

# U C L A

## RADIATION ONCOLOGY JOURNAL



### New Frontiers in SBRT

The thematic core of Dr. Kishan's research is to improve treatment efficacy and optimize quality of life for men with prostate cancer

### Age of A.I.: Ethos

Ethos uses AI to automatically contour certain organs in order to expedite the adaptive planning process

### 2020 Residents

The newest faces in the Department of Radiation Oncology at UCLA

### Advancing: Santa Clarita

UCLA Radiation Oncology will bring never available before cutting edge technology to the communities of Santa Clarita, Valencia Newhall, Lancaster, Palmdale, and the Antelope Valley.

### What's In Your Cup?

Now is the time to assess our cups, reflect on the productive and hindering contents.

### Los Angeles During COVID-19

While city life is almost always indicative of cramped living, limited outdoor space, and no nearby escapes—Los Angeles offers reprieve.

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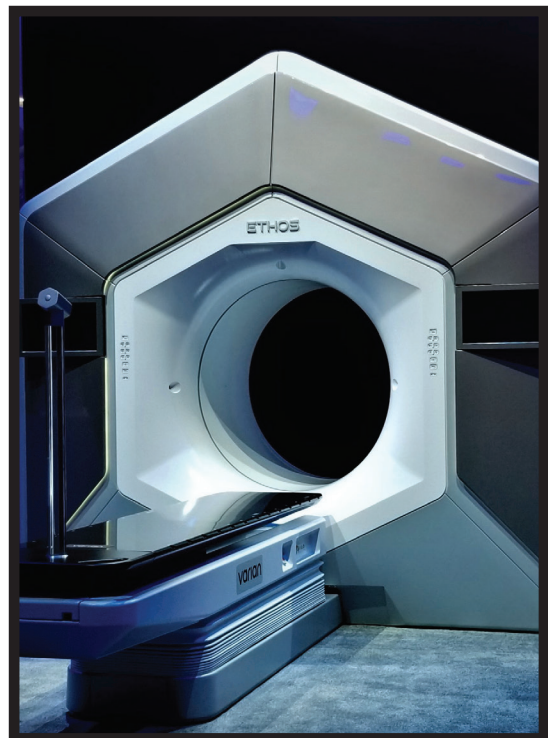
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# Chairman's Letter

**I**n boxing, you're taught to lean into an opponent's punch rather than back away, because you will be better grounded to defend a follow up shot and it gives you the option of counterattack. 2020 has been an unparalleled year—landing plenty punches of its own on our department. But, our Team has persevered through it all. In the face of adversity, we've leaned into the punch and, in doing so, were able to continue offering the highest level of care for our patients, to continue conducting research, to continue to publish, and to continue our steadfast pursuit of better treatments and cures for cancer.

This magazine, the *UCLA Radiation Oncology Journal*, is a new effort from an ambitious list of fresh initiatives the Department of Radiation Oncology has undertaken in 2020. It follows the tradition and replaces the Department's newsletter, *The Buzz*. The *Journal's* style is akin to the COVID Updates published daily and then weekly by the Department during the crisis months of March, April, and May.

I hope you enjoy this inaugural edition of the journal. We look forward to sharing many more editions in the future.

Be well and stay safe,

**Michael Steinberg, M.D.**  
Professor and Chair





# NEW FRONTIERS IN PROSTATE SBRT

*Dr. Kishan is currently leading three clinical trials  
to explore new frontiers in prostate SBRT*

The thematic core of Dr. Amar Kishan's research is to improve treatment efficacy and optimize quality of life for men with prostate cancer. He has approached this by developing an active clinical and translational research program. A major focus of his research has been the use of stereotactic body radiotherapy (SBRT) for prostate cancer. This snapshot provides a brief overview of this treatment as well as three exciting, cutting edge clinical trials of SBRT for prostate cancer that Dr. Kishan is leading at UCLA.

Historically, external beam radiation therapy for prostate cancer has been delivered in the form of small daily doses of radiation over the course of as many as 39-45 treatment sessions (eight to nine weeks). We have since learned that prostate cancer appears to be more sensitive to higher doses of radiation per day, suggesting that considerably shorter durations of radiation therapy may be, at the least, equally effective. Simultaneous advances in technology have allowed the safe and precise delivery of larger doses of radiation in any given session. A particularly advanced form of external beam radiation therapy, known as stereotactic body radiotherapy (SBRT), involves the therapy of high doses per day over the span of five or fewer treatments. UCLA has been a global leader in studying

SBRT for prostate cancer. UCLA's regimen for SBRT involves five treatments with radiation, delivered every other day -- this is a nearly 90% reduction in the duration of treatment and required visits. In 2019, Dr. Kishan published a multi-institutional consortium study that reported long-term safety and efficacy outcomes for prostate SBRT in over 2000 patients. This study is referenced in the 20W20 National Comprehensive Cancer Network Guidelines, which note that SBRT is now a standard of care option for patients who are treated at experienced centers.

Dr. Kishan is currently leading three clinical trials to explore new frontiers in prostate SBRT. The first is the MIRAGE (Magnetic Resonance Imaging-Guided Stereotactic Body Radiotherapy for Prostate Cancer) trial, which is a randomized trial comparing standard CT-guided SBRT with MRI-guided SBRT. The crux of this trial lies in the visualization capabilities of various radiation devices and the inherent motion of the prostate. The prostate moves nearly continuously due to internal anatomy changes. Though these motions are small, on the order of millimeters, radiation delivery must be highly precise and even millimeter motions must be accounted for. While modern linear accelerators are equipped with on-board CT scanners, the prostate itself is not easily visualized on a CT scan. Traditionally, targeting for

prostate SBRT (and prostate radiation in general) has thus required the placement of metallic markers into the prostate. Because of their metallic nature, these markers can be seen on CT scans and the prostate's position can be triangulated prior to treatment. MRI scans, on the other hand, can clearly visualize the prostate itself. A major technological advance in the field of radiation oncology is the development of linear accelerators that have integrated on-board MRI scanners, allowing direct MRI-guided radiotherapy. For the treatment of prostate cancer, this means not only that implanted markers are not necessary, but also that the prostate could be tracked "in-real time" via direct visualization, allowing for a much finer ability to adjust dose delivery based on the prostate's position. While CT-guided SBRT is still an advanced, precise, and cutting-edge technique, MRI-guided SBRT has the potential to offer even more precision. The MIRAGE trial is the first and only trial of its kind to evaluate the benefit of MRI-guided SBRT in a rigorous fashion. Virtually any patient considering SBRT for prostate cancer is eligible for this trial, which is designed to show less urinary side effects with MRI-guided therapy. This trial opened in May 2020 and is rapidly enrolling patients. The target enrollment goal is 300 patients.

The second SBRT trial that Dr. Kishan is leading is called the SCIMITAR (Stereotactic Intensity Modulated RadioTherapy After Radical Prostatectomy) trial. This is a phase II trial that is investigating the novel use of SBRT in patients who need radiation after radical prostatectomy (RP, surgical removal of the prostate). While RP is an effective treatment, men who are found to have aggressive disease features or who have

rising PSA levels after removal may require postoperative radiation. As in men who receive radiation alone, the conventional course of radiation has been the delivery of low daily doses over the span of multiple weeks (in this case, typically 35 to 40 treatments). Similarly, the delivery of a higher dose per day may allow treatment courses that are at the least as effective and substantially more convenient. Because of technological considerations, the lack of a visible target (since the disease being treated is usually microscopic), and the fact that these men have had to heal from surgery, the study of SBRT in this setting has been previously restricted to very small phase I trials. Since March 2018, Dr. Kishan has led the SCIMITAR study, which is the first, largest, and at this time only phase II trial investigating SBRT for these patients. This trial is designed to deliver a biologically higher dose to the areas at risk with the hypothesis of improving recurrence-free survival. On this study, men requiring postoperative radiation receive five treatments, delivered every other day. These treatments can be delivered either on a standard, CT-based linear accelerator or on the aforementioned MRI-guided linear accelerator. The latter has the ability to better visualize the interface between the target area, the rectum, and the bladder, and potentially account for any changes in anatomy that manifest from day to day. Unlike the MIRAGE trial, this is not a randomized study, and all men enrolled in the study will receive SBRT, and may receive MRI-guided SBRT if that is deemed appropriate. This SCIMITAR trial is designed to enroll 100 patients and has already enrolled 80.

