

UCLA

RADIATION ONCOLOGY JOURNAL

2024 Residents
Get to know the newest faces in
our department

Featured Artist
Kim Cogan

Q&A: Dr. Michelle Eala
An interview with PGY-2,
Michelle Eala, MD

Featured Poet
Joshua Aiken, J.D., Ph.D.
Candidate, Yale

The Inevitability of Embarrassment
in Medical Training

A narrative essay from Dr.
Matthew J. Farrell

A Patient's Journey

One patient's treatment journey
with UCLA Radiation Oncology

ASTRO Medical Student Fellowship
Antonio Franco

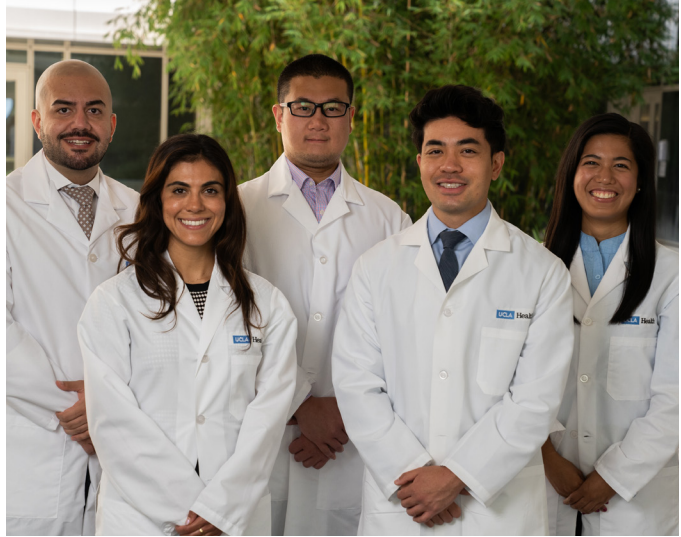
UCLA Rad. Oncology Annual Report
Where we started and how far we've come.

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Chairman's Letter

Dear All,

In this Fall 2023 issue of the UCLA Radiation Oncology Journal, we exam where we came from, how far we have progressed, and what inspires us to do what we do.

We begin by introducing you to our entering 2023 residents, learning about who they are and the experiences that brought them to the UCLA Radiation Oncology Residency. We dive deeper when we have a conversation with PGY-2 Dr. Michelle Eala who made her way to our residency program by way of the Philippines. Medicine runs in her family. However, she is the first woman among her relatives to become a physician. She tells us of her personal experience that stimulates her passion to bring health equality to underserved communities.

Our Featured Artist, Kim Cogan, was born in Korea. He grew up in California and considers himself a native Californian. His deep understanding of place resonates through his work.

Our Featured Poet Joshua Aiken, a Rhodes Scholar in Forced Migration Studies and now a J.D., Ph.D. candidate at Yale, believes “poetry is not an answer-giving genre; it asks better questions.” Through his adroit use of language, understanding of self, and our collective heritage, Aiken does just that with his poetry—raising urgent questions about history, masculinity, politics, and freedom.

Following Aiken’s “to love through what scares you,” we return to medical school with UCLA Radiation Oncology PGY-5 and master essayist, Dr. Matthew Farrell. His narrative about an early experience in medical training offers a universally relatable, humanizing look into the internal lives of those navigating the difficult white water of medical school.

We also offer a patient’s perspective from a physician-patient who invites us to follow him through his treatment. The experience inspired him to forge a new avocation of promoting prostate cancer education and awareness.

And finally, we present to you an abridged department Annual Report where we visit each of the themes of this issue: where we came from, how far we have progressed, and what inspires us to do what we do.

Be well and stay safe,

Michael Steinberg, M.D.
Professor and Chair



NEW MEDICAL RESIDENTS





ROJINE ARIANI, MD

Dr. Rojine Ariani is a native of Los Angeles, CA. She received Bachelor's degrees in Political Science and Biological Science from USC. She earned her M.D. from the Keck School of Medicine of USC. During her time as a medical student, she advocated for asylum seekers through her work with the Keck Human Rights Clinic, in collaboration with Physicians for Human Rights. She also conducted research on metastatic recurrence of node-positive breast cancer. Prior to joining the UCLA Radiation Oncology Residency Program, Dr. Ariani completed her Internal Medicine internship at Huntington Hospital in Pasadena, CA.



MICHELLE ANN EALA, MD

Dr. Michelle Ann Eala earned her MD from the University of the Philippines under its accelerated medical program, INTARMED, which selects the top 40 candidates across the country straight out of high school. She served as Class President throughout medical school and graduated with the university's Leadership Award. She completed a medical internship at the Philippine General Hospital, the country's national university hospital and its largest tertiary referral center. Dr. Eala worked as a volunteer physician during the COVID-19 pandemic, providing free medical consultations under the Office of the Vice President of the Philippines, and was co-lead in the setup of the COVID-19 operations center at the Philippine General Hospital. Prior to starting her radiation oncology residency at UCLA, she completed a preliminary internship at Metropolitan Hospital Center in New York and worked with the Lancet Commission on Women and Cancer. Having served patients and communities living in poverty, her research interests include improving the quality and accessibility of cancer care across the globe, especially in low and middle-income countries.

NEW MEDICAL RESIDENTS





SASHA EBRAHIMI, MD, PHD

Dr. Sasha Ebrahimi pursued his medical training at the Mayo Clinic Alix School of Medicine, complemented by a PhD in Molecular Biology from the University of Toronto. Throughout his doctoral studies, he devoted his focus to investigating epigenetic mechanisms underlying aging and complex diseases, earning him the esteemed Vanier Scholarship in Canada. While originally from Iran, Dr. Ebrahimi primarily grew up in Canada before venturing south of the border.

Following medical school, Dr. Ebrahimi completed a Transitional Year internship at Riverside Community Hospital, where he actively contributed as a member of the Program Evaluation Committee. His commitment to community service and education has been evident throughout his career, serving as a representative for both undergraduate and graduate students, as well as holding a position on the Mayo Clinic Admissions committee.

Dr. Ebrahimi's professional interests revolve around cancer care, basic-science and translational research, palliative medicine, patient education, and health equity. He is dedicated to providing comprehensive care to individuals battling cancer, while also striving to advance scientific knowledge and bridge the gap in healthcare disparities.

NEW PHYSICS RESIDENTS





JONATHAN PHAM, PHD

Dr. Pham, originally from West Covina, California, earned his BS degrees in physics from Bucknell University. He then went on to pursue graduate studies in medical physics, first achieving an MS at Duke University, followed by a PhD from UCLA. During his graduate studies, Dr. Pham's primary focus was on the development and application of MR-guided radiation therapy. Dr. Pham is interested in the utility of MRI to provide highly accurate and precise radiation therapy treatment planning, tracking, and outcome prediction. During his medical physics residency at UCLA, Dr. Pham aims to utilize and develop the tools provided by UCLA's MR simulator and ViewRay MRIdian system to improve patient care.



HUIMING DONG, PHD

Dr. Huiming Dong was originally from Shanghai. He completed a Bachelor's and a Master's degree in Biomedical Engineering, *cum laude* at Northeastern University and at Technische Universiteit Eindhoven (TU/e), The Netherlands, before receiving his PhD in MR imaging from The Ohio State University Wexner Medical Center where he worked closely with vascular surgeons, radiologists, and MR scientists to investigate novel MR elastography techniques for quantifying abdominal aortic aneurysm stiffness in patients to improve management risk stratification. He received two Magna Cum Laude Merit Awards from the International Society of Magnetic Resonance in Medicine (ISMRM). During his training at UCSF Radiology, he primarily focused on evaluating vascular/aneurysmal diseases in veterans using MRI at San Francisco VA, and received a Siemens seed grant to investigate ferumoxytol MRI at 0.55T in AVF patients. Dr. Dong is excited to join UCLA Radiation Oncology as a medical physics resident. He is passionate about patient care and exploring how his research in MR imaging could further improve radiation therapy to benefit more cancer patients as a clinician scientist.



KIM COGAN





"Edge of the World" Kim Cogan

THERE'S NOT A BAD VIEW IN THIS CITY: The paintings of Kim Cogan

I met up with Kim Cogan in early-August at Hashimoto Contemporary, his San Francisco gallery that is part of the Minnesota Street Project, an airy, multi-galleried building in the revitalized Dogpatch neighborhood. Kim's hair and beard are starting to go salt-and-pepper and his face is lightly creased with wrinkles. "We were just kids!" I think—the last time I had seen Kim was in summer of 2008 before I left San Francisco for graduate school.

Full disclosure: I enticed Kim join the stable of artists at Hesse Gallery, where I was the Assistant Director, in 2007. He already had an enviable career with collectors including the now-late Robin Williams and interviews in respected

art journals. I'd been an admirer of his work for some time, but when I met a client for drinks at John Collins, a bar in SOMA, and saw his massive 96" x 120" oil on canvas, "SF with Sunset," hanging above the bar, the client asked, "Why don't you represent this cat?" I set about to make that a reality.

Although I was born in San Francisco, my family moved away when I was two (I returned at 22), but I consider myself a native San Franciscan. And although Kim was born in Korea, he grew up in the City and considers himself a native as well. Part of the draw of Kim's work is that he paints what is iconic to those who have spent enough time in San Francisco to know there isn't

a bad view regardless if it is a foggy day or a sunny day. Kim's paintings capture buildings soaring up at closely-set and overlapping angles from the sidewalk; birds-eye views of great clusters of architecture and homes banked by fog, dunes or piers, and the ocean. To view a Kim Cogan painting is to be dropped into what is recognizable only as San Francisco.

About two weeks after our initial reconnection, I met with Kim again, this time at Cantina, a Sunset District taco joint. Kim shared, "The one thing I'm always trying to give emphasis is the expressive qualities—not taking something so literal. Paint has movement and a life of its own." His work is based on multiple visits to locations, and the paintings are an amalgamation of the photos he takes as well as the emotions he lifts from the experiences of being on-site at different times of day with different light quality and levels of human and fog activity. "Ingleside," from 2017, seems a Polaroid moment in time or a lost but found photo slide of one of the last streets that still has the palm trees that used to be more common, with long, nostalgic, afternoon shadows and the deep blue our skies become when the fog has completely burned off.

Nostalgia is also the underlying emotion triggered by "Edge of the World." The Cliff House was where locals went to celebrate or mourn over epic meals with close friends and family, the tables next to the west wall of windows always the preferred reservation. In Kim's painting, it is night, and a vintage rag-top rounding the curve of Point Lobos Avenue to head down onto Great Highway is seemingly the only proof of life despite glowing safety lights and two nearly-indistinguishable cars parked out front, Sutro Heights' cliff rising darkly to the east. Out late enough for it to truly feel like the "edge of the world," the driver must either be lost or is a local who knows well the Outerlands (the Avenues nearest the ocean) and the most scenic routes home.

