

UCLA

RADIATION ONCOLOGY JOURNAL



Kara Walker

One of the most prolific artists of our time. Her work explores and challenges the intersection of race, gender, and sexuality.

Colorectal Cancer: A Troubling Trend

Kyle McEwen was diagnosed with colorectal cancer at just 26, underscoring a troubling trend.

Liane Nash

Meet our Residency Coordinator.

Predicting Side Effects

UCLA Jonsson Comprehensive Cancer Center scientists identify germline signature that predicts side effects from anti-PD1/PDL1 checkpoint therapy.

Natasha Trethewey

US Poet Laureate, author of five collections of poetry, and a Pulitzer Prize winner.

Dr. Jie Deng

An interview with the PGY-4 and UCLA Tumor Immunology Training Grant (USHHS Ruth L. Kirschstein Institutional National Research Service Award #T32 CAm 009120) winner.

\$1.15 Million Grant:

Improving Treatment for Prostate Cancer

Grant from the Department of Defense (DoD) to spearhead a project that explores important basic science concepts in the treatment of prostate cancer.

A Day In The Life Of A UCLA Radiation Oncology Resident

Get a glimpse into life as a UCLA Radiation Oncology Resident in 2022.

Awards, Grants, News

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Cancer Moonshot:

Dr. Erina Vlashi

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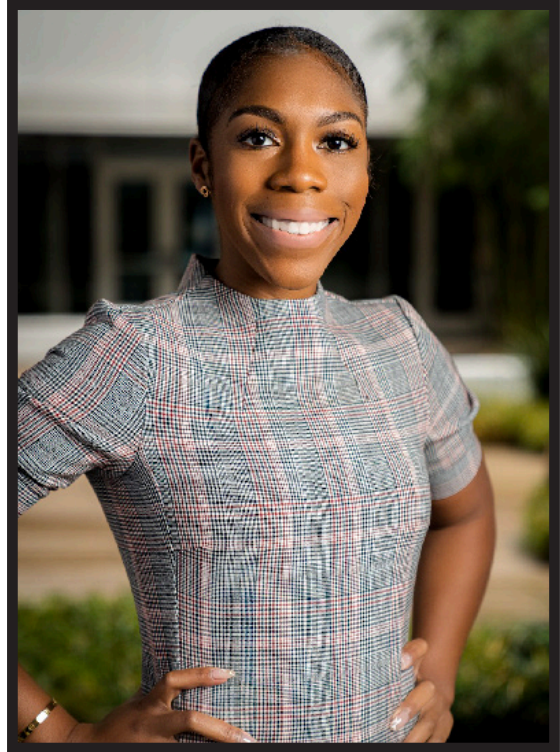
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Chairman's Letter

Dear All,

The art historian E.H. Gombrich presented Da Vinci and his contemporaries as the prime example of how artists used medicine and science to elevate their craft and respectability in the 15th Century. Today, this concept is flipped on its head when it comes to medicine and science. Our patients and treatment approaches benefit from the underpinnings of the fine arts. The juxtaposition of medicine and art allows us to bring an empathetic sense of whole to all we do—from precisely defining the contours of the tumors we endeavor to treat to gaining awareness and insight into the psycho-social dimensions of our patients' lives.

This issue of the *Journal* is steeped in the arts—their relationship to the human condition—and science's efforts to improve the human condition. From the apparent and subtleties of our featured artist, Kara Walker, and our featured poet, Natasha Trethewey, to the important, treatment-improving research being done by Dr. Joanne Weidhass, Dr. Erina Vlashi, Dr. Amar Kishan, and Dr. Jie Deng.

While society often manufactures a dichotomy between the arts and the sciences, I am proud that here at UCLA Health in the Department of Radiation Oncology, we actively embrace and embody the living connection between the two.

Be well and stay safe,

Michael Steinberg, M.D.
Professor and Chair



[@MSteinbergMD](https://twitter.com/MSteinbergMD)



*Winston Churchill's oft-used quote,
"The farther back you can look,
the farther forward you are likely to see,"
becomes jarring when applied to art.*

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Photo Credit: Ari Marcopoulos

W A L K E R

KARA WALKER

To enter a Kara Walker exhibition is to become a participant

Winston Churchill's oft-used quote, "The farther back you can look, the farther forward you are likely to see," becomes jarring when applied to art. This is in part because art is supposed to hold a mirror up for society, but it is also due in larger part to the implication of history repeating itself. Stereotypes feed the repetition, and despite the abolition of slavery 166 years ago and Women's Suffrage winning women the right to vote 102 years ago, race and gender remain polarizing—and political—issues.

Kara Walker's art is both polarizing and political. If you recognize her name, it is because before she turned 30 in 1999, her work had already been acquired for myriad permanent museum collections, including the Whitney Museum of American Art, and her large-scale tableaus were already selling for \$50,000-100,000. *The New York Times* called her work "shocking" in 1997, and the startling nature of her work has yet to wear off.

Born in Stockton, California, Walker moved to Atlanta as a teen, where her father, the "urban surfaces" painter Larry Walker, was a professor. In Georgia, Walker became immediately subjected to Ku Klux Klan-era taunts, and she began to play games by herself wherein she would imagine herself as a slave. Her focus on racism did not fully blossom in her art until she entered Rhode Island School of Design's MFA program in the early-90s. Although she is best known for her paper cut-out silhouettes, she has incorporated animation and projection into exhibitions as well as sculpture, watercolors, and other mediums.

To enter a Kara Walker exhibition is to become a participant. It is not an accident that we are all complicit in Walker's work, and she would not discount any viewer's interpretation since she admits to changing her mind frequently on the meaning of works and refuses to attach specific meaning to her characters. The bulk of her work are silhouettes of scenes, cut from black paper and often backed with wood. This at once gives the impression of the work being both background and foreground, both fully-formed art and blank canvas. The seemingly blank spaces, too, serve as the proverbial mirror that forces the viewer to become complicit in each tableau's narrative.

It is important, as a viewer, to note that silhouettes began in the 18th Century, a women's craft used in children's storybooks and an alternative to the expensive painted or drawn portrait. Silhouettes as an art form used primarily by women, as well as it being seen as a craft rather than fine art, are important to Walker, but she also appreciates how they echo the sidelong glance or giving one's profile in response or reaction; because this is a typical female response to men they distrust and is historically seen as the type of shifty glance slaves gave that said they were to be mistrusted, Walker uses the profile as her personal response to the male gaze, which, in art, has been considered the only gaze until very recently.

The works themselves pull historical stereotypes and fictional Black characters (think Uncle Tom, Prissy, or Mammy) into elaborate tableaus, often sexually explicit and violent, with ample visual metaphors within the stark beauty of the silhouettes.



"re-writing Black History, 400 years of bondage, 25 years of Boredom (1994)" Copyright Kara Walker

Portraying Black slaves as both the seductress and the molested, exaggerating lips, and use of body language are just a few examples of how Walker questions historical stereotypes in both fiction and society, and these stereotypical physical traits lead to her more pressing questions: why do these fictions keep occurring, why are Blacks hypersexualized by pop culture, and why was so much of the trauma left out of any official historical record?

“re-writing Black History, 400 years of bondage, 25 years of Boredom,” a brush and ink drawing purchased by Whitney Museum in 1994, is only 18x12”. The drawing could be viewed as a marking out of Black history in order to rise into a blank space where the future may be constructed by a Black hand. Or it could be a play on the saying, “rewriting history.” Walker will occasionally take a cliché or common saying (think “beating a dead horse” or “you’re a monkey’s uncle”) and reconstruct it as a visual play on words.

If the latter is the case, Walker is quite literally saying that the history of Blacks was rewritten by White hands as an unreadable mess and sham.