The final trial that Dr. Kishan is leading is the GARUDA (Germline DNA-based



Radiosensitivity Biomarker Influence on Toxicity Following Prostate Radiotherapy) trial, which is set to open in late September 2020. While significant side effects after modern radiation, including SBRT, are rare, there are still some patients who experience more pronounced bothersome toxicity after radiation than others. We currently do not have the ability to reliably identify patients who are likely to experience significant toxicity because the factors that govern the development of toxicity remain largely obscure. Dr. Joanne Weidhaas, the Director of the Division of Molecular and Cellular Biology in the UCLA Department of Radiation Oncology, has long championed the theory that certain genetic variants encoded within the germline DNA—the DNA that is present in all cells throughout the body since birth—are likely to predispose certain patients to more brisk radiation reactions. Together with Dr. Weidhaas, Dr. Kishan and collaborators at the Oslo University Hospital in Norway have identified biomarker panels encoded within germline DNA that can reliably predict which patients will develop significant toxicity after either SBRT or the longer course of radiation. Notably, these panels appear to be specific to the form of radiation delivered. That is, patients at high risk of toxicity after SBRT are not likely to be at high risk of toxicity after the longer course of radiation, and vice versa. Importantly, germline DNA is easy to study because it can be analyzed from blood draws or even a simple cheek swab. The phase II GARUDA trial is designed to reduce toxicity after SBRT by identifying patients at higher risk beforehand and modifying their radiation planning process to mitigate this higher risk (for

instance, by altering the number of treatments delivered). This should lead to a substantial reduction in the number of patients experiencing bothersome toxicity after radiation. This trial is in the final stages of initiation and is designed to enroll 200 patients.

Overall, UCLA has been a leader in prostate SBRT and Dr. Kishan is an expert in this technique. The larger mission of our department is not only to deliver the highest quality of care, but to cut the edge, innovate, and improve the standard of care. These three trials are unique to UCLA and are designed to do just that. □

# AGE OF A.I.: ETHOS

*Ethos uses AI to automatically contour certain organs in order to expedite the adaptive planning process*

The UCLA Department of Radiation Oncology will be installing an Ethos treatment machine at its Santa Clarita facility. Ethos, Varian's newest offering, leverages high quality cone-beam CT imaging, artificial intelligence driven organ auto-segmentation, and a simplified planning workflow to make online adaptive radiation therapy more accessible. Until now, only MRI-guided systems such as our ViewRay MRIdian have been able to offer online adaptive therapy. While UCLA has been able to routinely provide this service to patients, not every clinic has the resources required for an MR-guided radiotherapy system. Importantly, online adaptive therapy doesn't necessarily require MR images – in order to adapt, we just need in-room imaging that is high enough quality to use for planning. Although the CBCT images on our TrueBeams and the MVCT on our TomoTherapy are adequate for patient alignment, neither are up to this standard. In contrast, Ethos uses an iterative image reconstruction technique to provide CBCT imaging where targets and organs at risk can clearly be identified and delineated. The enclosed gantry allows for a rotation speed of 4 RPM, which facilitates

acquisition of an image in 17 seconds and therefore greatly limits patient motion artifacts.

In addition to higher quality imaging, Ethos uses AI to automatically contour certain organs in order to expedite the adaptive planning process. Contouring is often the most time consuming part of the workflow, and online adaptive needs to be rapid in order to be accurate. Ethos is able to reliably identify several “influencer structures” for multiple treatment sites. These influencer structure contours are verified by clinicians and are then used to guide the generation of a new plan that is better suited to the patient's anatomy on that day. Ethos promises to make online adaptive therapy better and available to a greater number of patients, and we look forward to being one of the earliest adopters of this technology. □

Contributed by:  
**Dylan O'Connell, PhD**  
 Assistant Professor, Department of Radiation Oncology

Dr. O'Connell received his bachelor's degree in Physics from Tufts University in 2013, and his Ph.D in Biomedical Physics from UCLA in 2018. Subsequently, he completed the medical physics residency program at UCLA before joining the faculty in 2020. His research interests include improving 4DCT reconstruction using a respiratory motion model, motion compensated cone-beam CT reconstruction, online adaptive therapy, and in-house clinical software safety.