But it is not only those who are smitten with San Francisco or know the City intimately that are able to fall in love with Kim's work. As he said,

the work is not literal, and so to view his paintings is to feel the emotive elements. Too, there is so much brush activity and visual elements that the eye does not want to leave the canvas, instead drawing us in and around and back in again. The dreamlike or cinematic-noir quality of many paintings adds to the familiarity.

His 2021 series, "Here Nor There," was painted during the pandemic, and Kim found that the streets and avenues he had always painted with few-to-no people and cars suddenly were deserted. In "Walking with Shadows," from this series, a man and his shadow meld with the sidewalk, buildings, and signpost, his face uplifted as if seeking even one window lit and active with life, and his shadow seeming to shrug as it is dragged along behind him. Is he on his way somewhere or just out because he couldn't stand to be inside anymore? As viewers, we can only guess, but many of us recall our own deserted-street-walks, our own somnambulistic musings.

"Purple Haze" is of the house on the corner of Great Highway and Cutler Avenue, a little one-block east-west street that cuts the full block between Vicente and Wawona Streets in half. A red brick version of the painting's house keeps watch at the corner of Vicente. In the painting, we are facing south, into a thick fog that daylight seeps through to make any color pop unexpectedly. The quality of light, regardless of time of day, is so surreal in San Francisco that in the 1950s-1960s, East Coast painters could not believe Bay Area painters were painting true colors until they visited.

Even when Northern California wildfire smoke in 2020 turned the City a strange orange, like in "Fire in the Sky," the glare refracted from any light hitting the Pacific filters through, setting colors aglow. The yellow of the car in the painting is the only thing not made hazy. This is the one painting in the series that seems to stray from nostalgia as the primary emotion, seems to (despite, again, it being a vintage car) document our very current reality of all-too-common wildfires and weather



"Walking with Shadows" Kim Cogan

phenomenon. And yet, it is decidedly San Francisco's quality of light emanating through as it has always done with the fog.

"You have to paint what's most familiar to you. If I were in a different place, I'd probably paint differently," he said. In 2018, Kim had an exhibition at Henoeh Gallery in New York, and, curious if he could "apply the same style of painting to another city," he spent time in Manhattan and Brooklyn to paint a series for the show. While the paintings occupy the same moodiness as his San Francisco paintings, his keen attention to light, mood, emotions, and how architecture and sky interact enabled him to

capture not the nostalgia of his hometown, but a steelier, sharper feeling akin to New York in the winter.

He also discloses that there is a series that is different enough from the majority of his work that he really had to hustle to convince a gallery to exhibit the paintings. The series began by piecing together photos and memories (and filling in gaps by making a few things up) from photo albums his mother had created and meticulously labeled from before he was adopted to when photo printing gave way to digital sharing. Highly personal and as emotionally-charged as his cityscapes, the paintings incorporate more people than any other



"Purple Haze" Kim Cogan



"Fire in the Sky" Kim Cogan

series has. In “Banquet,” the edges blur into colors and shapes, the way our peripheral vision does when focusing on the activity in front of us. While the face of the figure dishing herself on the left is obscured, all five figures seem fluid, in motion, with the unabashed and frenzied energy of candid photos. As always, Kim’s attention to detail—how light catches wine glasses and bottles, the facets of the chandelier prisms, the tines on a fork, the creases of the tablecloth—is exquisite, and the brushwork amplifies the viewer’s sense of motion and emotion.

While he did not want to share the work for his forthcoming exhibition, Kim said that he continues to explore nostalgia within the City, on the streets and overlooking the sweeping views of the ocean, bridges, and Bay. I asked how he thinks his daughter, now three, will affect his work, and he said, “She will definitely influence paintings in the future.” This is because he will

continue to try to explain the world around them to her and share his city—now her city, too. There is a small drawing he hung in her room, a study of the Doggy Diner sign, and she recognizes it where it remains standing on Sloat just before 45th Avenue when they visit the zoo. When I ask if she’ll paint too, he said that he paints with her, and recently she gessoed a canvas (meaning primed it to protect the canvas from the oil paint) and thought it quite amazing.

Seeing Kim again is a reminder of how many talented artists we knew in the Aughts gave up after a failed exhibition or failing to land an exhibition quickly. Kim told me that he’s always believed there was a place for his work. He said, “My paintings seem to stand out from other artists in galleries that have shown my work because of my unique perspective and approach to painting.” It never mattered: Kim has always been both a painter’s painter (meaning admired or envied

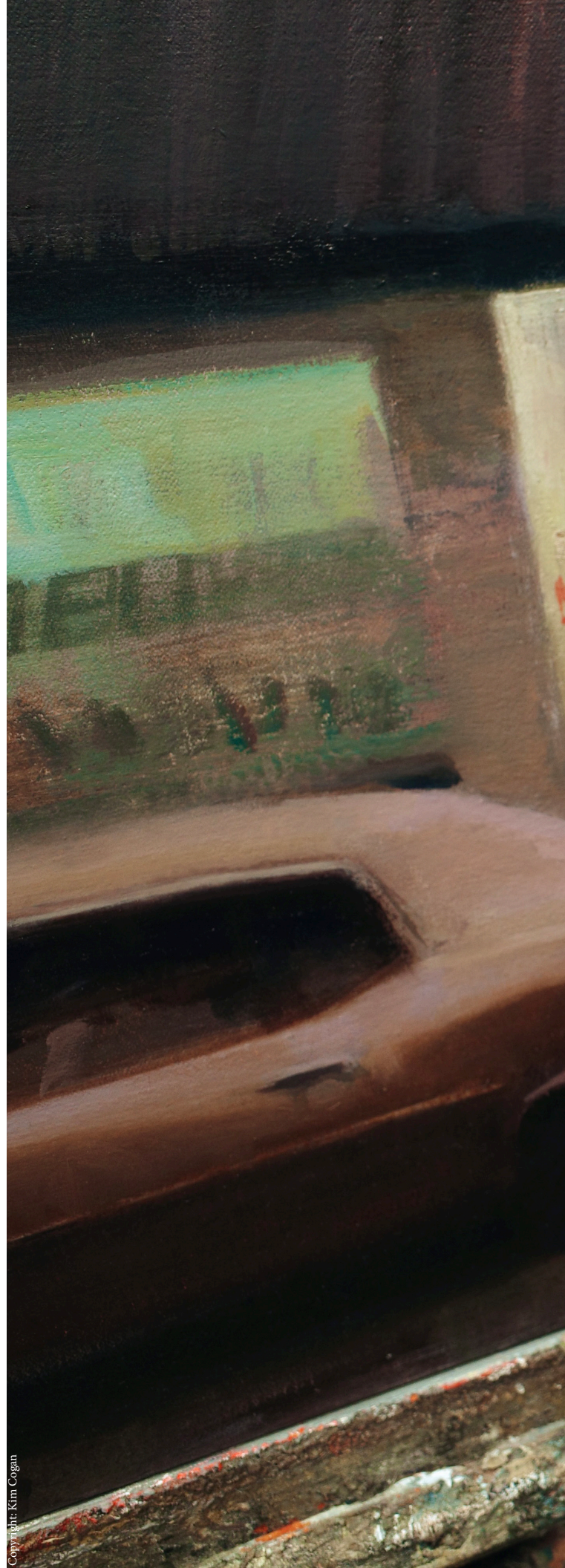


by other artists) and highly saleable due to his immense talent and lack of ego. He truly loves to paint, truly wants to be in the studio. It is not luck that means his avocation is also his vocation. And while the painterly drips that used to be part of his style have gone by the wayside, the refinement of craft that has come into his work over the last fifteen years has landed him consistent exhibitions and features in top art magazines like *ARTnews* and *ARTFORUM*.

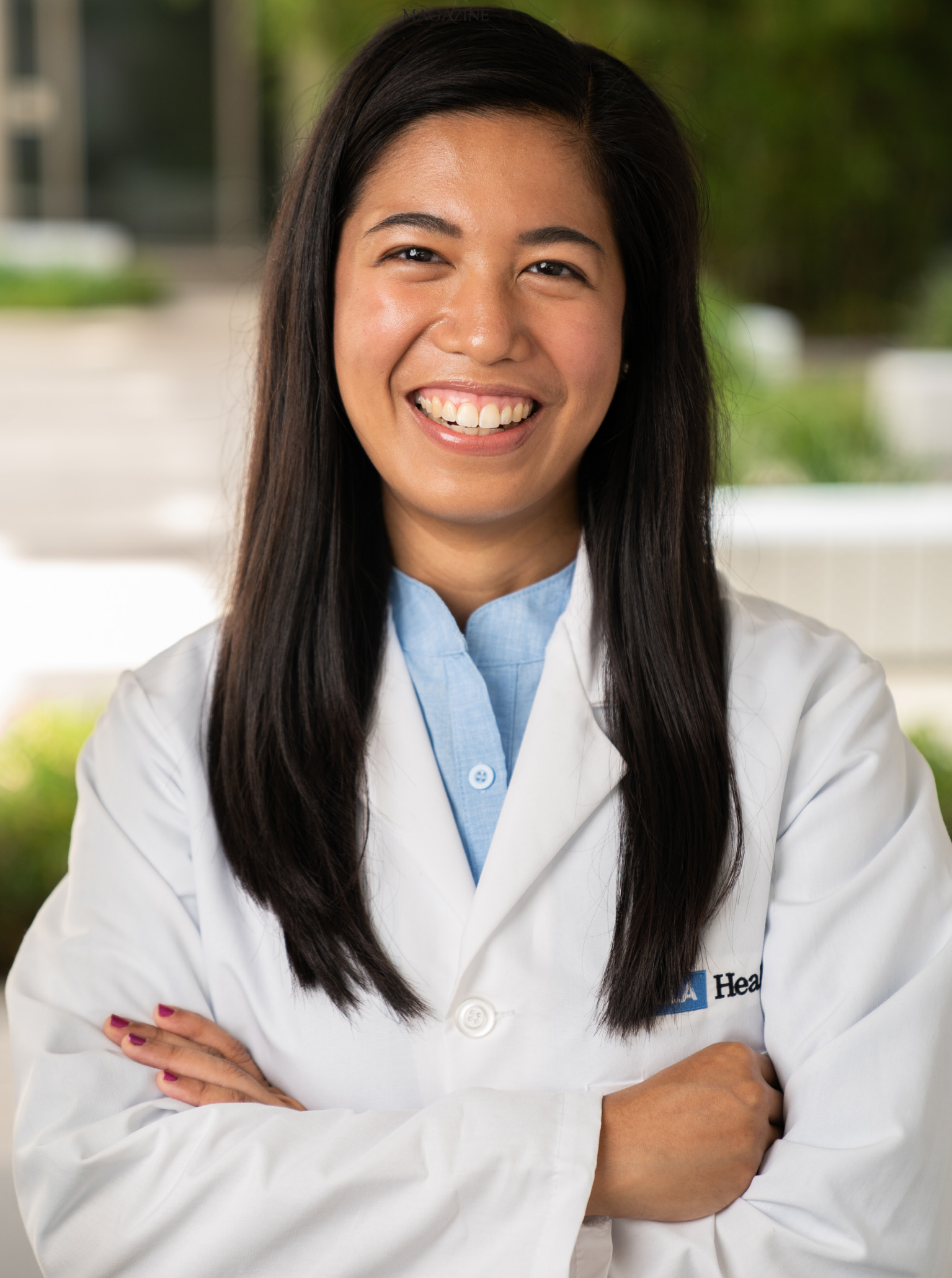
Kim Cogan's next exhibition will open at Hashimoto Contemporary on Saturday, October 7, 2023; please contact the gallery directly at sf@hashimotocontemporary.com to receive preview images for the upcoming exhibition as they become available. Kim's work ranges in price from \$3,000-\$30,000. For more information, visit www.kimcogan.com and www.hashimotocontemporary.com.

