care. We will always strive to deliver that.”



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U C L A



UCLA Health hospitals in  
Westwood and Santa Monica placed  
# 5 in the nation in the 2022-23  
U.S. News and World Report rankings.



# The Men's Clinic at UCLA

## DID YOU KNOW?

Peyronie's disease, a disabling acquired penile deformity that inhibits normal sexual function, occurs in up to 12% of men. Most men are silent about the condition, but it can be effectively treated. UCLA is a Peyronie's disease center of excellence, with world-renowned experts in diagnosis, treatment, and research.

*The Men's Clinic at UCLA is a comprehensive, multidisciplinary health and wellness center located in Santa Monica, now with locations in Burbank and Santa Clarita.*

*For more information or to make an appointment, call (310) 794-7700.*



### UPDATE

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