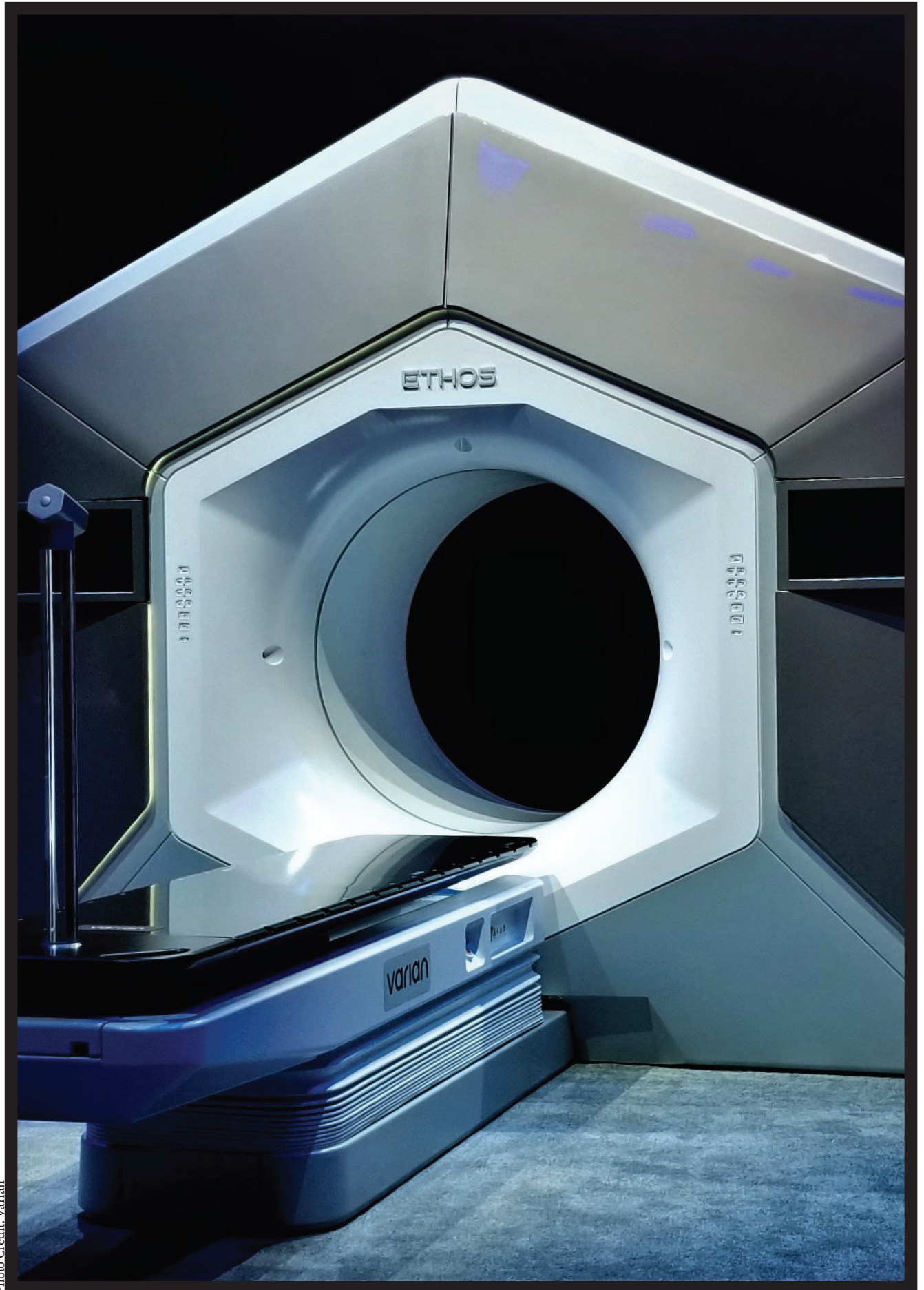
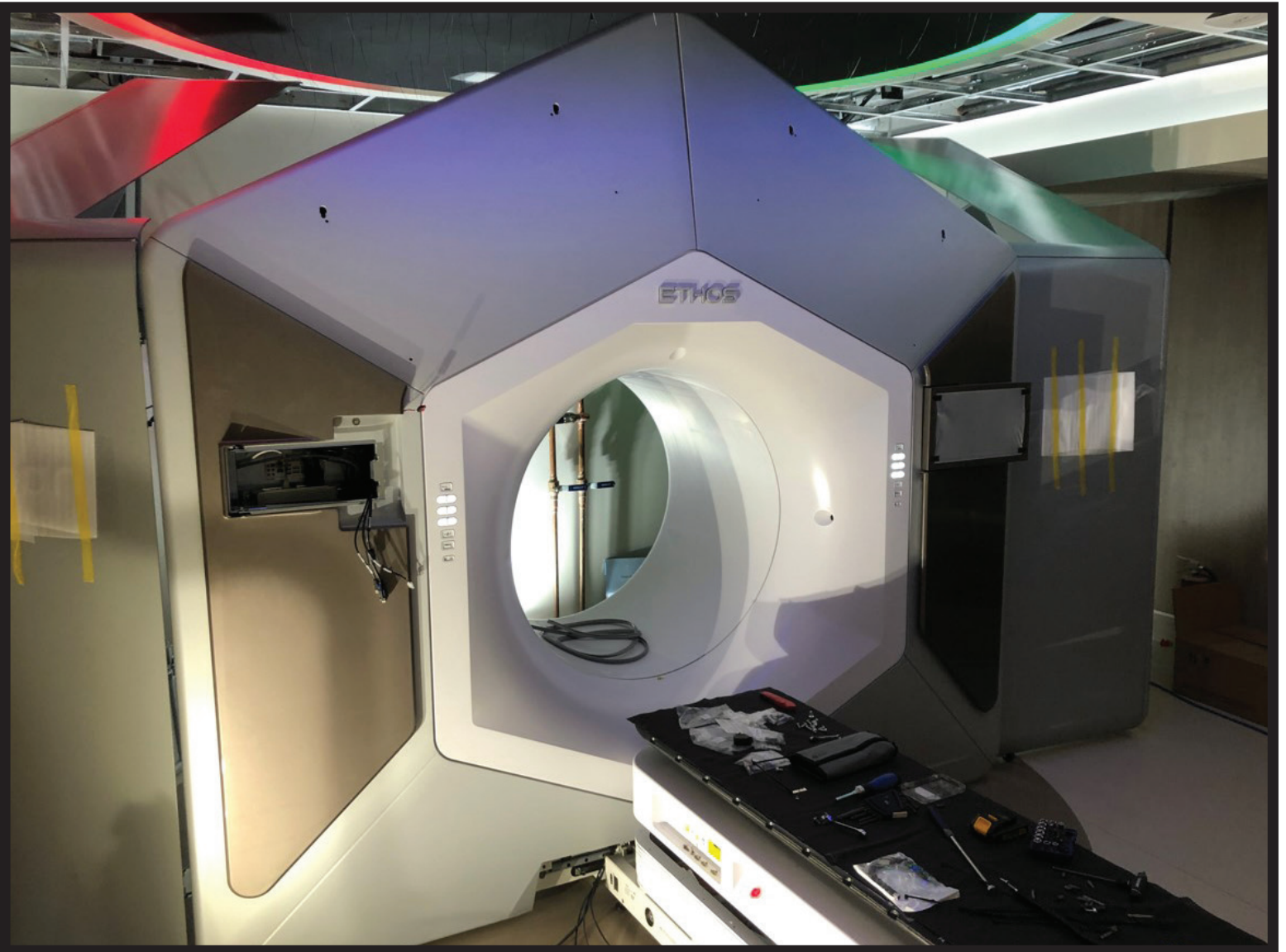