“A Work on Progress (1998)” is a more iconic Walker silhouette wherein the woman with broken shackles could be viewed as the enslaved version of the free woman sweeping her away. This is an optimistic view, so it is likely that the piece is instead addressing the lasting reverberations or consequences of slavery and the shame therein. What is mystifying is the old-fashioned key on a chain around the “free” woman’s neck. Why has she not unshackled the other woman? Why is she instead sweeping her away with force? These questions are undoubtedly ones she intends the viewer to ask. But what is most striking about “A Work on Progress” is that it is an exquisite example of how Walker refuses to

allow anyone off the hook, not even herself, when it comes to talking about race, gender, and identity, and how history repeats itself ad nauseum in new and “acceptable” ways.

Walker has maintained a level of notoriety uncommon in the ever-evolving landscape of visual art because she is unrelenting in both, exquisitely crafting her works. Until the mirror she is holding up no longer reflects our current society, the continued vitality of her work’s content ensures her relevance. □

Contributed by: Ciara Shuttleworth

Ciara Shuttleworth is an alumna of the prestigious San Francisco Art Institute. She has worked for three prominent San Francisco fine art galleries. Additionally, she has provided art consulting for private and corporate collections, including Google. She is also a published writer with works in the *Norton Introduction to Literature* and *The New Yorker*. Her most recent book is the poetry collection, *Rabbit Heart*.

Artwork © 2022 Kara Walker, courtesy of Sikkema Jenkins & Co., New York; Sprüth Magers, Berlin



"A Work on Progress (1998)" Copyright Kara Walker



Photo Credit: Ari Marcopoulos

COLORECTAL CANCER: A TROUBLING TREND

The radiation itself is very targeted, so that we can radiate the cancer and spare the healthy tissue

The Thousand Oaks resident was diagnosed with colorectal cancer at just 26, underscoring a troubling trend.

When Kyle McEwen, 26, started experiencing extreme stomach pains more than a year ago, he hoped that maybe it was just the flu.

But as the symptoms continued for weeks, he made an appointment with a general practitioner near his home in Thousand Oaks. That doctor concluded he was probably just suffering from anxiety and perhaps irritable bowel syndrome.

"She prescribed me anti-anxiety medication and thought that was it," he said. "I admit that I have anxiety, but I did not feel like anxiety was causing my stomach issues – it didn't add up."

Determined to find answers, McEwen made an appointment with Dr. Michael Albertson, a UCLA gastroenterologist who ordered a colonoscopy, a procedure that's rare for a patient so young.

It turned out that McEwen had an adenocarcinoma – a malignant tumor in his rectum.

"Even I could look at the images and tell that something wasn't right," he said. "There was this black object that obviously did not belong there."

McEwen's diagnosis underscored a trend that doctors have been tracking in recent years: More younger people are developing colorectal cancer.

The problem has become so pronounced that the U.S. Preventive Services Task Force in 2021 lowered the recommended age for colorectal cancer screenings to 45. The American Cancer Society estimates there will be 106,180 new cases of colon cancer and 44,850 new cases of rectal cancer in the U.S. in 2022.

McEwen is now undergoing treatment from a multidisciplinary team at UCLA Health.

Following radiation, chemotherapy and surgery, he's optimistic that he can win the battle against colorectal cancer and look forward to a healthy future.

"I'm definitely glad that I pushed for my own health, when something just didn't feel right," he said. "It has been an awful lot to go through, that's for sure. But I am one of the lucky ones, and I feel really grateful to have had a whole team that was so dedicated to immediately taking care of this for me."

For such a serious condition, it takes a team of physicians to execute the best possible treatment, said UCLA's Kevork Kazanjian, MD, a colorectal surgery

specialist treating McEwen.

"Obviously, the dramatic aspect that really stands out in Kyle's case of colorectal cancer is his young age," Dr. Kazanjian said.

Doctors such as Kazanjian are searching for an explanation as to why cases are on the increase among younger people.

"Our traditional thought that colorectal cancers only afflict older patients is just not the case anymore," Kazanjian said.

"What we do know is that these cancers really don't care how young or old you are. Kyle is pretty much on the extreme younger end of this phenomenon."

That added to the shock McEwen felt when he initially was diagnosed.

Stunned by the News

"It rocked my world," he said. "When you are young, you just don't think that something this serious is going to happen to you. It definitely makes you feel your mortality, and my imagination kind of ran wild with all of the disturbing possibilities."

His parents were also stunned. "There was a really long and awkward silence because they did not know what to say," McEwen said.

"When I got home that day and told my husband, I just started crying because I had no idea what was going to happen with all of this," he said. "But he helped me get through it every step of the way. Support from your family and friends is so priceless."

The Treatment

McEwen began his treatment at UCLA Health in 2021. One advantage of his age was that he could tolerate treatment better than many older patients.

"They basically compressed a month of radiation treatments into five days for me," he said.

Ann C. Raldow, MD, a member of the Jonsson Comprehensive Cancer Center and the gastrointestinal radiation oncologist who treated McEwen, said his treatment program involved three phases.

The first two phases consisted of radiation and then chemotherapy, to shrink the tumor and pave the way for the third phase of surgery to successfully remove it.

Though McEwen dreaded the side effects of radiation and chemotherapy, he was impressed with how quickly and effectively his treatments progressed.

"The doctors told me I would just have to fight through it so we could kill the cancer, so that's what I did," he said.

Dr. Raldow said radiation treatments have become increasingly refined in recent years to minimize the negative impacts on the patient's health while improving the focus on killing cancer cells.

"The radiation itself is very targeted, so that we can radiate the cancer and spare the healthy tissue," Dr. Raldow said. "This technology is constantly advancing."

Sidharth R. Anand, MD, a member of the Jonsson Comprehensive Cancer Center, was the gastrointestinal medical oncologist who treated McEwen. He said the doctors were pleased with the outcome.

"Kyle tolerated his treatment, called 'Total Neoadjuvant Therapy,' well," Dr. Anand said. "Though he had a lot of anxiety around his diagnosis and treatment, he demonstrated remarkable courage throughout. We also involved our Simms Mann integrative oncology team in his care as part of a whole team effort."

The next step for McEwen will be another surgery to reconnect his plumbing from the ileostomy, an opening doctors made in his abdominal wall to drain intestinal wastes.

"Surprisingly, that part was not as bad to deal with as I thought it would be," McEwen said of the ileostomy. "I was not looking forward to it, but it really hasn't been a problem. Of course, I am looking forward to the reattachment surgery and being done with all that."

Dr. Anand said he will then monitor his patient for five years, and "extremely closely for two to three years," watching for any signs of cancer returning. He will use lab tests such as tumor markers and CT scans, as well as a relatively new technology called circulating tumor DNA (ctDNA).

It Takes a Team

The teamwork of physicians involved in McEwen's treatment is typical of the multidisciplinary approach UCLA uses to treat cancer patients, Dr. Kazanjian said.

"Often the process will involve physicians that the patient never sees, but who are involved in the diagnosis and treatment that we pursue for the best outcome for the patient," he said.

He said he tells patients to think long-term about beating their cancer and for future prevention, especially recommending healthier diet choices and exercise.

"We try to tell them that the process of treatment is a marathon, not a sprint," Dr. Kazanjian said. "It's a journey, a multi-step process, where you don't just go in and get one thing fixed and you're done."

Dr. Anand, Dr. Raldow and Dr. Kazanjian all recommend the "Mediterranean diet," with more fresh vegetables, and less meat

and processed foods than typically found in the American diet.

Advocate for yourself

Dr. Kazanjian encourages patients to be assertive, like McEwen was, insisting that they get answers from their doctors. "It pays to be your own advocate when you know that something just does not feel right with your health," he said.

McEwen recommends that everyone, regardless of age, lean toward finding out the cause of any pain or other symptoms—and seek help from medical professionals.