Contributed by: Ciara Shuttleworth

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A CONVERSATION WITH

MICHELLE EALA, M.D.

E: How did your upbringing, if at all, influence your education/career path?

M: I was born and raised in the Philippines, an archipelago of more than 7000 islands, where 6 out of 10 people die without seeing a doctor. I knew very early on that I wanted to pursue a career that gave me the skills to be of service to others, and medicine seemed like a pretty good way to do exactly that.

E: Are you the first member of your family to wade into medicine?

M: I have a few uncles and cousins in medicine, but I'm the first female physician!

E: Talk to me about what you were doing prior to joining the UCLA RO Residency Program and how the pandemic impacted you.

M: When COVID-19 hit the Philippines, I was a medical intern at the Philippine General Hospital (PGH). PGH is the largest tertiary hospital in the country, serving more than a thousand indigent patients every day. Because of the pandemic, PGH was immediately converted to a COVID-19 referral center, and all interns were pulled out of the hospital for our safety. Despite this, I chose to stay behind, because I knew how badly interns were needed during this health crisis. As president of the medical interns, I organized 120 interns who volunteered to augment the hospital workforce. Some interns were assigned to the

wards, while others assisted in the operating rooms. Together with hospital management, I helped set up a national COVID-19 hotline to cater to COVID-19 patient queries and to assist donors who wished to give food, supplies, and equipment to the hospital. We collaborated with a large telecommunications company to set up this hotline, and I trained the medical interns to serve as telemedicine agents. After completing my internship and passing the Philippine medical licensing exams, I worked with the Office of the Vice President of the Philippines as part of the national COVID-19 response, and provided free medical consultations to hundreds of indigent patients.

E: Why Radiation Oncology?

M: Having worked in underserved communities, I've met countless patients without access to cancer care. As a medical student, it was unfortunately very common to see patients delay their care, whether it was surgery, chemotherapy, or radiation, simply because they had to put food on the table or because they had to prioritize sending their kids to school. It was truly heartbreaking to see this, and that fueled my desire to pursue oncology. I'm interested in radiation oncology in particular because it uses advanced technology to give very targeted treatments, allows for personally meaningful interactions with patients and their families, and provides the opportunity to collaborate with other cancer specialists in the clinic and through research.

E: What projects/research/publications are you currently working on?

M: The Lancet Commission report on Women, Power, and Cancer, which I co-authored, will be coming out very soon! I also have ongoing research with my mentors and professors in the Philippines and Southeast Asia exploring how to improve access to radiation therapy and cancer care. Finally, I am working with a non-profit to bring breast cancer screening to local communities in the Philippines.

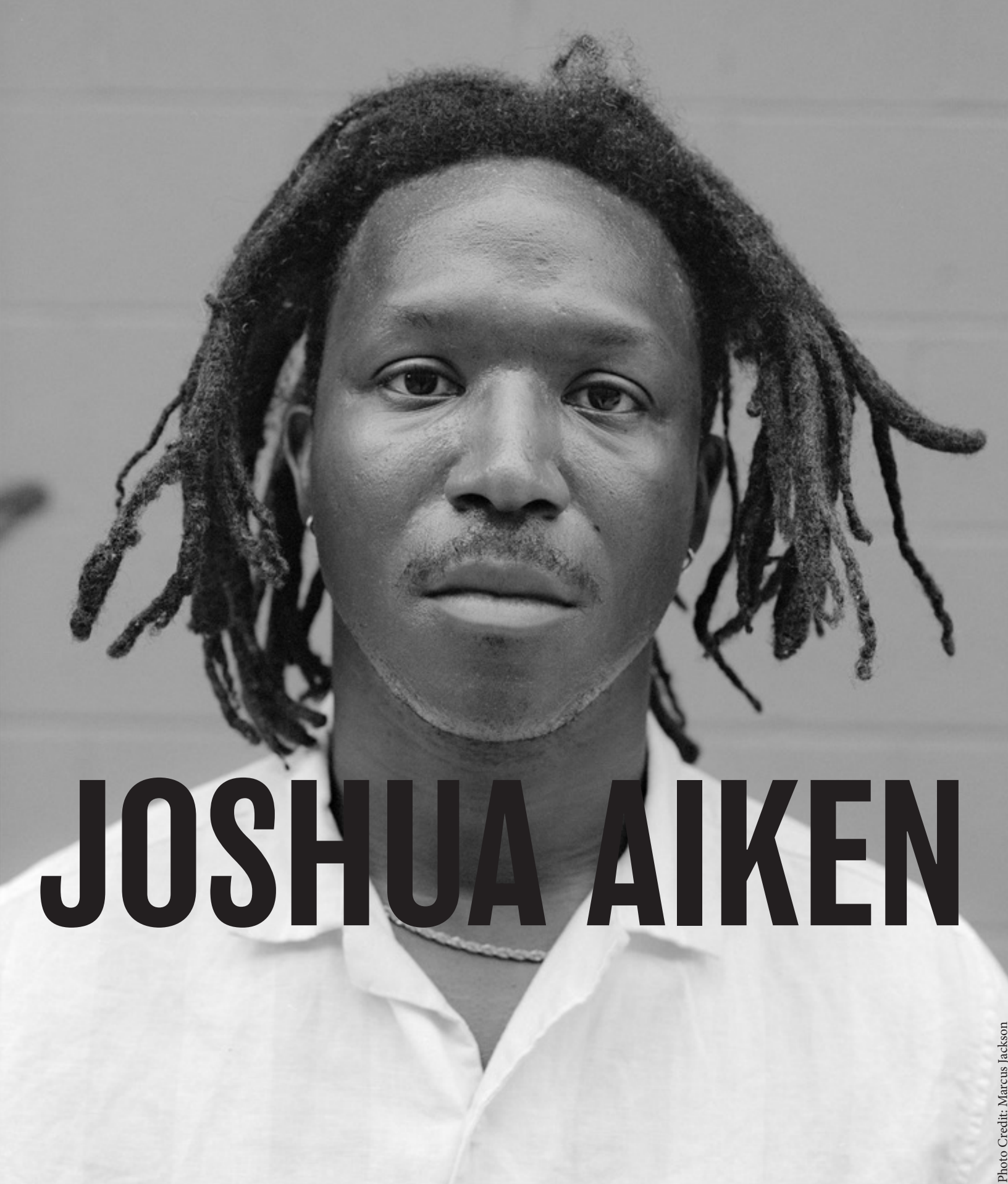
E: What is your best piece of advice for medical students?

M: Look for good mentors, take the initiative, actively help out during hospital rotations (it's the best way to learn!), and find pockets of peace outside medicine. □



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.



JOSHUA AIKEN

Photo Credit: Marcus Jackson

JOSHUA AIKEN, *Poet*
J.D., PH.D. CANDIDATE
YALE, NEW HAVEN, CT

PUTTING MORE POETRY INTO POLITICS

Language is a powerful tool, and when used masterfully, it can change the course of history. What Elizabeth Browning's work for social justice in the 19th century, James Baldwin's writings about the Civil Rights Movement, and Martin Luther King's and President Barak Obama's speeches all have in common is their use of poetics in presenting politics. Poetry and politics have always been intertwined. Up-and-coming poet Joshua Aiken has joined their ranks, adroitly wielding words, agency, line breaks, and the rhythm and musicality of poetry to present the reader with an opportunity to "understand self as witness," as "enmeshed in the world that is as well as the worlds that can be possible."

A Cave Canem Fellow, Aiken studied Forced Migration Studies as a Rhodes Scholar at University of Oxford, was a Policy Fellow for the Prison Policy Initiative, and is currently a J.D./Ph.D. candidate at Yale, where his studies are focused in History and African-American Studies. Raised in an Evangelical household with a pro and college football coach father, Aiken's sense of self was often in direct conflict with what he held to be true. Growing up, Aiken knew of some relatives as names only reachable by phone or of those who had died young; these relatives had been affected by or were entangled in the criminal justice system. When he was fourteen, a cousin was killed, and when the trial began to prosecute the two young men responsible, Aiken could not see how "disappearing" these men from their families was a just resolution to his cousin being disappeared from his own.

This epiphany moment led to an "unraveling sense of self that had been cocooned and tucked away," but he knew he wanted to live from a place of kindness and truth. He followed his brothers to Washington University in St. Louis with hesitancy, despite a scholarship, because "getting to be a new person felt thwarted for me." He now sees St. Louis as his "personal and political origin," because it was the place where he allowed himself to unlearn "the wrong messages about Black masculinity and being a man that's queer" in an upbringing that had no place for queer Black men. St. Louis is where he began to move forward within his own truths and hopes, where he chanced being ostracized by his family when he finally embraced living openly queer during his junior year.

It was in these St. Louis years that he joined Wash U's slam poetry team, and he began to fully form his current ideology. He helped run poetry workshops at schools where the majority of students in any given classroom had a sibling or parent incarcerated. He additionally helped with workshops in the St. Louis juvenile detention center. What fueled and continues to fuel Aiken's commitment to making positive change is his steadfast belief that people should not

be judged solely on the worst thing they've ever done. And, since poetry and politics had been intertwined for Aiken, he began to use poetry as a vehicle to explore "a truism of Black life in America: what walls you must put up to feel remotely safe and what devastations can you allow yourself awareness of and still survive." His poem, "The Trouble with Angels," sings with internal rhyme and is almost an incantation to unknot the wrongs of the past into a future where one might "kiss everything you are / told to kill."