Photo Credit: Varian



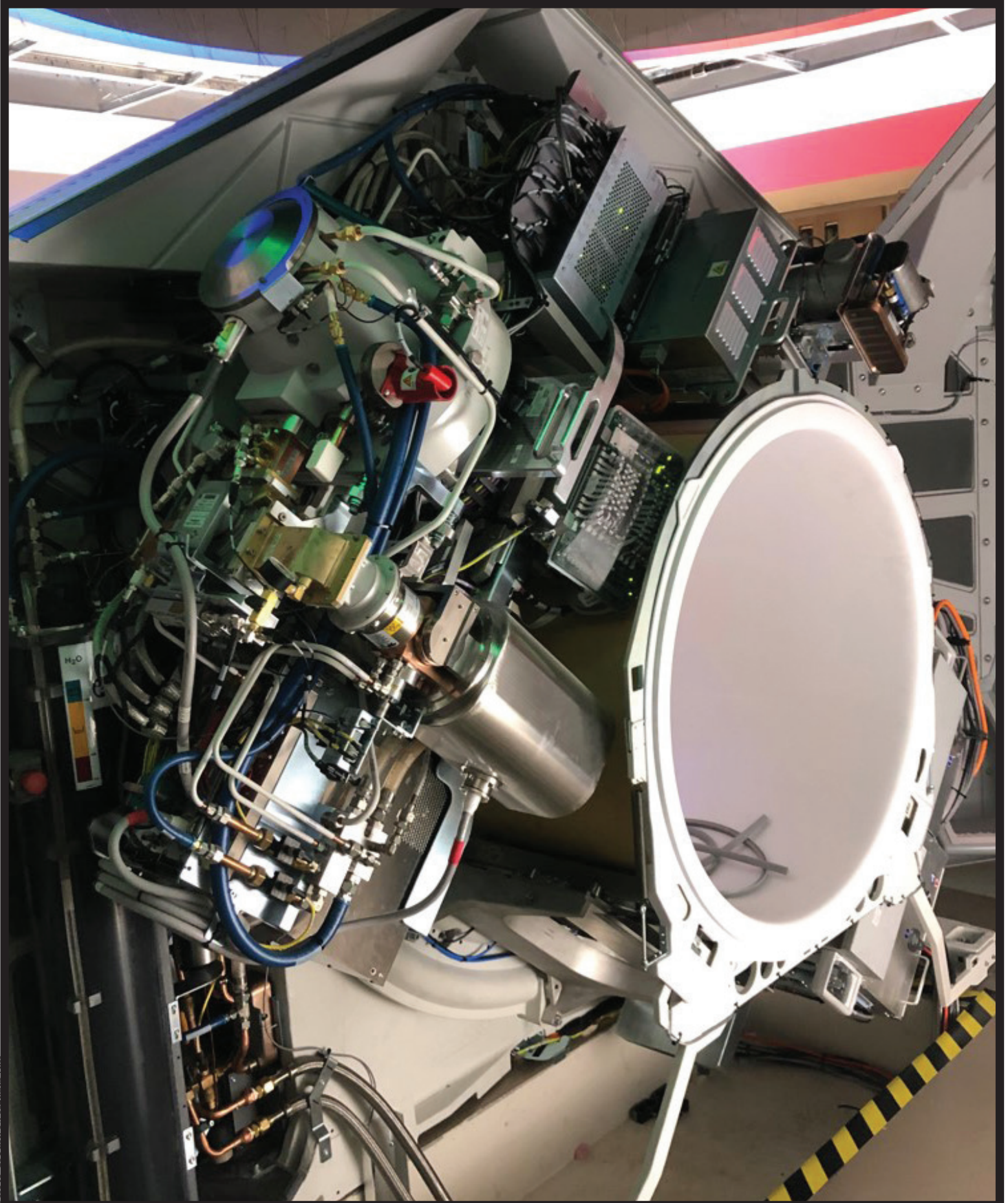
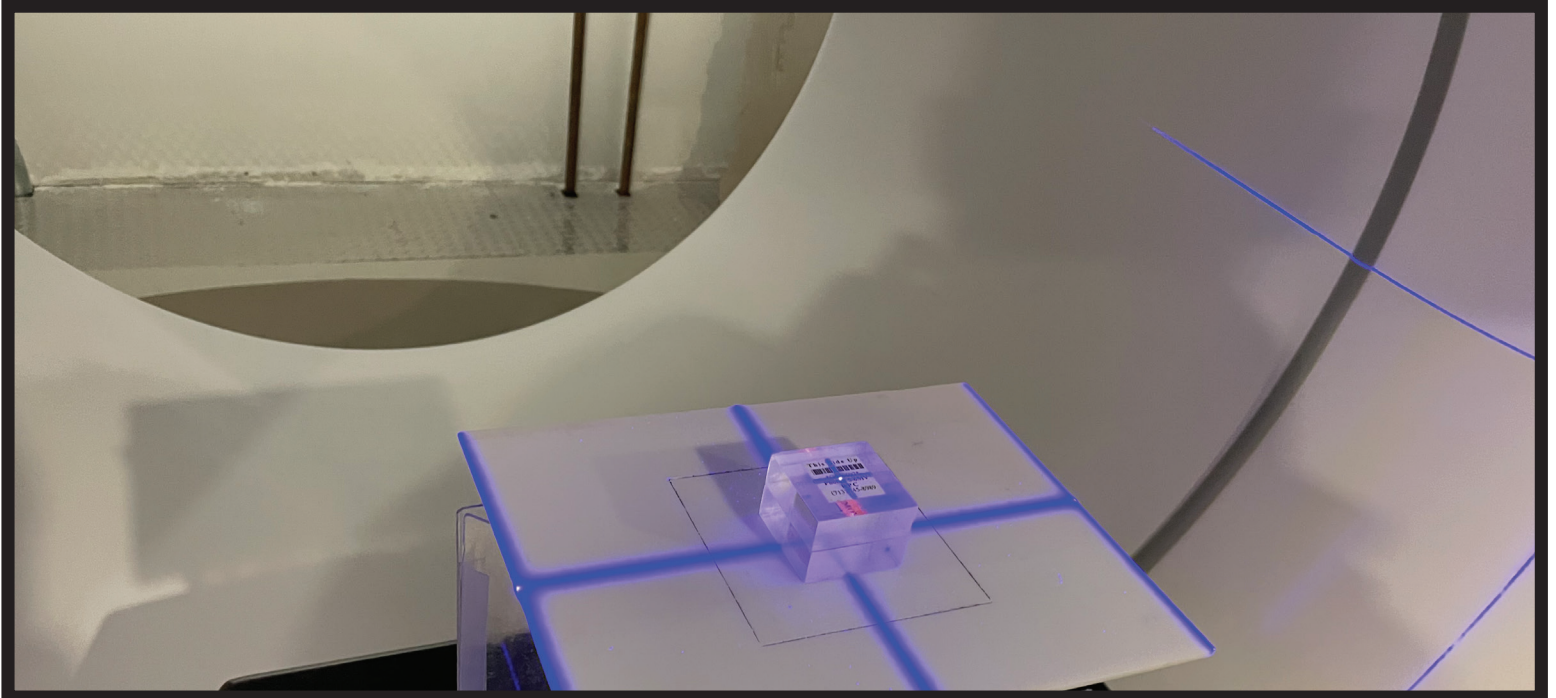