"When I first started researching my symptoms, Google became my best friend and worst enemy," he said. "I imagined all kinds of diseases, especially anything that any family members had gone through. But honestly, it's very hard to diagnose yourself. It is better to have really good doctors help you to figure out the problem."

Despite the ordeal of the treatment that was to come, McEwen said that after his cancer diagnosis sunk in, he could find some calm in knowing that the root of his pain could be addressed medically and that eventually he would find relief.

"Yeah, it's scary to think about having a serious medical issue, but it's always better to find out and know what it is than to be left in the dark," he said. "What I found out is that the technology has come so far, and the treatments for cancer are so amazing, that it might not be as bad as your worst fears." □

Contributed by: Tina Daunt



RESIDENCY COORDINATOR

LIANE NASH



Tell me a bit about your background and what brought you here.

L: I was born and raised in Shreveport, Louisiana (former capital of Louisiana, fun fact). I obtained my B.S. in Kinesiology from the University of North Texas. With obtaining this degree, my plan was to become a Physical and Occupational Therapist. For the first few months after graduating, I volunteered at a Physical Therapy Clinic while working at the University of Texas Southwestern. In this time, I realized that I was more drawn toward administration and leadership versus the hands-on approach to patient care. I decided to obtain my MHA with a focus in Entrepreneurship and Leadership in Healthcare Administration from Oklahoma State University. Upon graduating, the pandemic hit! I had a lot of time to reflect and meditate. So here I am, on a journey outside my comfort zone and exploring new terrain in Sunny California.

You came to UCLA from MD Anderson. What has been your trajectory and experience in medicine? How did you become a Residency Coordinator?

L: Since childhood, I knew that I wanted to work in medicine/healthcare because most of my childhood was spent in hospitals from my own health issues to family health issues. My village nurtured that vision and placed me in a summer program in Shreveport called “A-HEC.” This pipeline program introduced me to different professions in healthcare and reassured me that healthcare was the profession for me.

My first job in healthcare was working at University of Texas-Southwestern Medical Center as a Float Clinical Staff Assistant Coordinator. I quickly advanced in this role and began to train incoming Clinical Staff Members across UTSW on standard operations and activities. My management team saw how I excelled in this role and began to place

me in more administrative/managerial float roles. I was in an Education Coordinator Administrative Assistant role that introduced me to Graduate Medical Education. I worked in many roles on the float team, but my experiences with Graduate Medical Education left an impact I would later come back to. While at UT-MD Anderson, I had the pleasure to work in the Department of Infectious Diseases, Infection Control and Employee Health. I had the opportunity to work on awesome committees, learn more about GME and so much more.

I’ve always aimed to be the best, while working for the best. So here I am as the Residency Coordinator at one of the best hospitals in the nation sharing my knowledge and experiences to aid in producing the best Radiation Oncologists.

You have a background in professional pageants. How did this experience inform who you are and prepare you for the career you have?

L: Professional pageants shaped me into the passionate, goal driven, adaptable person I am today. Pageants were a place where I could telepath into a world free of limitations and dominate my every fear! I had a great team composed of voice, fitness and interview coaches that prepared me for competition—physically and mentally.

For the ten years I competed in pageants, I would be the only person of color in many of the local pageants. There were many times where I wanted to compete, but my village wouldn’t allow it because of the known local pageant history and other inequities. While I had no idea when I accepted my current role that I would be on the EDI Committee, I’m appreciative of the opportunity to be a part of conversations that impact the community.

What's the best piece of advice you give first year residents?

L: Ask questions! This is also the best piece of advice I give myself. We don't know what we don't know. So the best way to get through not knowing is to ask.

current environment. I'm glad to be part of a board that recognizes this and is taking steps to change the perception and provide opportunities to those who desperately desire a chance. □

What direction would you offer medical students interested in Radiation Oncology—including the UCLA Radiation Oncology Medical Student Preceptorship?

L: Since I am a product of a pipeline program, like the Radiation Oncology Medical Student Preceptorship Program, the best direction and advice I could offer is to research and actively search for programs that support your goals and aspirations. There are people out there that want you to succeed. Connecting and networking is your best friend for career and knowledge advancement.

How is UCLA positioning their residents for hiring and becoming attendings?

L: UCLA is positioning their residents for hiring and becoming attendings by educating them on the current trends and population. Any student who attends UCLA is fortunate to be a part of a community that embodies justice, diversity, equality, and inclusion while providing education to provide first class patient care. It's a reason why UCLA is #1 in California.

As a Committee Member of our EDI Board, what do you anticipate encompassing in the future as the program grows?

L: I'm excited to see what we can do as a community to change antiquated thought processes and ideals. I'm most excited about the community outreach that we are preparing for. Representation matters in the community, but for so long the idea of what a healthcare professional looks like has not reflected the



MEDICAL STUDENT PRECEPTORSHIP

When Dr. Amar Kishan and the Department of Radiation Oncology created the Medical Student Preceptorship, the goal was to help address the persistent underrepresentation of women and racial and ethnic minorities in the field of Radiation Oncology. The program, in its second year, provides a mentored clinical and translational research experience, exposure to clinical Radiation Oncology as it is practiced at a tertiary academic center, and career development advice and guidance. Designed for US Medical School Students with a commitment to efforts fostering workforce diversity in healthcare, the UCLA Radiation Oncology Medical Student Preceptorship provides a support stipend with the expectation that the recipient will devote at least thirty-five hours per week to activities related to the preceptorship. All students must identify an attending physician in the Department of Radiation Oncology who will serve as a primary mentor during their preceptorship. Though the student may work with other mentors, the primary mentor is responsible for ensuring that the student has identified an appropriate academic project (commensurate with the timeframe of the preceptorship) and is responsible for providing sufficient guidance and supervision to allow completion of the project. It is required that the mentor and the applicant draft a research proposal, outlining clinical and academic activities, as part of the application for this preceptorship. The mentor is also responsible for facilitating clinical exposure for the student. Finally, the mentor is encouraged to provide career guidance.

Know a great candidate? Have them APPLY TODAY.



PREDICTING SIDE EFFECTS

These findings represent an important step toward personalizing checkpoint therapy, the use of which is growing rapidly

Investigators from UCLA Jonsson Comprehensive Cancer Center have identified a germline biomarker signature that successfully predicts which patients will suffer serious side effects that occur in up to 3 in 10 patients on anti-PD1/PDL1 therapy, a promising new approach to treating cancer.

Checkpoint inhibitors that enhance the immune system against PD-1 and PD-L1 show great promise, having substantially improved the prognosis for patients with several advanced cancers, including melanoma, renal cell carcinoma, non-small cell lung cancer, Hodgkin lymphoma, and head and neck cancer.