"Poetry," Aiken told me, "is not an answer-giving genre; it asks better questions." While studying at Oxford, he moved away from the artificial boundary he had learned to make between "slam poetry" and being a "page poet." He began "collapsing any distinction between those worlds," as he recognized that the oral tradition of poetry meant that the musicality inherent in slam also needs to exist on the page. "I wanted to wedge open the door between the two and remind the reader that each poem can be an event."

He began taking more time, exacting his use of language to support the agency of the intent or speaker of the poem. "Poetry forces us to think about what language does and is doing—not just whose stories get told but the consequences of whose stories get told." This means examining how politicians and lawmakers use language to manage or control narratives or to marginalize communities, such as using a passive voice to sound less guilty, and how poetry can spotlight agency or lack thereof.

And, as a Black poet, he feels it is imperative that he incorporate sound, rhythm, and musicality as part of a very important Black tradition. "The legacy of the transatlantic trade is you have folks who might speak a dozen different languages on the same boat, and they are all supposed to just now be one, an undistinguishable amalgamation of cargo. And with music, sound, rhythm... languages are created and communication takes place. So, there is this really important Black inheritance that is historically specific to the experience of Blackness in the modern world, but that also tells us something about what every embodied creature is working with in terms of being alive and on this planet."

His first chapbook, to be in & of, was released last month with Palette Poetry. The 21 stunning poems that comprise this debut are vital to both poetry and politics. His poems do not shy away from loss, but they also do not dwell there. From the parable-like "As the Prairie Burns" to the 3-poem series, "Leftovers," Aiken invites the reader to explore with him what love and loss and freedom could mean. "History Never Repeats Itself—But It Damn Sure Can Rhyme" ends, "freedom as what keeps you up at / night; freedom, as the risk of knowing / that which never, we always, can choose." He is choosing not to disappear or be disappeared. He is choosing to never judge another on the worst thing they've done. He is inviting us to join him. And this is precisely why you'll be hearing about and reading work from Joshua Aiken for decades to come. <https://joshua-aiken.com> / <https://www.palettepoetry.com/2023/08/07/2022-chapbook-prize-winner-joshua-aiken/>

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to love through what scares you

let's drive somewhere because
 when i try to be the boy who
 does beautiful under the moonlight
 glow of a steak & shake, i always
 begin in tears & end up reviving
 some buried bad feeling that i know
 is nestled up close with one
 of the ones i want to recall. ones
 that i want to crawl back in me
 & to save me from the country of men
 who smear their spit
 & blur truth
 in order to blow
 the heads off despair
 all in the name
 of not sanity but safety. whose?
 never mine. safety being that which i try
 on whenever a man or a bruise gives
 me anything & so
 in my dreams i do everything but try it.
 in my dreams i call my mother routinely
 i quit my job & drive
 past the gone-by down-sun towns
 & their lines drawn in the
 past-present sand & just before
 the willing
 fertile ground, i stop
 en route,
 because i want bad food
 & corporate soda to
 laugh-cry into, just in case
 love is just a person
 who stands in for forgiveness
 but actually comes through—
 because it's high-time we
 got what we were looking for.
 if i know anything it's that
 what's holy sits next to what scares

the right-wing of the eagle
 & the left-brain of you.
 you can seek sanctuary but this is
 everything, this is everything that the
 age of tv dinners killed but can't undo.
 this is the only buried promise,
 which the smell of grease
 comes past the counter & covers up,
 but us sweaty can't-grow-ups who must spoon-
 feed ourselves myths to stay alive; we catch our own
 replies:

drive
 drive fast
 drive fast toward skylines
 fast toward skylines kissed by a lip
 color called joy

First published by *Sixth Finch* (Winter 2021).

THE INEVITABILITY OF EMBARRASSMENT IN MEDICAL TRAINING

BY MATTHEW J. FARRELL

In medicine, there are many gray areas but at least one certainty: it is impossible to complete medical training without horribly embarrassing yourself.

Personally, I feel I have overachieved in that department.

Take my surgical oncology rotation in medical school. It was my first week, and I had been scheduled to assist with a mastectomy. I read about the patient, procedure, anatomy, and techniques. I was ready. But at the last moment, the surgery was canceled, and I was ushered into another operating room for a different surgery on a patient I knew nothing about.

I would figure things out as I went along, right?

The surgery had already started, and I shuffled up beside the attending and fellow, who were hunched over a man with his abdominal cavity exposed.

The attending asked me, “What’s this?” He pointed his forceps at something in the abdomen that resembled a cauliflower.

“I’m not sure,” I said.

He moved his forceps to a nearby yellowish structure.

“Okay, what’s this?”

“I don’t know. Fat?”

“No,” he said. “What are the indications for this surgery?”

“I, uh . . . I’m not sure.”

He turned to me. “What surgery are we performing right now?”

I felt heat growing at the back of my neck. My eye shield began to fog. “I’m sorry. I don’t know.”

“Well, what’s the patient’s name?”

I glanced around the room for help. The fellow looked at his hands.

“I got moved here at the last minute,” I said. “I wasn’t able to prepare.”

The attending stared at me. “This is your surgery rotation. Bare minimum, you need to know the patient’s name.”

He returned to operating and explained what we were doing: a Whipple procedure for pancreatic adenocarcinoma. He had first been pointing to the tumor itself and then to the normal pancreas. He ended up being helpful. In fact, I found myself admiring him for his technical skill and teaching ability.

He wasn’t trying to humiliate me, but I still felt momentarily embarrassed for the entire day, the whole week, and occasionally, at random times, until this very day, whenever the memory surfaces like a buoy above a wave.

The Association of American Medical Colleges (AAMC) sends out a questionnaire to graduating medical students every year, which, among other things, asks students whether they have experienced various forms of mistreatment, including physical harm, sexual harassment, discrimination, and public humiliation.

Through 2012, the most common mistreatment reported was public humiliation, with 34% of students that year saying they had felt publicly humiliated at least once during training.¹

Seems pretty high, right?

Perhaps the AAMC thought so too, because in 2013, they added a new category: public embarrassment. They explained that the term humiliation “may have been more inclusive than intended,”² so by differentiating between humiliation and embarrassment, they could tease out true mistreatment from run-of-the-mill egg on the face.

Lo and behold, the 2013 questionnaire showed the desired effect: students reported a high rate of public embarrassment at 47%, but the proportion disclosing public humiliation fell to 23%. Since then, embarrassment has been the most prevalent behavior reported—hovering just above 40% for each of the past 5 years (2017-2021)—but the AAMC specifically does not count it as mistreatment, unlike humiliation.³

There is an obvious distinction—humiliation is purposeful and embarrassment is not.⁴ The former results when there is negative intent from an outside source, and the latter comes from within, when you fall short of your own expectations (though the sting is greater when people are watching). But even if public embarrassment doesn't qualify as mistreatment, I wouldn't want it to be disregarded entirely, and I am glad the AAMC collects data on it.

I haven't experienced abuse in my training. I made it through medical school without serious trauma—something I wish all trainees could say—and I am in a healthy residency program. I have supportive friends and family. I'm lucky. Then why am I being so sensitive? Am I just another coddled millennial? Maybe, though the “whiny child” hypothesis is likely not the whole

explanation behind why we hear about hardship in medicine more frequently these days.⁵ I see value in discussing hardship, in acknowledging failures, large and small.

Here's another entry in my encyclopedia of shame: It was a typical fall morning. I was a fresh-faced radiation oncology resident on my first prostate service—a busy service with many patients to see. Before clinic, we had lecture, delivered remotely via Zoom owing to COVID-19 restrictions. I was at my desk, logged into the lecture but with my attention firmly directed elsewhere, toward preparing for a packed day of clinic.

“Matt,” the lecturer said, his words registering with me for the first time. “Can you identify this structure?”

I was surprised. Except in specific lectures, we were not typically asked questions. I quickly located the Zoom window buried beneath my other work. The entire department was listening, faculty included.

On the screen was an axial slice of the pelvis from a T2-weighted magnetic resonance image. I could see the bladder and rectum, the femoral heads and obturator internus muscles. The cursor was pointed at a round structure between the bladder and rectum. Thank goodness. Being on the prostate service, I knew the answer.

“The prostate,” I said confidently.

There was a pause. Some laughter.

“Not even close,” the lecturer said. “It's the cervix.”

Turns out, this was a lecture on cervical cancer, and I had just identified the prostate on a female patient with squamous cell carcinoma of the cervix.

That one was not easy to live down.

Again, I don't want to trivialize more scarring experiences in medicine, when someone in power behaves badly and causes harm. But when

there is no villain, it feels like the only person to blame is yourself. So that's what I did. Over and over, replaying the events in my head until they felt shameful. And when I feel shame, my instinct is to hide.

It took me a long time to stop hiding, to embrace these stories, find humor in them, and share them. In a confession of sorts, I remember telling them to one of my old medical school friends.

Turns out, he had a confession of his own.

On rotation at the Veterans Administration Medical Center, he had been directed by the chief resident to do a digital rectal examination on a patient with prostate cancer, so he put on gloves and started. Something wasn't right, and when he removed his finger, a stream of bloody stool poured over his glove. He retreated toward the chief resident. He tried to take his glove off, stretching the cuff away from his wrist, but it was slippery and snapped back into place, sending stool and blood flying in all directions. He slowly looked up. The chief resident's face was flecked with brown and red. They both blinked.

"Just go home," the chief resident said.

Leave it to my friends to outperform me even in shame. The conversation felt like therapy. Like a weight being lifted.

When I inevitably make a fool of myself again, I will first try to learn from my mistakes, to become a better doctor. But I will also try to be generous with myself. Forgive myself. Move on. Grow. Share. Laugh. Because even in the absence of overt mistreatment, a career in medicine is hard. I've often felt trapped at the bottom of the ladder, as if I'm never really climbing but rather moving sideways to the bottom of new ladders.

If you ever feel the same way, if your self-esteem is in the toilet, if you feel alone, I guess what I want to say is this: I'm here, waving at you from across the field, with one of those big awkward waves that involves my whole arm, trying to let

you know that we're in this together. □

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Contributed by: Matthew J. Farrell, MD, MFA

Dr. Farrell grew up in Sacramento. He studied film and creative writing at Stanford University and earned a Master of Fine Arts in Creative Writing at the University of Oregon, writing a collection of short stories for his thesis and teaching undergraduate courses for two years. Realizing that much of his creative work explored illness and, more specifically, oncology, he began pursuing a career in medicine. Dr. Farrell attended medical school at Oregon Health & Science University, where he conducted small cell lung cancer research and led classes in narrative medicine. He stayed in Portland for his preliminary year in internal medicine at Providence St. Vincent Medical Center. After, he moved to LA with his wife, a fellow physician, to join the UCLA Radiation Oncology Residency Program.