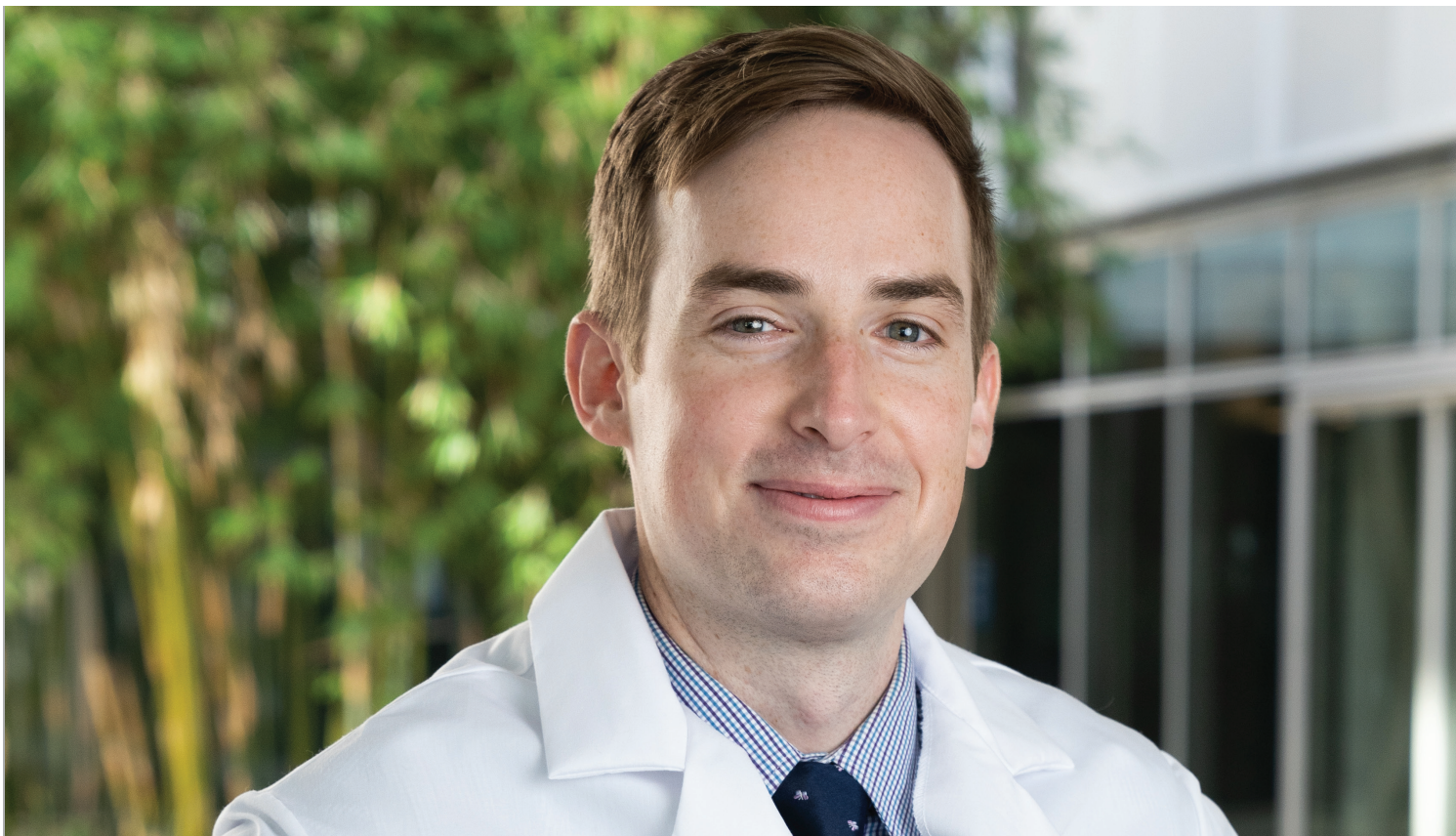
Photo Credit: N. Aazarwan



Photo Credit: N. Agazaryan



# NEW MEDICAL RESIDENTS







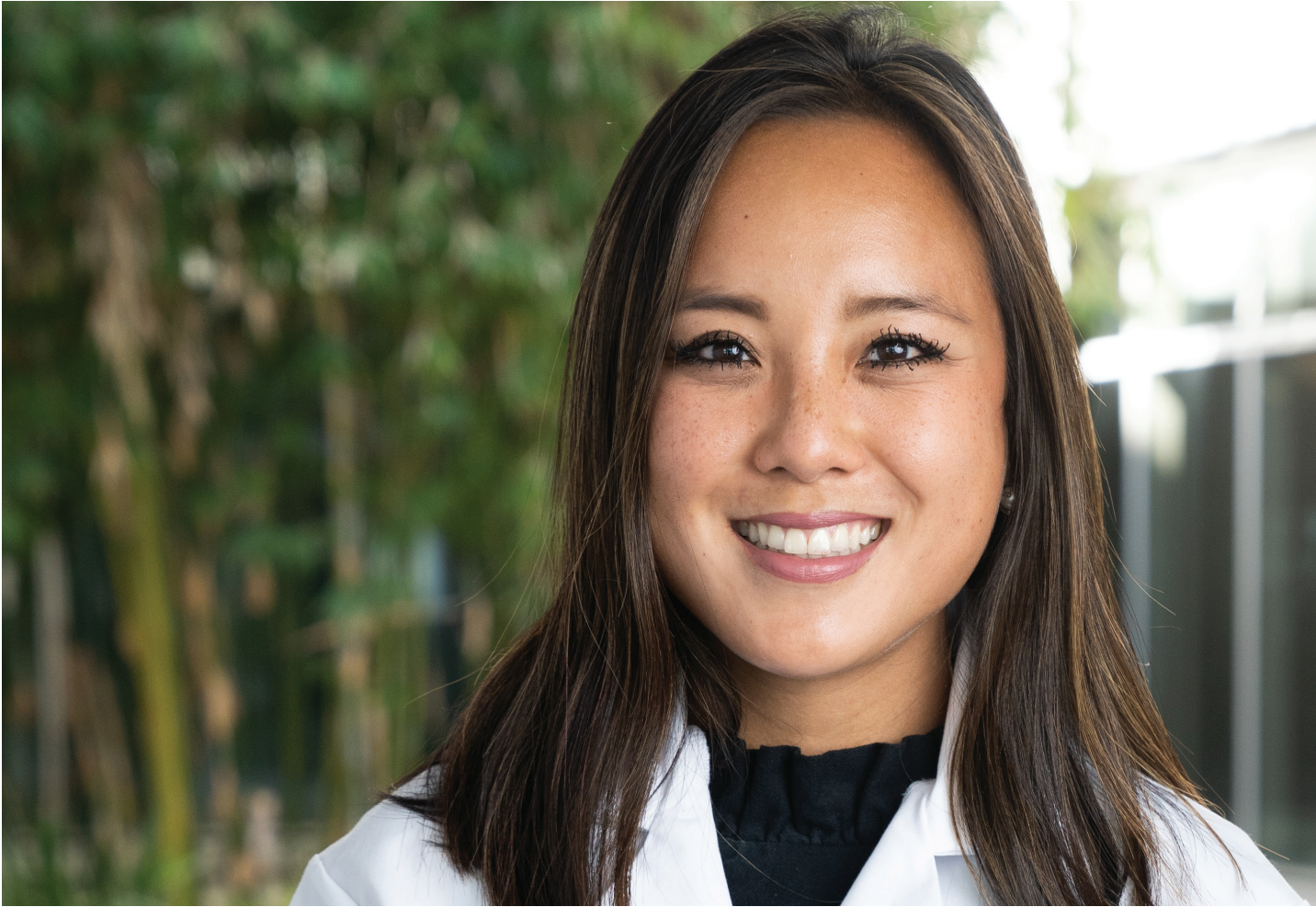
## CLAYTON SMITH, M.D.

Born and raised in Denver, Colorado, Dr. Smith grew up an avid skier and developed an interest in medicine during grade school. He attended the University of Notre Dame and graduated with a degree in Anthropology. His immersive experiences working with doctors and living with host families in India and Mexico solidified his interest in becoming a physician with a plan to participate in global research projects. He attended medical school at Georgetown University and conducted quality of life research on patients undergoing stereotactic body radiation therapy for prostate cancer. Between his third and fourth year of medical school, he had the opportunity to partake in the Medical Research Scholars Program at the National Institutes of Health developing a machine learning algorithm for the detection of prostate cancer on MRI.



## MATT FARRELL, M.D.

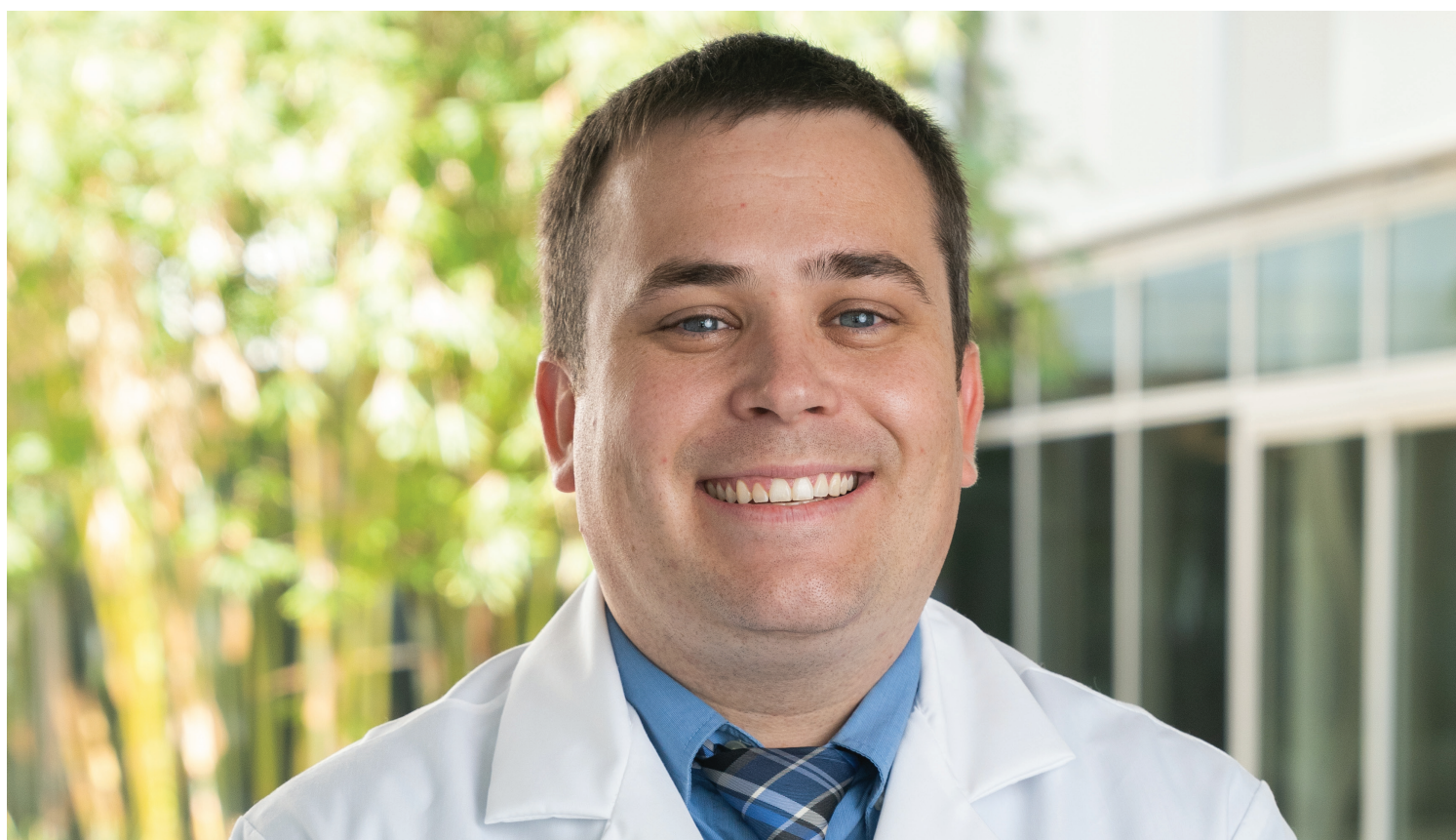
Dr. Farrell grew up in Sacramento. He studied film and creative writing at Stanford University and earned a Master of Fine Arts in Creative Writing at the University of Oregon, writing a collection of short stories for his thesis and teaching undergraduate courses for two years. Realizing that much of 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. Dr. Farrell 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.