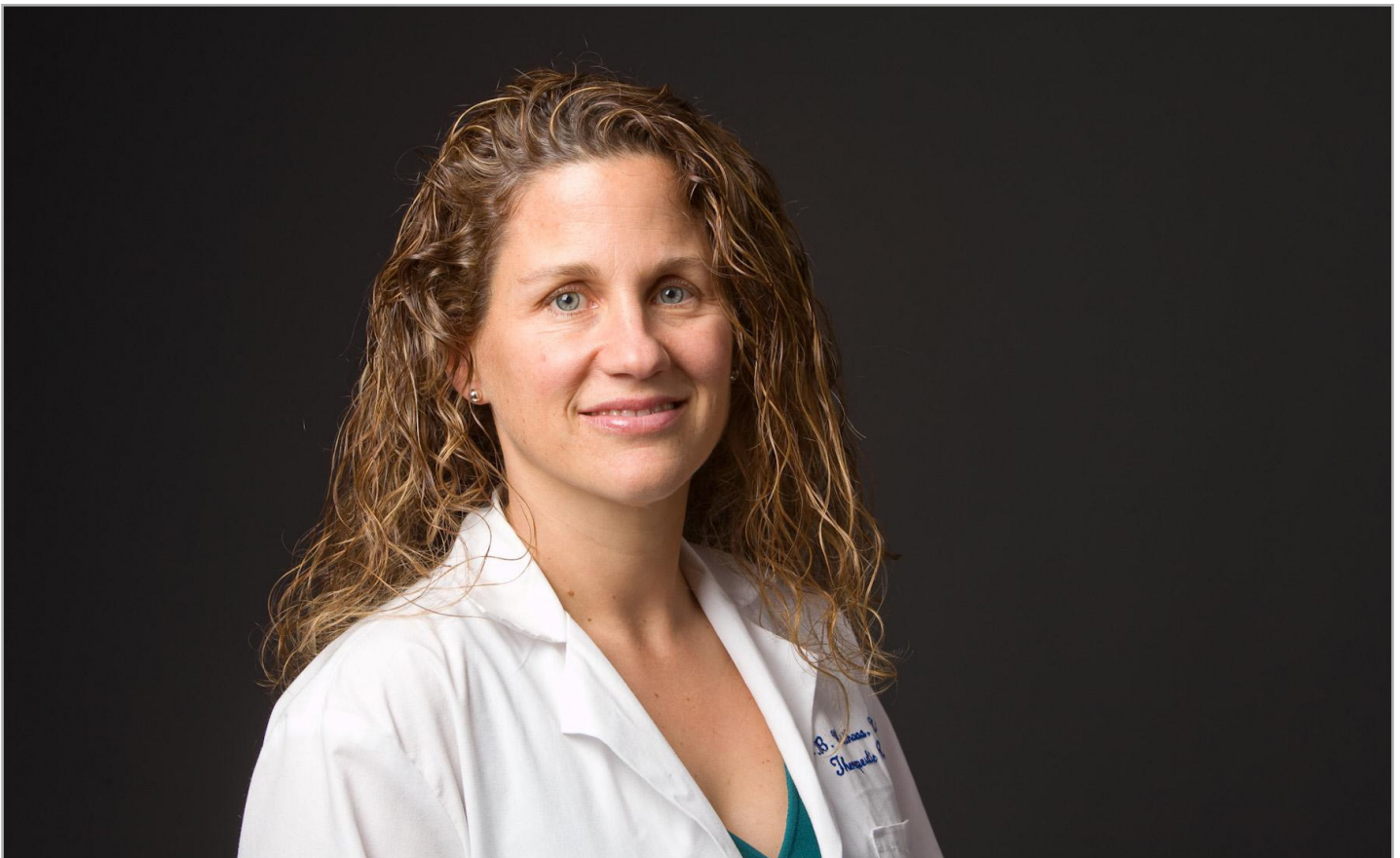
As promising as they are, these therapies are also associated with a unique set of side effects, called immune-related adverse events (irAEs), believed to be the result of an immune system overstimulated by the therapy. While these side effects are generally treatable, they can in rare cases be very serious, even fatal. In addition, there's currently no way to predict which patients will develop irAEs before starting treatment, requiring clinicians to watch and wait after treatment begins. Notably, the toxicity from checkpoint therapy does not appear to be associated with a patient's cancer or their response to the treatment, supporting the idea that it is a patient-specific reaction.

With a growing need to identify which patients are at risk for irAEs, investigators led by Joanne B. Weidhaas, MD, PhD, MSM, of UCLA Jonsson Comprehensive Cancer Center and vice chair, Department of Radiation Oncology, Director, Division of Molecular and Cellular Oncology at UCLA Health, examined DNA signatures in 99 patients, looking for patterns that would indicate if inherited DNA biomarkers would predict toxicity. In findings published in *Journal for ImmunoTherapy of Cancer*, they report that they were able to identify a biomarker panel that predicts toxicity with 80% accuracy.

“These findings represent an important step toward personalizing checkpoint therapy, the use of which is growing rapidly,” said Dr. Weidhaas. “While we are still at the early stages of understanding the mechanisms by which these germline mutations regulate immunity and the systemic stress response, our repeated findings that these variant panels can predict systemic toxic responses to cancer therapy are potentially paradigm-shifting.”

The authors of the study say applying these findings may improve clinicians’ ability to offer truly personalized cancer therapy by enabling consideration of toxicity along with other data that can predict patients’ response to treatment. “As the efficacy of cancer therapy improves, resulting in higher and higher rates of long-term cancer control,” they write, “cure without harm will only become an increasingly important endpoint.” □

Article: Weidhaas J, Marco N, Scheffler AW, et al. Germline biomarkers predicting toxicity to anti-PD1/PDL1 checkpoint therapy. *Journal for ImmunoTherapy of Cancer* 2021;0:e003625. doi:10.1136/jitc-2021-003625



NATASHA TRETHEWEY

NATIVE GUARD THRALL MEMORIAL DRIVE MOMUMENT BEYOND KATERINA DOMESTIC WORK BELLOCQ'S OPHELIA

Pulitzer Prize-winner Natasha Trethewey served two terms as the 19th Poet Laureate of the United States (2012-2014) and Poet Laureate of the State of Mississippi (2012-2016). She is the author of *The New York Times* bestseller *Memorial Drive: A Daughter's Memoir* (2020), a book of nonfiction, *Beyond Katrina: A Meditation on the Mississippi Gulf Coast* (2010) and five collections of poetry: *Monument: Poems New & Selected* (2018), which was longlisted for the 2018 National Book Award; *Thrall* (2012); *Native Guard* (2006), for which she was awarded the Pulitzer Prize; *Bellocq's Ophelia* (2002); and *Domestic Work* (2000), which was selected by Rita Dove as the winner of the inaugural Cave Canem Poetry Prize for the best first book by an African American poet. She is the recipient of fellowships from the Academy of American Poets, the National Endowment for the Arts, the Guggenheim Foundation, the Rockefeller Foundation, the Beinecke Library at Yale, and the Bunting Fellowship Program of the Radcliffe Institute for Advanced Study

at Harvard. In 2017 she received the Heinz Award for Arts and Humanities. A member of both the American Academy of Arts and Letters and the American Academy of Arts and Sciences, she was elected to the Board of Chancellors of the Academy of American Poets in 2019. At Northwestern University she is Board of Trustees Professor of English in the Weinberg College of Arts and Sciences. □



"Flutter" Copyright Alexandra Jo

Myth

BY NATASHA TRETHERWEY

I was asleep while you were dying.
It's as if you slipped through some rift, a hollow
I make between my slumber and my waking,

the Erebus I keep you in, still trying
not to let go. You'll be dead again tomorrow,
but in dreams you live. So I try taking

you back into morning. Sleep-heavy, turning,
my eyes open, I find you do not follow.
Again and again, this constant forsaking.

*

Again and again, this constant forsaking:
my eyes open, I find you do not follow.
You back into morning, sleep-heavy, turning.