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A PATIENT'S JOURNEY

"I decided to look at radiation therapy and started searching the latest research, videos and lectures that were coming out of this field and everything I was finding was leading me to Dr. Amar Kishan at UCLA Health."



Photo Credit: Mark Perloe, MD

Atlanta-based fertility specialist Mark Perloe, MD, has 32 years of medical experience under his belt. So when he was diagnosed with prostate cancer in March of 2020, he thought he knew what to do. But he is the first to admit that was actually far from the truth.

“When I first started out, I thought I knew enough, which caused me to make some mistakes in regards to what treatment I should get,” he said. “Most people—including myself—don’t get the information they really need to make good decisions.”

Many aren’t aware that prostate cancer is one of the most common cancers in men, primarily among those older than 65. About one in eight men will be diagnosed with prostate cancer in their lifetime.

It was through the clinical trial that he learned his cancer had started to spread to other parts of his body. Once cancer has spread, or metastasized, to outside the prostate it can become more difficult to treat.

“As a surgeon myself, I knew I didn’t want surgery,” said Dr. Perloe. “There are a lot of side effects that I felt I was just too young to deal with—including urinary incontinence and erectile dysfunction. So I decided to look at radiation therapy and started searching the latest research, videos and lectures that were coming out of this field and everything I was finding was leading me to Dr. Amar Kishan at UCLA Health.”

A LEADER IN RADIATION TREATMENT

Dr. Kishan, the vice-chair of Clinical and Translational Research and chief of the Genitourinary Oncology Service for the department of Radiation Oncology at the David Geffen School of Medicine at UCLA and the UCLA Health Jonsson Comprehensive Cancer Center, specializes in using radiation to treat genitourinary malignancies, particularly prostate and bladder cancers.

Along with running an active clinic, he leads a translational research program and has spearheaded multiple innovative clinical trials in radiation oncology. He is currently the principal investigator on several trials looking at the benefits of MRI-guided stereotactic body radiotherapy (SBRT).

Dr. Kishan is leading a phase III trial of this type of MRI-guided technology system, called MRIdian. Dr. Kishan and team are developing techniques to reduce SBRT side effects through more precise targeting of the prostate. SBRT is a type of radiotherapy for prostate cancer that delivers five precisely targeted doses of radiation

“When treating prostate cancer with external radiation, we need to treat not only the prostate, but a slight margin of tissue around the prostate as well, to account for things like motion,” said

Dr. Kishan. “With MRI-guided radiation, we are able to monitor the position of the prostate with unprecedented frequency and accuracy, allowing the use of much narrower planning margins than we usually use. We recently showed in a randomized trial that this leads to less bowel and bladder side effects.”

SHARING WHAT HE'S LEARNED

In October of 2020, Dr. Perloe traveled out to Los Angeles from Atlanta to begin treatment with Dr. Kishan. After two weeks of radiation, Dr. Perloe’s PSA (prostate-specific antigen) levels dropped dramatically. Today, they are so low the cancer is considered undetectable.

“Everyone at UCLA was warm and made me feel that what happened to me during treatment mattered,” said Dr. Perloe. “I looked forward each day to greeting the radiation technologists who took the time to answer my questions and to make sure I understood the process. Before starting treatment, I was quite apprehensive about radiation treatment, but very quickly traffic on the 405 was the biggest concern.”

After treatment, Dr. Perloe, 71, who is now retired, moved to Los Angeles to be closer to his daughter and grandchildren. He also dedicates a large portion of his time to meeting with patients in support groups and encourages men to screen for prostate cancer as well as to follow up on abnormal results.

“While I technically may not be working, I have important jobs that keeps me busy,” said Dr. Perloe. “One being promoting prostate education and awareness. Unfortunately, many people and physicians are unaware of the amazing technologic advances that are available when prostate cancer is diagnosed earlier. People are afraid of radiation because they don’t understand it.”

Along with answering questions on various online groups and webinars, Dr. Perloe throws “Pizza and Prostate” parties for fellow patients who just finished their treatment.

“We hang out, eat homemade pizza and share our stories and just get to know each other,” said Dr. Perloe. “I think it’s so important that guys get out and tell their stories and let others know that it's not as scary as we're led to believe.” □

Take the Next Step.

**Learn more about Radiation
Oncology services at UCLA
Health.**

Contributed by: Denise Heady

Denise Heady is the Science Communication & Media Relations Manager for the UCLA Health Jonsson Comprehensive Cancer Center. In this role, she oversees and manages all external oncology-focused communications and media relation efforts at the national, regional, and local levels.

ASTRO MEDICAL STUDENT FELLOWSHIP AWARD

ANTONIO FRANCO

E: When did you become interested in medicine?

A: There wasn't one particular instance in which I became interested in medicine, I've had many experiences that confirmed my journey. In middle school, I clearly remember how enthralled I was with the dissection of a frog and a sheep's eye. This fascination for biology continued throughout high school, where I seriously began considering bioengineering and a STEM career. Around junior year, I discovered the story of a 20th century pioneer in the field of biochemistry, Dr. Moscati. Reading a book about the "doctor of the poor," as they called him in Naples, became a key moment in my evolving interest in medicine. This doctor's life served as an inspiration for who I wanted to become. A thought he shared with one of his mentees, which had a great impact on me is the following quote: "that you must treat not only bodies, but also souls, with counsel that appeals to their minds and hearts rather than with cold prescriptions to be sent into the pharmacist." His story, philosophy of life, and the way he practiced medicine have been foundational during my journey in medicine. As I continued on to college, all my experiences--from volunteering at a clinic for uninsured patients, to going on several service trips to Cuba during breaks, and eventually working as an ER technician--further confirmed my initial inspiration.

E: How did your upbringing, if at all, influence your education/career path?

A: My upbringing influenced my career path in various forms through the many experiences and lessons learned at home. No one in my direct or extended family, which is large on both sides, is in the medical field. My dad is a forklift driver at a Kroger warehouse, while my mom stayed at home to raise myself and my two younger siblings. Despite their limited formal education, they always encouraged us to excel in school and our professional futures. Higher education was expected since we were kids. Being raised in a family of immigrants, I was acutely aware of the sacrifices and struggles my parents faced. Whether it be the need for a translator to facilitate my mom's conversations with her PCP or my dad working odd hours at night and during weekends, I was infused with greater motivation to excel in school and "aim high." Excelling in school emerged as a way to work for my own future, but also and more importantly as a form of gratitude and a desire to help my parents. Moreover, having strictly been taught as a kid to speak Spanish at home and English outside, I realized that my experience could serve as a bridge for many people in various circles. Culturally and linguistically, I learned to communicate and connect with people who don't know any English or any Spanish. More specifically, there are some lessons that my parents shared with us that I strongly believe brought me to medicine. Since I was a kid, my mom would often say, "*Si no vives para servir, no sirves para vivir*," which roughly translates to "If you don't live to serve others, you don't know how to live." From small things like doing chores for others around the house to



to live.” From small things like doing chores for others around the house to sharing food and helping a stranger in great need on the street or from the local Catholic charities, my parents taught me to think about and serve others. At the same time, my dad would correct me as a kid when I did something half-heartedly, such as sweeping the kitchen. He would say, “If you’re going to do something, do it right.” I translated and understood it as giving my every task what’s necessary and seeking excellence in everything I do. In medicine everything made sense. I saw the opportunity to use my background to connect with a multitude of people just like my parents, while seeking excellence in a professional way and directly serving others.

E: Tell me about the ASTRO Medical Student Fellowship Award. What propelled you to apply? What was your experience? Who was your mentor within our department?

A: While I had shadowed an oncologist for several months during college, I had a very limited understanding of radiation oncology. During my first year as a medical student with an open mind, I decided to contact a variety of physicians to learn more about their specialties and experiences. The first radiation oncologist who took the time to introduce me to the field was Dr. Michael Xiang. I had heard of the ASTRO MSF award and during our conversation I expressed interest in applying. Though Dr. Xiang was interested in supporting me, he put me in contact with Dr. Valle and Kishan after sharing that I was interested in prostate cancer as research interests. Under Dr. Valle’s amazing support and guidance, I submitted and received the ASTRO MSF award. My experience was awesome. Though I had to learn so many things from zero, the 8 weeks over summer were a glimpse into Rad. Onc. academia and the day to day of amazing radiation oncologists. Dr. Valle along with the

residents were great at explaining and guiding me to resources to enhance my understanding of things. In the beginning I watched as many videos as possible of radiation oncology in general, from contouring to the difference between MRI vs CT based RT. My daily experience included shadowing various physicians--Dr. Albert Chang, Dr. Robert Chin, Dr. Amar Kishan, Dr. Ann Raldow--cleaning and organizing data, and the many motivating and fun conversations over lunch with Dr. Luca Valle. It was fascinating to see how patients’ experiences were converted into data which I was going through, reminding me of the purpose of research itself--to improve medical treatments and enrich/alleviate patient health outcomes.

E: While with UCLA Radiation Oncology for the ASTRO Medical Student Fellowship Award, what projects or research did you have the opportunity to work on/collaborate on?

A: The primary project I helped out with was a multi-center phase 2 study which sought to study the quality-of-life outcomes and toxicity profiles among patients who have undergone a radical prostatectomy due to prostate cancer. The purpose of this study was to evaluate short-term physician-scored genitourinary (GU) and gastrointestinal (GI) toxicities and patient-reported outcomes after postprostatectomy SBRT with prostate bed doses of 30 to 34 Gy in 5 fractions. (<https://pubmed.ncbi.nlm.nih.gov/36007724/>)

I also collaborated with Dr. Valle on a Lit review paper on the optimal radiation modality in the treatment of prostate cancer, in which I wrote a section about the rectal spacers, which are balloons or gels used to minimize toxicity to surrounding organs, including the rectum. (<https://pubmed.ncbi.nlm.nih.gov/37647496/>)

□



The logo consists of the word "UCLA" in white, bold, sans-serif font, centered within a solid blue rectangular box.