## TRUDY WU, M.D.

After spending over 20 years of her life in Columbus, Ohio, Dr. Wu is thrilled to continue her education on the West Coast. Dr. Wu received her Bachelors' and Medical Degree from Ohio State University. Having lost a close family member to cancer, her clinical and research interests surround gastrointestinal malignancies, specifically cholangiocarcinoma. During residency, she hopes to become more involved in medical education, patient advocacy, and continue serving as a Research Advocate for The Cholangiocarcinoma Foundation.

# NEW PHYSICS RESIDENTS





## YU GAO, Ph.D.

Dr. Gao was born in China, and came to the United States for graduate school after receiving her bachelor's degree in applied mathematics. During graduate school, she developed a strong interest in the translational research of applying advanced imaging techniques for cancer diagnosis, which led her to pursue a Ph.D. in biomedical physics at UCLA. Her Ph.D. work focused on advanced diffusion-weighted MRI sequence development as well as applying diffusion MRI for tumor treatment response assessment. Now staying at UCLA as a physics resident, her research interests include MR guided radiotherapy and online adaptive radiotherapy.



## ERIC MORRIS, Ph.D.

After serving as a first responder for the Peace Corps, Dr. Morris pursued a Ph.D. in Medical Physics in his home state of Michigan at Wayne State University. At the Henry Ford Cancer Institute, he pioneered research to integrate cardiac substructures into treatment planning. Dr. Morris was able to generate a deep learning model to automatically segment clinical scans for improved radiation sparing of sensitive cardiac substructures. He is an active American Association of Physicists in Medicine (AAPM) member, serving on the student and trainee subcommittee, as well as the working group for student and trainee research.



Photo Credit: N. Agazaryan

# ADVANCING SANTA CLARITA

*Our Editor caught up with our Chair, Dr. Steinberg, to discuss the forthcoming  
UCLA Radiation Oncology treatment site in Santa Clarita,  
which is opening in December 2020.*

## **Why build in Santa Clarita?**

DR. STEINBERG: UCLA Radiation Oncology in Santa Clarita will support cancer care for communities of Santa Clarita, Valencia, Newhall, Lancaster, Palmdale, and the greater Antelope Valley. UCLA will bring never available before state of the art and cutting edge technology to these communities.

**What has the construction process been like?**

DR. STEINBERG: Once it began, the construction process has gone smoothly and quickly, even ahead of schedule. It is gratifying to see the site come together as the construction progresses. It will be a warm and friendly place for patients to receive their care.

**Who will be part of the Santa Clarita Team?**

DR. STEINBERG: Michael Xiang, MD, PhD, Assistant Professor of Radiation will be the primary physician in Santa Clarita. Dylan O’Connell, PhD will the lead in medical physics for the center.



Photo Credit: N. Agazaryan

**What technology and treatments will be available here?**

DR. STEINBERG: We are excited to be putting into operation the Varian Ethos treatment system. This newest and cutting edge technology allows for real time adaptive therapy, never before available to these patients close to home.

**Will patients receive the same level of care here as they would in Westwood?**

DR. STEINBERG: The care will be commensurate with Westwood and Santa Monica. It will benefit from the same anatomic site expert UCLA faculty and our sophisticated medical physics program in a totally integrated manner. Chart Rounds, Quality Oversight, and Case Conference will all be integrated with Westwood and Santa Monica.

**Will UCLA Radiation Oncology be building any additional sites in the near future?**

DR. STEINBERG: Yes! Keep watching. A number of new UCLA Radiation Oncology sites are being planned. □

# WHAT'S IN YOUR CUP?

*Now is the time to assess our cups, reflect on their productive and hindering contents.*



**E**ach Spring and Winter quarter since 2018, I have served as guest lecturer for UCLA's undergraduate course Diversifying Career Pathways for Life Science Students. The course is designed to provide STEM majors with exposure to diverse career options outside of medicine and academia, such as industry research, policy, public health, technology, and ancillary positions in healthcare settings. By now, I can do this presentation in my sleep. I know exactly what questions to anticipate: "Don't you take children away?", "Isn't your job depressing?", "How often do you cry?", and the most common, "I heard social workers don't make a lot of money." Contrary to popular belief, medical social workers are actually compensated quite well! I am usually paired with titans in their field who are bombarded with questions and students stampeding to gain their attention following the session. I provide a few with my card and schedule a small number of informational interviews, reminding myself of my gratitude to dispel myths about social work and expose potential future colleagues to what I consider the magic of my career choice.



Critical to my presentation is the cliché that “One cannot pour from an empty cup.” I emphasize that this is applicable to all students in the room no matter what path they choose, hoping to leave at least a crumb of meaningful impression. This year a student in the back raised her hand and asked, “But what’s in your cup?” An instant sweat appeared as I fished for an answer other than an unhealthy volume of Red Bull Energy Drinks and Diet Coke. To my surprise, I was able to summon a response sponsored by my most trusted companion—my gut. “Today”, I said, “self-compassion, patience, pride, boundaries...a Sugar Free Red Bull and Diet Coke. Yesterday, guilt, cynicism, grief, lack of sleep...and two Red Bull—not sugar free.” After some much needed validation of my Red Bull addiction, a beautiful dialogue ensued that included my fellow presenters who expressed how much they resonated with this concept and felt it warranted the rest of our time together. How did we fill our cups? Were we cognizant of its contents or were we simply operating on autopilot? How did the substances we chose or fell prey to affect others? This quarter I attained the stampede.

Like most of us, I was blindsided by COVID both personally and professionally. When I spoke to patients, now via the antithesis of social work, Telehealth, our conversations were layered like my Sicilian Mimi’s lasagna with even more anxiety, fear, helplessness, and sheer exhaustion than usual. When I prompted patients with my new trusty intervention, “What’s in your cup today?”, the initial answers were almost always, “nothing,” “not sure,” or the occasional “family, maybe?” I’d explain my belief that we all have SOMETHING in our cups, trying my damndest to remain strengths-based and inspire some reflection even if the result was acknowledgement of a cup filled with “negativity” – at least something to work with. Many patients and families shared that COVID was the last straw. Most had previously achieved some level of control over their cancer by solidifying transportation, engaging in therapy or other supportive services, spending time with loved ones, or taking a walk around their block or in their local park. COVID had taken away the “knowns” that kept them from losing hope, motivation, and momentum. What hit me the hardest was when patients shared that they had lost “focus.” Patients were worried about their families, friends, neighbors, and community. In many sessions, cancer wasn’t mentioned once. They were drained—pouring all that was left in their cup to others, to navigating changes to systems that were already incredibly complex, to the collective grief and fear caused by this pandemic and senseless acts towards BIPOC in this country. As we continued our work together, a trend emerged. When prompted, patients began to share that their medical team was what was filling their cup.