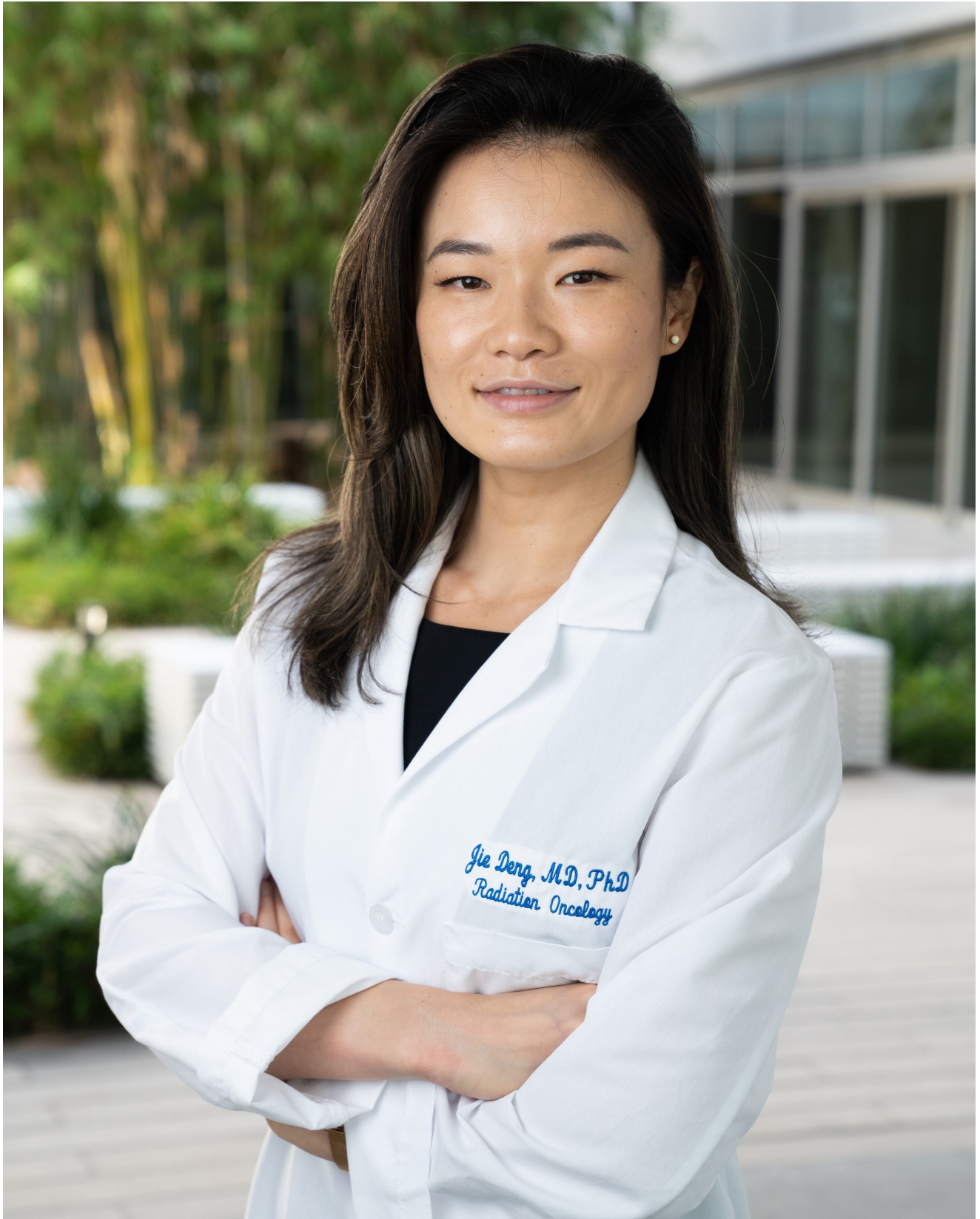
But in dreams you live. So I try taking,
not to let go. You'll be dead again tomorrow.
The Erebus I keep you in—still, trying—

I make between my slumber and my waking.
It's as if you slipped through some rift, a hollow.
I was asleep while you were dying.

Natasha Trethewey, "Myth" from *Native Guard*.
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Source: *Native Guard* (Mariner Books, 2007)

DR. JIE DENG



Talk to me about your childhood and upbringing.

J: I have always loved observing the world around me, which is rooted in my childhood that was filled with exploration and imagination that grew from valuable unscheduled time.

I later became more involved in competitive swimming, which taught me discipline and commitment, which continue to carry me through challenges and in the pursuit of my goals.

What influenced your trajectory? How has your heritage influence your trajectory?

J: My trajectory is shaped by the people I meet, including patients, colleagues, and mentors who help me apply my passions to bring positive change. Being Asian American has given me a unique lens to appreciate the many different ways people may experience the world. I bring this awareness and openness to all my encounters with our patients to help me better understand who they are as people and what their values are as they navigate their treatment. Learning deeply about who our patients truly are is central in advancing care in a way that is meaningful to our patients.

Why medicine? From medicine, how did you arrive at Radiation Oncology?

J: Being a key player in the care of patients to offer treatment options, guidance, and alliance during a vulnerable and challenging part of their life is one of the many things that make being a physician a privilege and honor. I found my way into the field of radiation oncology during my PhD at Dartmouth when I connected with a radiation oncologist over shared research interests. He invited me to join his clinic, and I immediately noticed that he brought tremendous purpose and grace in caring for his patients. To hear a patient and their family member say they don't worry when they are in the Department of Radiation Oncology because

of their trust in their radiation oncologist emphasized the tremendous role we play in caring for patients with cancer.

Recently, you were awarded a UCLA Tumor Immunology Training Grant (USHHS Ruth L. Kirschstein Institutional National Research Service Award #T32 CA 009120). Tell me about this project and how the grant will benefit your work.

J: This project focuses on a component of my overarching research interest, which is how can we reverse cancer-related immunosuppression? There are many approaches and, specifically, my focus is studying how radiation plays a role in this challenging scenario. Receiving a training grant is an amazing opportunity not only for the direct funding that expedites the progress of our work, but it also serves as a platform to train alongside other like-minded individuals who are passionate in uncovering important mechanisms in tumor immunology. I am grateful to the Training Grant Directors, Dr. Michael Teitell, Dr. Steven Dubinett, and Dr. Dinesh Rao, for running this fantastic program and selecting me to participate under the mentorship of Dr. Anusha Kalbasi and Dr. Dörthe Schaeue.

As you enter your final year of residency, what research and rotations do you plan to focus on?

J: As a senior resident, I am looking forward to taking a more nuanced approach in how I think about treatment recommendations. Participating in the care of patients has always been a key component in shaping the direction of my research interests. I look forward to the continued development of my ongoing projects studying how radiation can be used in combination with immunotherapy to augment the immune response against sarcoma under the mentorship of Dr. Anusha Kalbasi and Dr. Dörthe Schaeue.

How has your experience in the UCLA Department of Radiation Oncology been?

J: My experience in the Department during my residency has been outstanding, and it is directly attributed to the many people here who create an environment that is both inspiring and supportive. This culture coupled with a massive and diverse intellectual landscape creates an abundance of opportunities for residents. Collectively, this has afforded me the opportunity to work on an important project in the lab with Dr. Anusha Kalbasi and Dr. Dörthe Schae, as well as lead an exciting clinical trial with Dr. Robert Chin.

What is your best piece of advice for incoming residents?

J: Residency is a phenomenal time to challenge yourself under the guidance and mentorship of expert faculty. I would recommend incoming residents to constantly strive to expand your capabilities and perspectives by seeking out new opportunities that are aligned with your goals.