UCLA

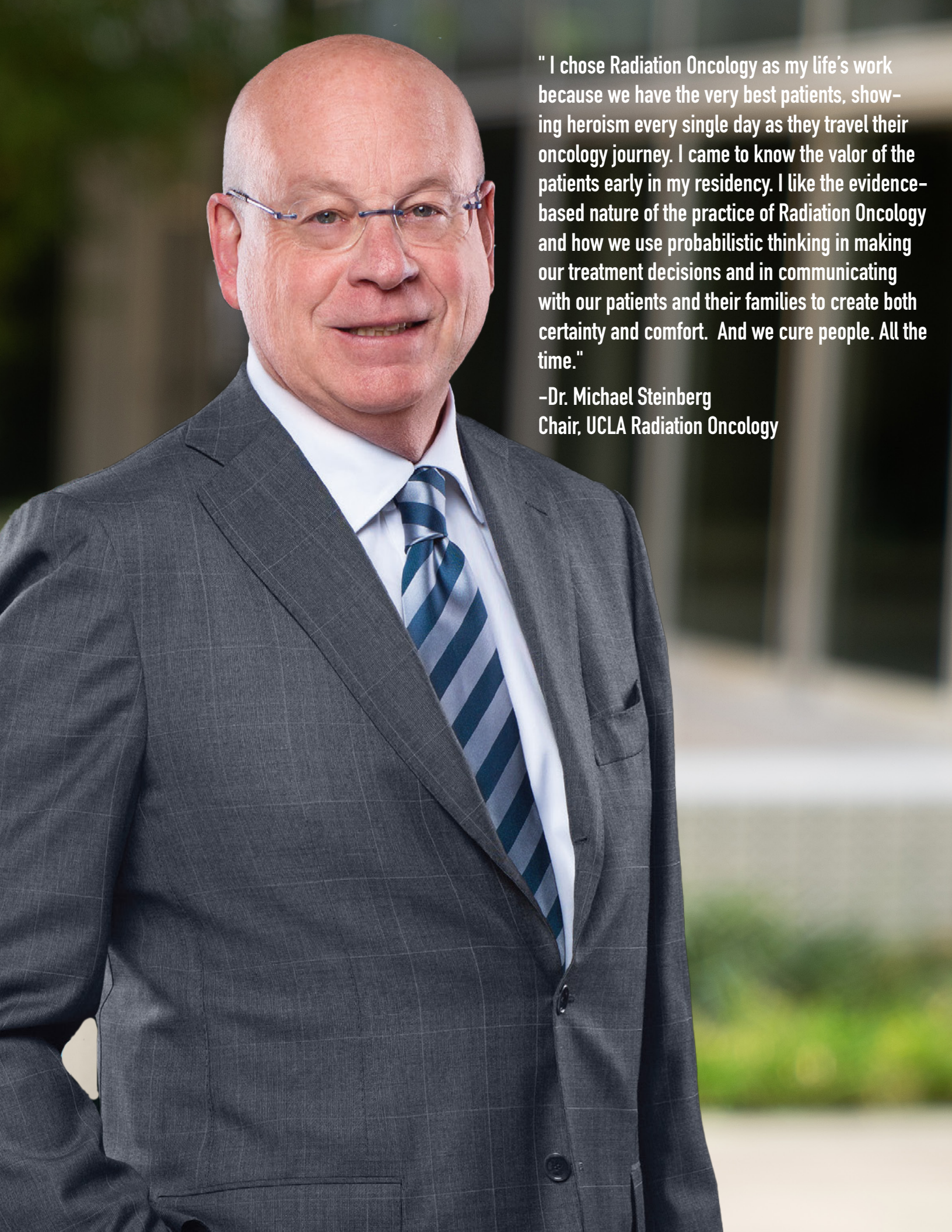
Health

THE
2023 RADIATION ONCOLOGY
ANNUAL REPORT



OUR MISSION

To push back the boundaries that limit ordinary clinical cancer treatment through the application of thoughtful discovery-based, novel treatment strategies.



" I chose Radiation Oncology as my life's work because we have the very best patients, showing heroism every single day as they travel their oncology journey. I came to know the valor of the patients early in my residency. I like the evidence-based nature of the practice of Radiation Oncology and how we use probabilistic thinking in making our treatment decisions and in communicating with our patients and their families to create both certainty and comfort. And we cure people. All the time."

**-Dr. Michael Steinberg
Chair, UCLA Radiation Oncology**

"At UCLA Radiation Oncology, there is an unwavering commitment to advancing cancer care and improving patients' lives. Cutting-edge technology is seamlessly integrated with compassionate and personalized patient care, grounded in thoughtful scientific inquiry and discovery. My decision to choose UCLA Radiation Oncology was driven by its ability to foster a collaborative environment that warmly welcomes residents and provides a unique and enriching journey. Residents have the opportunity to conduct and participate in research supported by UCLA's extensive infrastructure not only within the department but through the institution as a whole, opening doors to contribute to advancements that reach far beyond the immediate community." -Dr. Rojine Ariani / PGY-2, UCLA Radiation Oncology



"My goal is to not only deliver cutting-edge, patient-centered care, but also to continually innovate and improve the effectiveness and safety of our treatments. Practicing radiation oncology at a world-class center such as UCLA has allowed me to access advanced technologies and further advance the field of prostate cancer care. I am motivated to improve our standards of care by the patients I see and treat every day."

-Dr. Amar Kishan / Professor, UCLA Radiation Oncology





"I take great pride in my training and current practice within the Department of Radiation Oncology at UCLA. Each day, I stand alongside a dedicated team, united by the shared commitment to provide exceptional care to our patients with cancer, instilling a deep sense of purpose. Moreover, the rich intellectual environment within UCLA Health, Jonsson Comprehensive Cancer Center, and the University fuels an innovative culture, propelling our research endeavors forward for the betterment of our patients."

-Dr. Jie Deng / Assistant Professor, UCLA Radiation Oncology



" UCLA Radiation Oncology stands at the forefront of cancer treatment due to its commitment to cutting-edge research, state-of-the-art technology, and our team of world-class clinicians, physicists, dosimetrist, radiation therapists, nurses, and administrative staff. What sets us apart is our unwavering dedication to patient care, ensuring that each individual's unique needs are met with compassion and precision. I find my role within this department incredibly meaningful. Showing up for my patients means being a part of their journey toward hope, healing, and a brighter future, which is a deeply rewarding and fulfilling experience."

-Dr. Ann Raldow / Associate Professor, UCLA Radiation Oncology

REACH

Bringing personalized world-class
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Our sites include Santa Clarita,
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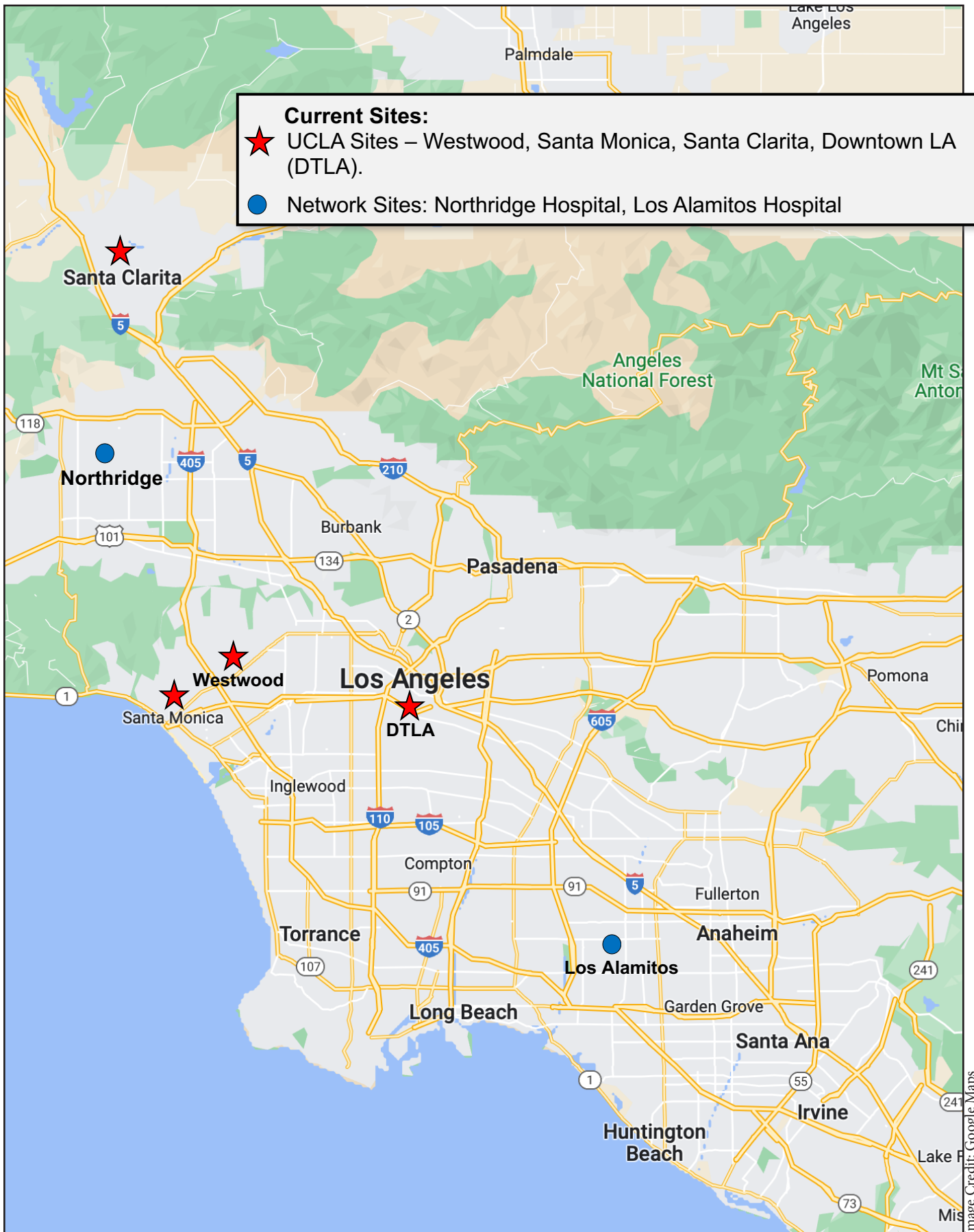