Initial thought? What an absolute honor! Immediate afterthought? I had better check what in the hell is in my cup! Like many of our patients, I, too, am immunocompromised, anxious, fearful, feeling helpless, and exhausted. COVID, our political climate, treatment of BIPOC, the disabled, and those who identify as LGBTQA+ in our country, and disasters across the world leaving so many in peril have taken their direct and indirect toll. Not enough Red Bulls and Diet Cokes in this world! My cup was often empty and when filled, filled with substance that did not serve me or those around me. I know that many are feeling the same. I began a daily practice of asking myself each morning, “What is in your cup today and how will it serve what is ahead of you?” Though Red Bulls and Diet Cokes have served me well, how much of that practice has been a coping mechanism to simply get me through the day? What does that look like in terms of how present I am with patients? While it may work on a busy clinic day – running room to room – am I able to adapt to an anxious patient or family member or be in tune with my own feelings enough to come from a place of complete compassion? What would happen if I filled my cup with tea? With hot chocolate when it hit 65 in LA? With water when I’m thirsty? With  $\frac{1}{4}$  self-compassion when my cup is  $\frac{3}{4}$  lack of focus, hope, motivation and momentum? With seeking support when I am feeling defeated by hurt and grief? With engagement when I am lonely? With asking for help when I am feeling that I am not in a space to perform a task? By acknowledging what was and was not in my cup, I have gained what our patients and so many of us are looking for during this time – a sense of control.

Now is the time to assess our cups, reflect on its productive and hindering contents, and fill it with material that is meaningful to our lives and, subsequently, the lives of our patients, families, and community. For many of us, we are the closest we will ever be to alignment with our patients’ experience while also serving as the substance that fills their cups. While an incredible responsibility, it is unique opportunity for empathy that benefits us all. It is easy to reach for something that simply fills our cups and exhaust ourselves with emptying whatever we have. I challenge each of you to fill your cups with the sweetest nectar for a unifying “cheers” to what we have and in honor and memory of those who have not. □

Contributed by:  
**Liz Morasso, LCSW, OSW-C**  
 Clinical Social Worker III, Department of Radiation Oncology

Liz Morasso, LCSW, received her bachelor’s degree in Psychology and Education Studies from Catholic University in 2008 and Master of Social Welfare in 2010. She is currently the Clinical Social Worker in the Department of Radiation Oncology. Liz has had numerous speaking engagements across the country focused on issues such as mental health and well-being in the chronic disease community, transition and transfer to adult care for pediatric populations, and navigating insurance and other difficult systems. Prior to her position at UCLA, Liz was a clinical social worker in the Divisions of Hematology/Oncology and Adolescent Medicine at Children’s Hospital Los Angeles.

# MENTAL HEALTH RESOURCES

Over the past few months, we have adapted both individually and collectively. We are all addressing personal challenges and many of us are assisting patients in what may seem like ever-evolving circumstances. The COVID-19 pandemic has also placed stress on our families. With that in mind, below you will find a list of ongoing resources for emotional support that are available to you and your family.

## **COVID-19 Related Stress Screening and Dialogue Program**

**Visit:** <https://support.uclawellness.org/>

This screening and dialogue program is designed to provide you with an opportunity to informally check-in with a counselor and dialogue anonymously about how you are feeling at this moment in time

## **Emotional Support Check-In Request Line for UCLA Faculty/Staff**

P: (310) 903-8854

Please text or call (310) 903-8854 to request a confidential emotional support check-in

## **Sesame Street: COVID-19 Related Educational & Entertainment Resources for Children**

**Visit:** <https://sesamestreetincommunities.org/topics/health-emergencies/>

These resources include activities, workshops, videos, and short articles that help young children adapt to the new normal and cope with the change in routines for themselves, their families, and any essential workers as a result of COVID-19

Contributed by:  
**Karen Miotto, M.D.**  
Clinical Professor Psychiatry  
Director, Physician, and Faculty Wellness Program  
Interim Director, Behavioral Wellness Center

# L.A. DURING COVID-19

*What to do in Los Angeles during COVID-19 to create some semblance of normal, stay connected, and avoid feeling like you're in a *Groundhog Day* loop.*



**I**n an interview at the American Film Institute, Damien Chazelle, the writer and director of *La La Land*, talked about filming in Los Angeles. That just beyond the traffic bound throughways and freeways there are wide open spaces, dazzling sunsets, and star splashed night skies. While city life is almost always indicative of cramped living, limited outdoor space, and no nearby escapes—Los Angeles offers reprieve from all three...a saving grace during socially distanced times. What follows is a list of activities that can be enjoyed in spite of social distancing.

## DRIVE-IN MOVIES

Okay, we're in a pandemic, but it doesn't mean you need to forgo the movies! A number of Drive-In Theaters have popped up across Los Angeles and just outside and they will be screening movies well into fall and "winter."

Included are [Cinemauto](#) and the [Electric Dusk Drive-In](#).

## HIKES

Gyms are closed, but what's stopping you from taking a socially distanced hike? All Trails offers an app with endless options.

And, two years ago [L.A. Magazine](#) compiled a list of fifty "essential" hikes.

Bonus points if you make it a socially distanced date at sunset.



Photo Credit: Ronan

## PICNICS

Restaurants are still closed for indoor dining, but why not order pick-up and head to a park for a picnic? Or pick up your favorite bites and drinks for the drive-in movies? [Ronan](#) has fantastic pizza and more. [Republique](#) has great to-go options. [SonoraTown](#) has the tastiest take-out tacos in DTLA. And [Dulan's](#) has excellent comfort/soul food.

## PARKS

A few green spots to take your nosh.

*Lake Balboa Park*

*Lake Hollywood Park*

*Chavez Ravine Arboretum*

*Vista Hermosa Park*



Photo Credit: Street Food Cinema

# DAISY AWARD RECIPIENT

## ERICA ASCENCIO

*UCLA Radiation Oncology Nurse, Erica Ascencio, recently received a prestigious DAISY Award. She was nominated by fellow nurse, Jessica Sparks. What follows is her nomination letter, written by Sparks, which perfectly captures Erica's character and the daily contribution she makes to the department.*

Erica is an extraordinary nurse and always goes above and beyond for patients in the clinic. She is also a leader in the clinic and is looked up to by her colleagues. She is willing to jump in and help when needed and always answers questions from staff or patients.

One situation in particular makes her stand out even more. We had a patient who was receiving radiation therapy to the head and neck area. The patient came into the clinic for his weekly treatment visit with the doctor. The patient was unable to speak because of his facial deformities and dry mouth from cancer treatments. When checked, the patient's vital signs were not within normal range and he needed to have an immediate chest x-ray and to be taken to the ED. Erica went into swift action working with the doctor to get the tests ordered and help the patient.

In addition to the patient having issues, the patient's wife, for whom the patient is the primary caregiver, has severe dementia. At times the wife did not even know who her husband was and would tell everyone this. When Erica was assessing the husband, the wife repeatedly told her that this man was not her husband and he keeps telling people he is, but it is a lie.

The wife claimed that this strange man was outside of her trailer in the morning but looked like he needed help so she rode with him here to help him out. She knew her husband would come to our department for treatments, but stated her husband was mad at her right now and she did not know where he currently was. The wife claimed she was mad at this man because he was lying and she did not want her husband to hear about another man calling her his wife.

After about thirty minutes and explaining to the wife that her husband looks different now because of his treatments and surgeries, the wife realized who he was. She then began to cry and Erica consoled and comforted her until she calmed down. Erica did not feel comfortable sending the patient and his wife to the ED with the patient unable to talk/communicate and the wife being confused. Erica called over to the ED and explained the situation to the charge RN and then walked the patient and wife over. The patient was taken in right away and Erica stayed by their side throughout the whole process. The wife was asked many times to identify her husband since he was unable to talk, but thankfully Erica was there to explain the

situation about the wife and verify the patient's identity since the wife at times was unable. She explained the dynamics to every nurse and provider that came into contact with the patient and wife. She even contacted the social worker and explained the situation to get help with the wife. While waiting for a room the wife kept complaining that she was hungry. The patient had come in at 0900 in the morning for treatment and by this time it was lunch. With the husband unable to feed or take

care of his wife, Erica took it upon herself to go and get Chick-fil-A for the wife. The wife was thankful and well cared for while on site thanks to Erica.