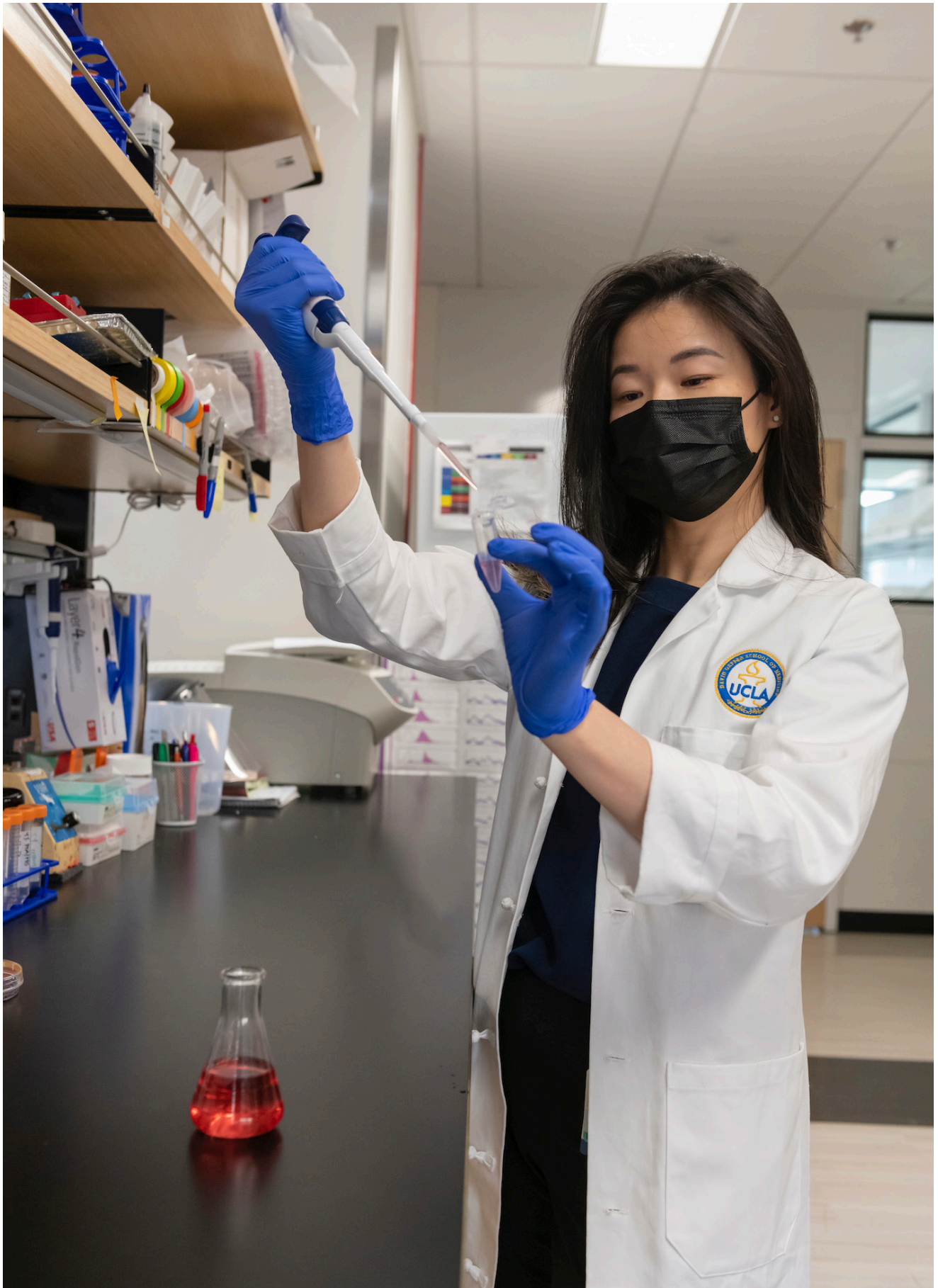
What wisdom can you impart to medical students interested in Radiation Oncology?

J: Spending more time in the radiation oncology clinic is the best way to start appreciating the complex care path and the many steps required to deliver a safe and effective treatment for patients. Attending tumor board was one of my most beneficial experiences as a medical student where I could learn to appreciate how radiation integrates with multi-disciplinary care.

While you've conducted much research while at UCLA, what work remains signal?

J: One of the most exciting avenues forward is developing our understanding of the biology behind why radiation works and how to make it more effective. This is increasingly important in a time where multi-disciplinary care is at the forefront of comprehensive care in the treatment of patients with cancer. Learning more about the biology behind radiation will help us understand

how radiation fits in with other treatment modalities and, further, how can we use radiation to augment other treatments. These are exciting areas of cancer research that have important clinical implications, and I am thrilled by the opportunity to be part of this momentum to improve the care of our patients. □



\$1.15 MILLION DEPARTMENT OF DEFENSE GRANT: IMPROVING RADIATION TREATMENT OF PROSTATE CANCER

This project will have a major impact by improving radiotherapy delivery technology and enhancing our understanding of the underlying biology of radioresistance

UCLA Jonsson Comprehensive Cancer Center researcher Amar Kishan, MD, associate professor in the department of Radiation Oncology at UCLA Health, has received a \$1.15 million grant from the Department of Defense (DoD) to spearhead a project that explores important basic science concepts in the treatment of prostate cancer: evaluating and optimizing the physics of radiation delivery and dissecting the biology of the tumoral response to radiation.

Prostate cancer is the most common non-skin cancer among American men, with over 190,000 new cases diagnosed every year. While radiation treatment offers a high chance of cure, radiation's impact on the urinary system has remained a challenge to minimize, as the prostatic urethra and the trigone (part of the bladder neck) are difficult for clinicians to visualize and can change shape or position frequently during radiotherapy. Meanwhile, a substantial minority of men have a poor response to radiation, with the cancer not responding or the disease recurring years later. Though radiorecurrent prostate cancer is common, it remains poorly understood in large part because the biology of the radiation response (and thus mechanisms of radioresistance) are unclear. This is critically important: local failure after radiotherapy is a poor prognostic marker and can portend a very aggressive disease course. With the new grant, Dr. Kishan –under the mentorship of Jonsson Comprehensive Cancer Center members Dr. Ke Sheng in the Department

of Radiation Oncology and Dr. Paul Boutros, director of Cancer Data Science, will evaluate two separate-but-linked hypotheses. The first is that by allowing real-time adjustments of radiotherapy dose delivery based on changes in the shape and position of the urethra and trigone, clinicians can significantly decrease the proportion of patients in whom these structures are overdosed during radiotherapy. The second hypothesis is that by evaluating the genome of patients with viable or visible tumor two years after radiotherapy, the group will identify a significant increase in markers of aggressiveness.

“This project will have a major impact by improving radiotherapy delivery technology and enhancing our understanding of the underlying biology of radioresistance,” said Dr. Kishan. “This work will be directly responsive to three of the DoD’s Prostate Cancer Research Program Overarching Challenges: improving quality of life to enhance outcomes and overall wellness for those impacted by prostate cancer, developing treatments that improve outcomes for men with lethal prostate cancer, and defining the biology of lethal prostate cancer to reduce death. This work will address multiple important gaps in our understanding of prostate cancer and will lead to high impact findings.”

Grant information: W81XWH-22-1-0044 / Optimizing Radiation Delivery and Dissecting the Response to Radiation for Patients with Localized Prostate Cancer