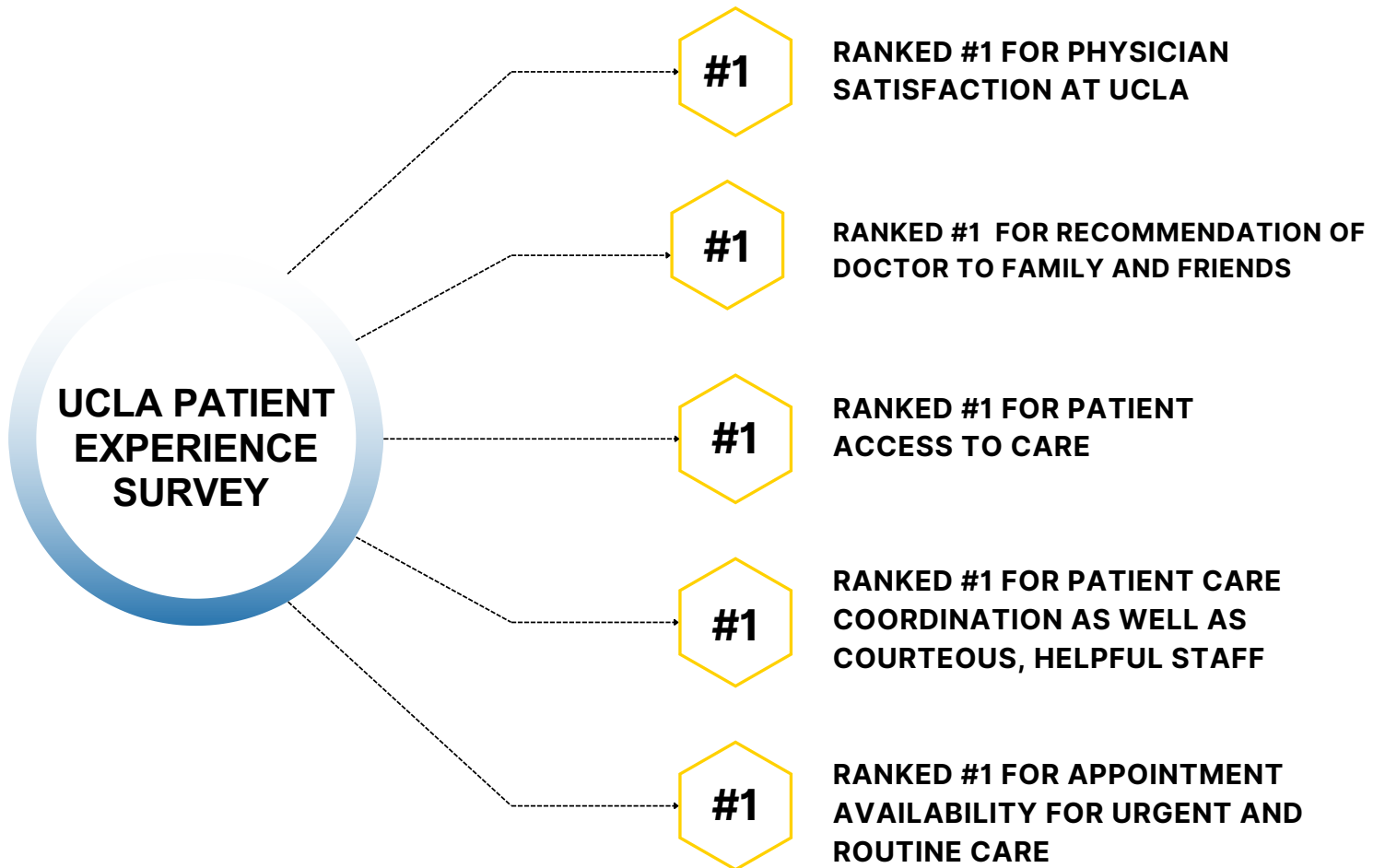
Image Credit: Google Maps


A circular frame captures a scene in a hospital. On the left, a woman in blue scrubs and a yellow surgical mask stands next to a man in a white lab coat and blue surgical mask. They are both looking towards a patient lying on a treatment machine. The patient is wearing a patterned hospital gown and is positioned on a large, white, multi-tiered machine. The background shows a clinical setting with light-colored walls and a ceiling light fixture. The overall tone is professional and caring.

WHAT OUR PATIENTS ARE SAYING

*"To get this kind of treatment on this kind of machine with this kind of a team. The oncology staff here are as good as it gets...as good as it gets."
-Charles W.*

UCLA Department of Radiation Oncology



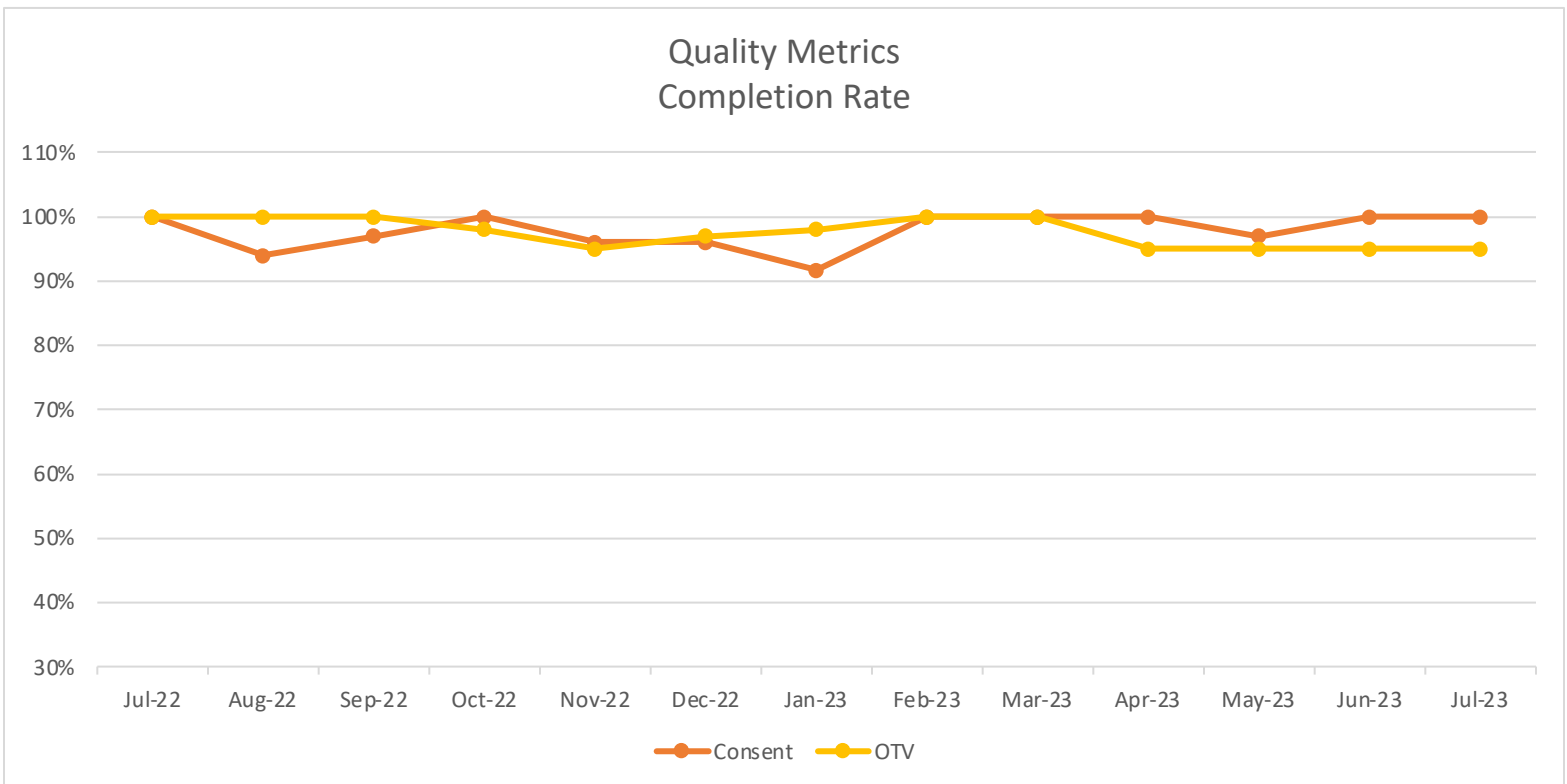


*"If you want to know the main feeling,
it was just gratitude." -Judy G.*

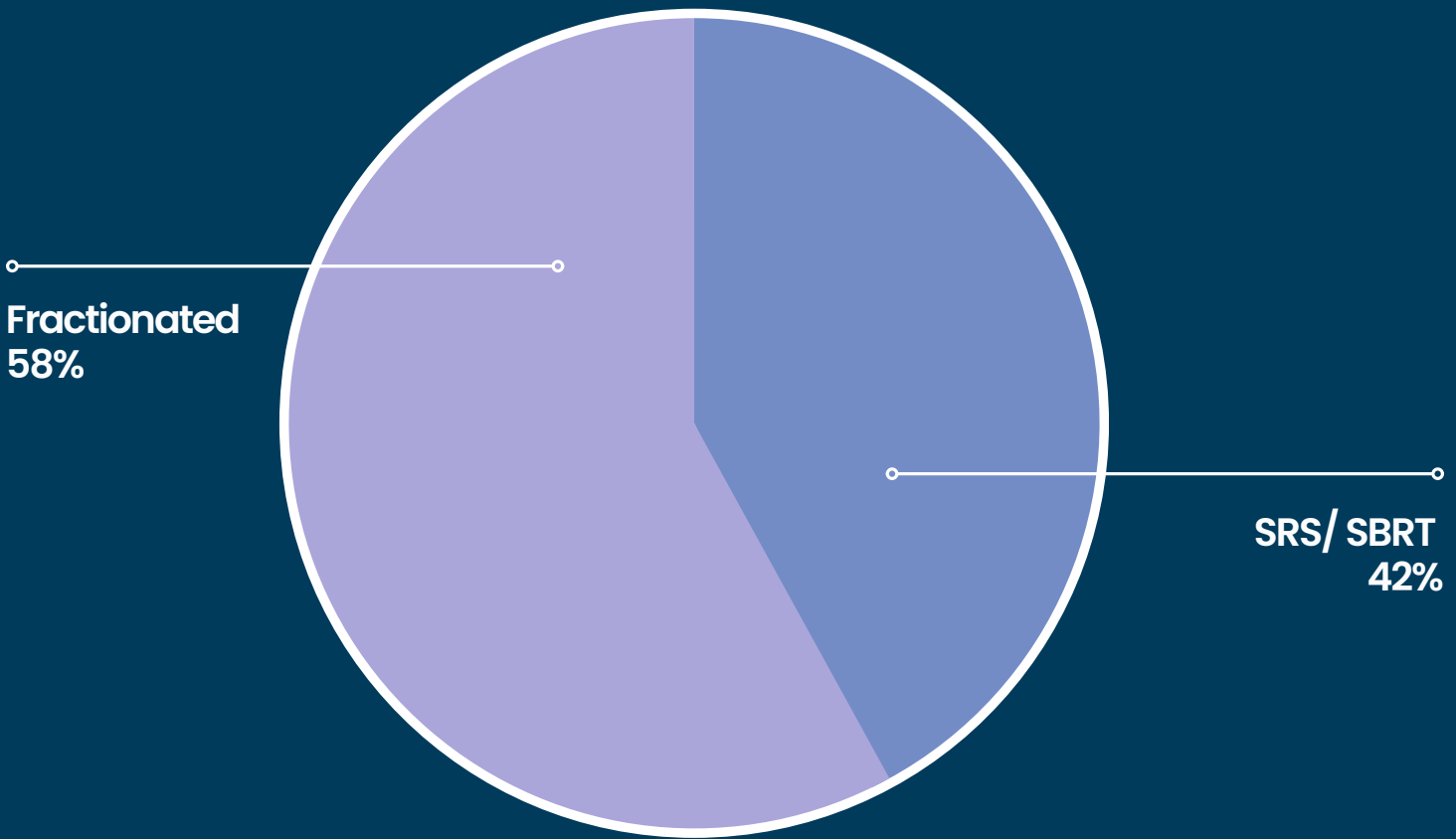
CLINICAL QUALITY METRICS

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d enys-nevozhai

RESEARCH AND TRIALS

The pursuit of answers, cutting-edge
treatments, and cures.

UCLA RADIATION ONCOLOGY Clinical Studies and Trials AY 22 - 23

Total number of active prospective studies : **38**

30 are department PI initiated

8 are external initiated

Total number of prospective clinical studies opening to patient enrollment: **26**

Number of new prospective clinical studies: **6**

Total number of clinical studies completed: **1**

Total number of patients enrolled in studies: **21%**

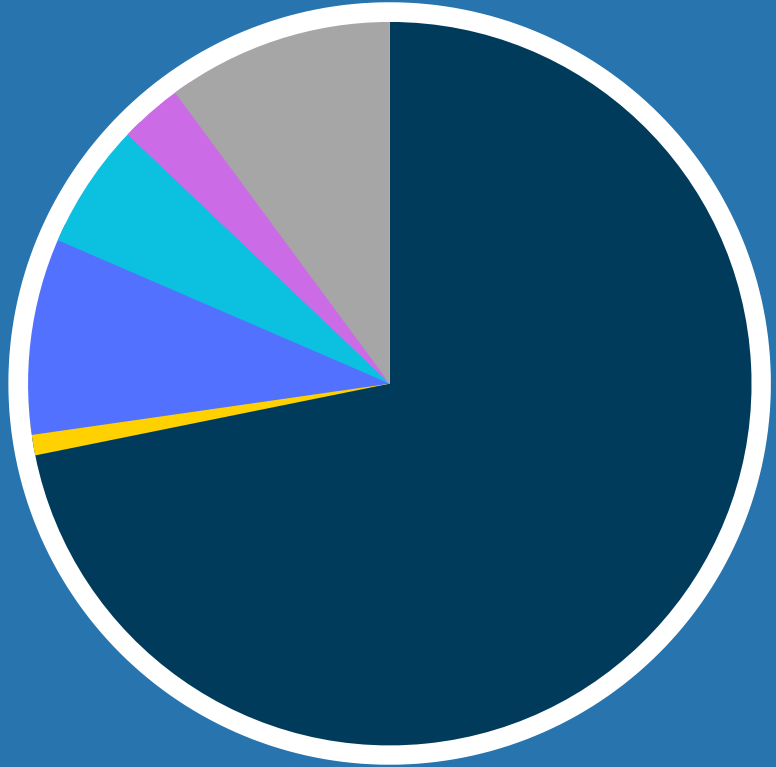
interventional studies: 16%;

basic science – human specimen collection studies: 4%

health service/technology development studies: 1%

SOURCES OF RESEARCH SUPPORT

- FEDERAL
\$16,834,295
- UNIVERSITY
\$214,016
- PRIVATE
\$2,052,433
- OTHER
\$1,312,616
- INTERNAL
\$653,901
- INDUSTRY
\$2,371,695



TOTAL ACTIVE GRANTS: 73

AY 22-2023

Federal: 31

Industry: 20

University/Institution: 6

Private/Other: 16

FY22 RESEARCH GRANT TOTAL: \$23,438,956



PUBLICATIONS

Our academia roots and deep dedication to our patients propels us to do the work, to collaborate beyond our center walls, to share the breakthroughs we've discovered.

2022 PUBLICATIONS

Total Peer-Reviewed Research Articles

107

First Author by UCLA Trainee

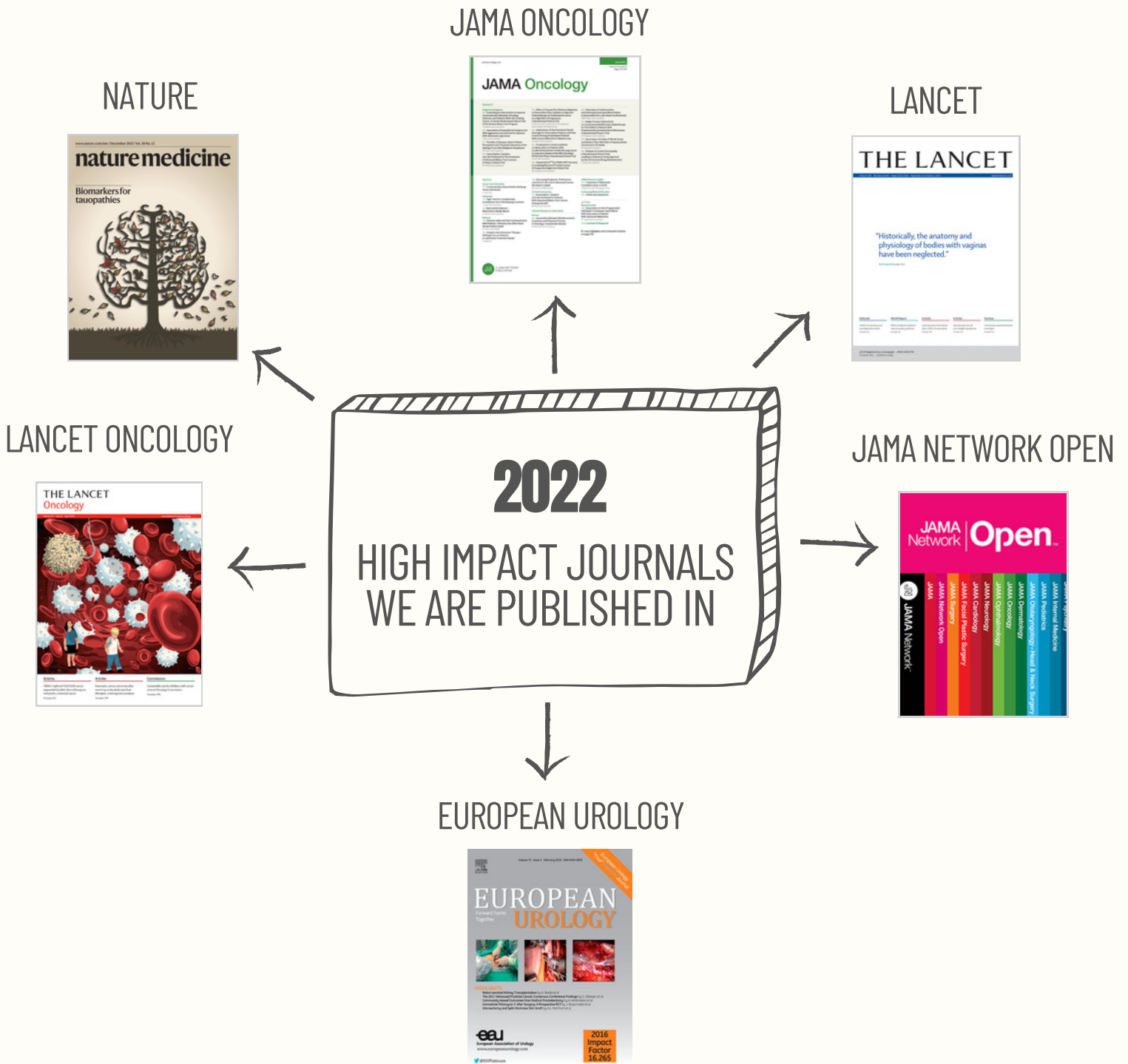
35

The mentorship and publication of our trainees, the forthcoming generation of leading Radiation Oncologists, is built into our foundation and will always be in focus.

Senior and/or First Author by UCLA Faculty

41

WHERE WE WERE PUBLISHED





EDUCATION AND TRAINING

We are invested in the development
and success of the next generation.



46

took part in UCLA Radiation Oncology education programs including:

12 clinical residents, 1 brachytherapy fellow

12 medical students in clinical rotation

2 medical student preceptors on research

4 medical physics residents

14 medical physics graduate students

2 therapist students



EDUCATION METRICS

Destinations of our trainee graduates in 2022

Residents (Medical and Physics)

Assistant Attending Physicist: Memorial Sloan Kettering Cancer Center

Assistant Professor: University of California, San Francisco

Assistant Professor: University of Washington

Assistant Professor: University of California, Los Angeles (2)

Brachy Fellow

Assistant Professor: University of California, Davis

Graduate Students

Resident: University of California Los Angeles

Educational conferences and workshops in 2022

9th MR-in-RT Symposium

UCLA MRgRT Academy: Building a Clinical Adaptive Radiotherapy Program

Annual UCSD-UCLA Radiation Oncology Case-based Education and Skills Assessment Workshop



HONORS AND AWARDS

TRAINEE HONORS AND AWARDS

ASTRO Basic/Translational Science Abstract Award (Jie Deng, MD, PhD)

**TL1 CTS Translational Science Fellowship for Postdoctoral Trainees
(Ricky Savjani, MD, PhD)**

Siemens Healthineers Grant (Ricky Savjani, MD, PhD)

**Best Data Blitz Presentation at the UCLA Symposium on Neurotechnology
(Ricky Savjani, MD, PhD)**

ACRO Heidelberg Ion Therapy Center Grant (Clayton Smith, MD)

ACRO Luther Brady Education Grant (Trudy Wu, MD)

ASTRO Annual Meeting Abstract Award (John Nikitas, MD)

ABR Holman Research Pathway (Beth Neilsen, MD, PhD)

T15 NLM Training Grant Postdoctoral Trainee (Beth Neilsen, MD, PhD)

ACRO GREC Policy Fellowship (Cecil Benitez, MD, PhD, MS)

ViewRay Treatment Plan Challenge 1st place (Qihui Lyu, PhD)

ViewRay Treatment Plan Challenge 2nd place (Lauren Smith, PhD)

**AAPM-SCC Norm Bailey Resident/Post-doc Research Award 1st Place
(Michael Lauria, PhD)**

AAPM-SCC MedPhys Slam Competition 3rd place (Michael Lauria, PhD)

AAPM Early-Career Investigator Award 1st place (Qihui Lyu, PhD)

AAPM Early-Career Investigator Award 2nd place (Rachel Petragallo)

FACULTY HONORS AND AWARDS

**Distinguished Reviewer for JAMA Network Open
Amar Kishan, MD**

**Radiological Society of North America (RSNA) Roentgen Research Award
Luca Valle, MD**

**Excellence in Mentoring Scholars in Training Award, Radiation Research society
Erina Vlashi, PhD**

**National VA Research Recognition
Nicholas G. Nickols, MD, PhD**

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"Ingliside" Kim Cogan

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.