A DAY IN THE LIFE OF DR. TRUDY WU

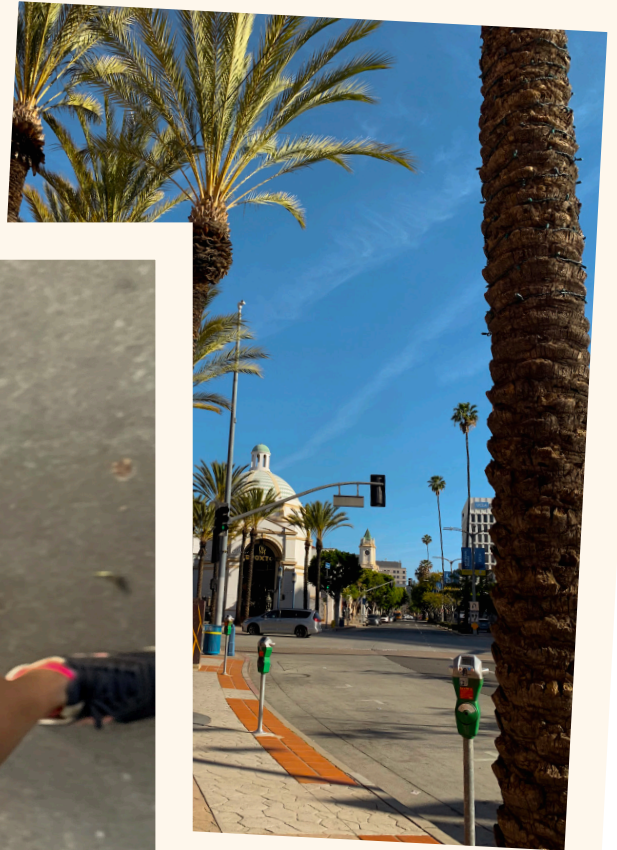
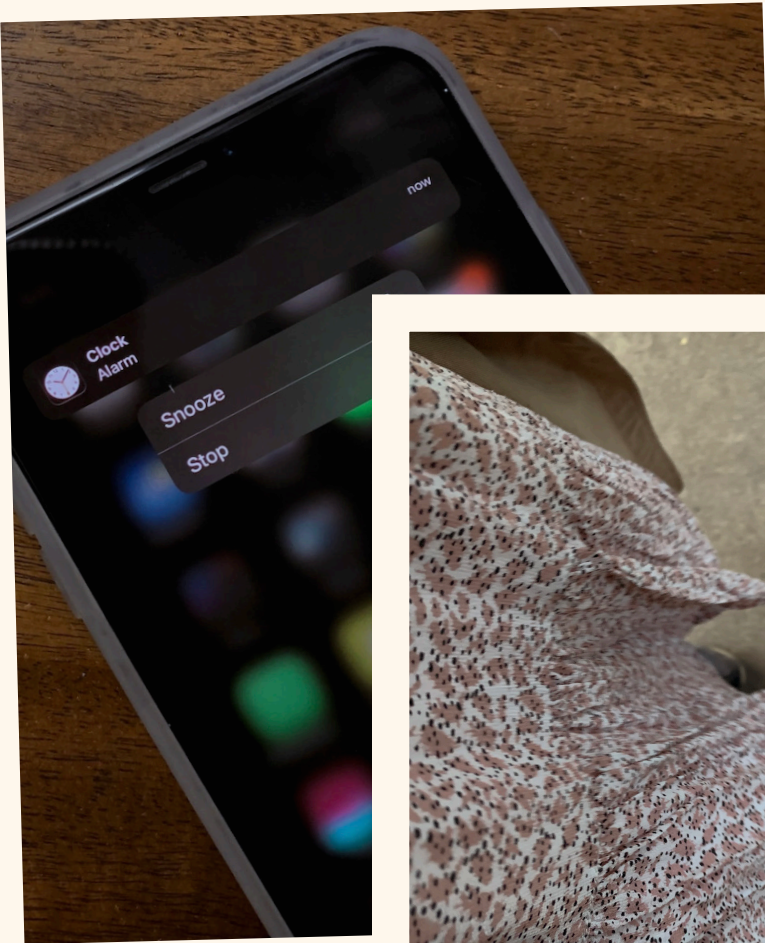
A UCLA Radiation Oncology Resident and PGY-3

Dr. Trudy Wu, a first generation American, was raised in the Great River state of Ohio. Early on, taken with the work her father was doing as a physician, she honed in on medicine as her chosen path.

While in college at Ohio State, Trudy's father was diagnosed with cancer and, as she entered medical school, he passed away. Initially the tremendous loss drove her away from cancer care as it fell too close to home. But in her second year of medical school,

Trudy developed an affinity for Radiation Oncology and an understanding that her loss, her experience with cancer set her apart as a physician in this field.

In 2020, Trudy launched from the Midwest and into the UCLA Radiation Oncology Residency Program. Driven by a desire to improve treatments and care, she has excelled on both a clinical and research front. Her father's work and legacy always propelling her forward. □



6:00AM I'm up by 6AM...6:30AM if I hit snooze. While I'm getting ready for the day, I listen to *The Daily*...a thirty minute break from thinking about medicine.

7:15AM I'm out the door. I live a mile and a half from the hospital. Since we have beautiful weather, I walk to work, which takes me about thirty minutes. When I arrive at the hospital, I grab a coffee at the Starbucks outpost within the cafeteria, then head to the resident workroom.

8:00AM On Monday, Wednesday, Friday the residents have a didactic/academic lecture from 8-9AM. On Tuesday and Thursday we have chart rounds. These are done over Zoom at your desk in the resident workroom.

9:00AM Clinic starts. I prep each clinic one/two days beforehand so I'm ready to go at 9AM. During clinic, I keep Epic up so I'm prepared to see patients as they check in.

9:10AM Once I receive a page from nursing, I head to clinic to see the first patient. The typical workflow is that I will see the patient first, consult with the attending on the case, then the two of us will see the patient together. Some patients are seen in the clinic, others via telehealth.

Clinic runs from 9AM to 5PM. Within that span, I try and grab lunch at the cafeteria, but this can prove tricky on busier services or days. Over the course of clinic, in addition to seeing patients, I'm staying on top of notes and orders--limiting how long I have to stay after.





5:00PM Once clinic wraps, I'm in the resident workroom for another hour finishing notes, placing orders, and signing encounters.

6:00PM I hit up the cafeteria for a take-away dinner and walk home.

7:00PM At home, I unwind with a workout on my Peloton. Then I eat dinner while catching up on any pending work, clinic prep, or contours.

10:00PM I unplug from work and stream an episode of a current favorite series on Netflix before bed. □





AWARDS, PUBLICATIONS, AND GRANTS

Recent wins from the UCLA Department of Radiation Oncology

Joanne B. Weidhaas, MD, PhD, MSM, was a first author on a publication entitled, [*Germline biomarkers predict toxicity to anti-PD1/PDL1 checkpoint therapy*](#), published in the *Journal for ImmunoTherapy of Cancer / BMJ Journals*.

Ke Sheng, PhD, DABR, FAAPM, was recently awarded an NIH grant: NIH SBIR Phase IIB, R44CA183390-05 (Yonemoto, Sheng), Bringing 4π radiation therapy to the clinic 4/1/2022-3/30/2026 \$4,000,000 (total). Dr. Sheng will serve as the PI in concert with Dr. Minsong Cao and Dr. Drew Moghanaki, who serve as co-Is on the grant.

James Lamb, PhD and his students have three new publications:

[*Offline generator for digitally reconstructed radiographs of a commercial stereoscopic radiotherapy image-guidance system*](#), published in the *Journal of Applied Clinical Medical Physics*

[*Machine-assisted interpolation algorithm for semi-automated segmentation of highly deformable organs*](#), published in *Medical Physics*.

[*Barriers and facilitators to clinical implementation of radiotherapy treatment planning automation: a survey study of medical dosimetrists*](#), published in the *Journal of Applied Clinical Medical Physics*.

Martin Ma, MD, PhD (PGY-4) was recently awarded a Novocure Travel Grant at The Radiation Oncology Summit from the American College of Radiation Oncology.

Amar Kishan, M.D., was awarded a \$1.15 million grant from the Department of Defense for multi-disciplinary study of prostate cancer.

Eric Morris, PhD (PGY-2) won the 2022 ViewRay Plan challenge for SBRT Liver.

Amar Kishan, M.D. led the publication of the first report from an international consortium of prostate cancer clinical trial groups ([the MARCAP consortium](#)), published in *Lancet Oncology*, that first the time quantified the benefit of adding/ prolonging hormone therapy in the treatment of prostate cancer

Martin Ma, MD, PhD (PGY-4) recently received a Best Abstract Award at The Radiation Oncology Summit from the American College of Radiation Oncology.

Ricky R. Savjani, MD, PhD (PGY-4) recently received a Google Cloud Research Innovator Award.

Amar Kishan, M.D. led the [publication of a large, multi-institutional study](#) that incorporated clinical trial data to evaluate the optimal duration of hormone therapy with high dose radiation, published in *JAMA Oncology*.

Martin Ma, MD, PhD (PGY-4) had two recent publications:

[*A Prospective Phase II Study of Automated Non-Coplanar VMAT for Recurrent Head and Neck Cancer: Initial Report of Feasibility, Safety, and Patient-Reported Outcomes, published in Cancers.*](#) **Dr. Ma was a Co-First Author on this publication.

[*Androgen deprivation therapy use and duration with definitive radiotherapy for localised prostate cancer: an individual patient data meta-analysis*](#), in *Lancet Oncology*.

Sang-June Park, PhD, DABR had the following recent publication in the *Journal of Contemporary Brachytherapy*: [High-dose-rate skin brachytherapy with interstitial, surface, or a combination of interstitial and surface mold technique.](#)

Martin Ma, MD, PhD (PGY-4) was awarded the Conquer Cancer Merit Award at the American Society of Clinical Oncology (ASCO) Genitourinary Cancers Symposium .

Amar Kishan, M.D. presented the early results of the [MIRAGE randomized trial](#), the only randomized trial evaluating MRI guided radiotherapy and the first randomized trial from our department, which showed a strong benefit to MRI-guided radiation.

Drew Moghanaki, M.D. had two projects he led and published on:

[Performing SBRT in the Fly-With-Caution Zone: Are We Heeding the Advice of Daedalus?](#), published in the *International Journal Radiation Oncology Biology Physics*.

[Surgical Outcomes for Early Stage Non-small Cell Lung Cancer at Facilities With Stereotactic Body Radiation Therapy Programs](#), in *Chest*.

Joanne B. Weidhaas, MD, PhD, MSM recently published, [Viral Burden and Clearance in Asymptomatic COVID-19 Patients](#), in *Open Forum Infectious Diseases/Oxford Academic*.

Jie Deng, M.D., Ph.D. was recently awarded a UCLA Tumor Immunology Training Grant (USHHS Ruth L. Kirschstein Institutional National Research Service Award #T32 CA 009120). □



CANCER MOONSHOT

with Dr. Erina Vlashi

In February, the ambitious Cancer Moonshot initiative was reignited by President Biden. The goal of the bold program being: to reduce the death rate from cancer by at least fifty percent over the next twenty-five years and improve the experience of those living with and surviving cancer.

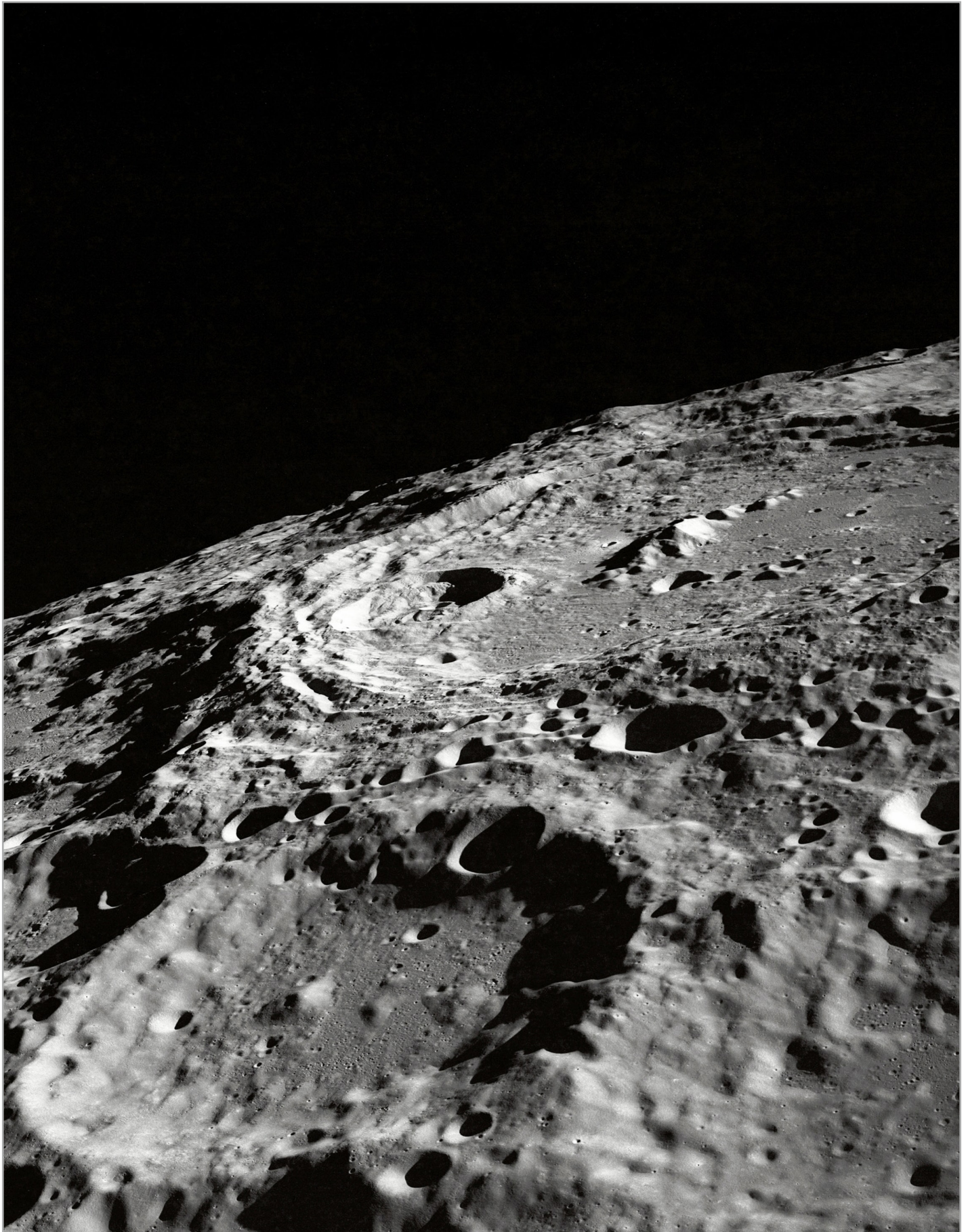
Shortly after the announcement, Dr. Erina Vlashi, an Associate Professor, Division of Molecular and Cellular Oncology within the Department of Radiation Oncology, received news that she was being given a competitive Revision Award for her ongoing, urgent research. One of very few Radiation Oncology Moonshots to be awarded.

This competitive Revision Award will support the expansion of her existing R01 project, which focuses on the role tumor metabolism plays in promoting radiation resistance of glioblastoma (GBM). The parent award is based on the observation that GBM cells seem to reprogram their metabolism following radiation therapy and that some of the metabolic changes are geared towards mobilizing an antioxidant response that promotes radiation

resistance. Based on preliminary evidence that this radiation-induced metabolic reprogramming is orchestrated in part by the glycolytic, tumor-specific enzyme, the M2 isoform of pyruvate kinase (PKM2) and the transcription factor, NRF2, we will also test the radiotherapeutic potential of interfering with the antioxidant functions of PKM2-NRF2 axis.

The part of the project supported by the Cancer Moonshot Initiative will dive deeper into the role that serine metabolism and some of the molecular regulators play in further facilitating the pro-survival metabolic reprogramming in GBM following RT, with the goal of identifying additional potential radiotherapeutic targets.

This award will also provide funds for a hypoxia benchtop station that will make possible to investigate how the radiation-induced metabolic reprogramming may differ under hypoxic conditions, a critical contributor to radioresistance in tumors, including GBM. □



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The UCLA Department of Radiation Oncology pushes back the boundaries that limit ordinary clinical cancer treatment through the application of thoughtful discovery-based, novel treatment strategies.