Erica went above and beyond what she needed to in this situation. This could have been a very complicated situation for the patient and his wife and caused many issues had Erica not done what she had done. I hope that more nurses will follow in Erica shoes. She truly is an exceptional nurse deserving of DAISY. □



# UCLA RAD. ONCOLOGY MEDICAL STUDENT PRECEPTORSHIP

*"During the Preceptorship, I've been able to see firsthand the various stages of workflow from initial consultation, simulation, creating and reviewing treatment plans to post-treatment follow-ups."*





**J**esus Juarez is the first medical student to be accepted into our newly established Radiation Oncology Medical Student Preceptorship. He was born two hours north of Mexico City in Queretaro, Mexico. When he was six, he and his family moved to Northern California so his father could attend graduate school. After arriving stateside, Jesus was raised in Woodland, California—a rural community twenty miles outside Sacramento. Jesus attended UC Davis for undergrad and majored in Genetics. After college, he chose to pursue a medical education at the Drew/UCLA Medical Education Program, as helping underserved communities is one of his lifelong commitments.

**When did you first become interested in medicine?**

By the time I was 12-years-old, I had lost both of my paternal grandparents to cancer. Their loss drew me to medicine and biomedical research, and I found my curiosity piqued as I started learning about cancer pathogenesis and conducting basic laboratory research in college. These experiences, in addition to volunteering in a university hospital medical oncology unit, inspired me to use my knowledge to care for patients on a more personal level.

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

From an early age my parents instilled the importance of pursuing a higher education, working hard, and treating everyone I met with respect. This has largely shaped my values and the way I want to practice medicine. Because of the values they instilled in me, it is easy for me to relate to my patients and empathize with them. I always aim to provide excellent care in addition to putting my patients' best interests first.

**What do you hope to glean/gain from the UCLA Radiation Oncology Medical Student Preceptorship?**

I chose to pursue the Medical Preceptorship in the Department of Radiation Oncology because

I wanted to learn more about the workflow and the role that radiation therapy plays in the multi-disciplinary management of cancer. In addition, I was eager to learn about how radiation oncology enhances our management options for the treatment of various disease sites and stages.

**Who were you most looking forward to training with while here?**

I was very fortunate to have the opportunity to work with Dr. Amar Kishan, who is an exceptional physician, researcher, and mentor. Dr. Kishan allowed me to shadow him in clinic, where I was able to meet patients and learn about their diseases and treatments. Dr. Kishan has taken me under his wing, and we are now working on multiple research projects.

**Can you elaborate on your research projects with Dr. Kishan?**

One of the projects I have involved in, led by RO resident Dr. Martin Ma, investigated the impact of prostate-specific membrane antigen PET/CT (PSMA PET/CT) on initial staging and association with clinicopathologic factors that might predict for upstaging. This data is now being used for the development of a nomogram to predict upstaging by PSMA PET/CT, which can help with patient counseling.

On a separate project, I am investigating whether SBRT is a safe modality for treating

prostate cancer in patients with inflammatory bowel disease (IBD). Historically, radiation therapy has been relatively contraindicated for this cohort of patients. However, preliminary data shows that IBD patients with prostate cancer treated with SBRT did not have higher likelihood of developing late gastrointestinal and genitourinary toxicities when compared to controls. This suggests that SBRT may be a reasonable approach for treating patients with both IBD and prostate cancer.

Beyond these two projects, I'm also interested in better understanding the disparities in outcomes for black men with prostate cancer. While this may be partially explained by socioeconomic factors and lack of access to high-quality care, biological factors may play a role as well. Emerging data suggests that poorer outcomes in black men with prostate cancer may be influenced by the lack of accurate disease stratification and treatment guidelines specific to black men. To help address this issue, I earned a fellowship from the Conquer Cancer Foundation of ASCO to investigate differences in treatment responses between black and white men with prostate cancer enrolled in clinical trials. We hope our results will help improve care for black men with localized prostate cancer.

**It's early days, but what have you learned since entering the program?**

Since entering the program, I have been able to participate in tumor boards, where I experienced how radiation oncology is part of the multi-disciplinary team. In clinic I was able to learn how evidence-based decisions occur with patient goals in mind. Lastly, I've been able to see firsthand the various stages of workflow from initial consultation, simulation, creating and reviewing treatment plans to post-treatment follow-ups.

**What diagnosis/treatment site and/or treatment technique are you interested in learning more about?**

I am fascinated by stereotactic body radiation therapy (SBRT), which is a form of radiation therapy that delivers extremely precise high doses of radiation to neoplasms while minimizing damage to healthy tissue. Additionally, I have become interested in how disparities in cancer outcomes may be influenced by lack of accurate disease stratification and treatment guidelines. Thus, I am currently investigating whether differential treatment responses exist for black and white men with prostate cancer enrolled in clinical trials.

**Do you see yourself remaining in Radiation Oncology? If no, how do you see this experience informing your future direction?**

Definitely! I am currently in the process of applying to residency programs in Radiation Oncology. □





# AWARDS, PUBLICATIONS, AND GRANTS

## *Recent wins from the UCLA Department of Radiation Oncology*

**Amar Kishan, M.D.**, was recently awarded a \$150,000 research grant from ViewRay, Inc. to further his work on Stereotactic Body Radiotherapy after Radical Prostatectomy.

**Carol Felix**, Clinical Trials Network Operations Manager, had her manuscript, [\*Clinical Research in the Time of COVID-19\*](#), published in the International Journal of Radiation Oncology, Biology, Physics.

**Ann Raldow, M.D.**, recently partnered with Intelligent Automation, INC. to win a Phase II SBIR Grant from the NCI. The study objective is to assess the impact of patient symptom self-reporting using the mPROS application during radiation therapy on health-related quality of life (HRQOL).

**Amar Kishan, M.D.** has been named Associate Editor for Frontiers in Oncology and to the Editorial Board of Cancers.

**Stephanie Yoon, M.D.**, has become the new Resident Membership Chair of SWRO (Society for Women in Radiation Oncology). SWRO has over three hundred members nationally and internationally who advocate for the advancement for women in Radiation Oncology.

**Kaley Woods, Ph.D.**, has received a Varian grant on “Non-Coplanar Radiation Therapy Using HyperArc in a Broad Population of Head and Neck Cancer Patients” supervised by Drs. Rob Chin, Ke Sheng and Minsong Cao.

**Minsong Cao, Ph.D.**, was recently appointed as Co-Chair of a recently formed AAPM Task Group No. 325—MR-guided Radiotherapy Systems: Considerations for Clinical Implementation and Quality Assurance. This task group is charged with providing recommendations including

considerations for equipment selection, clinical workflow, technology and applications, as well as quality assurance related to MR guided radiotherapy (MRgRT).

**Tania Kaprelian, M.D.**, had two recent publications:

[\*Comparison of Clinical Outcomes Stratified by Target Delineation for Patients Undergoing Stereotactic Body Radiotherapy for Spinal Metastases\*](#) (World Neurosurgery)

[\*Time-Driven Activity-Based Costing Comparison of Stereotactic Radiosurgery to Multiple Brain Lesions Using Single-Isocenter Versus Multiple-Isocenter Technique\*](#) (International Journal of Radiation Oncology, Biology, Physics)

**Amar Kishan, M.D.**, was the first author on two recent publications:

[\*Local Failure and Survival After Definitive Radiotherapy for Aggressive Prostate Cancer: An Individual Patient-Level Meta-Analysis of Six Randomized Trials\*](#) (European Urology)

[\*Transcriptomic Heterogeneity of Gleason Group 5 Prostate Cancer\*](#) (European Urology)

**Ann Raldow, M.D.**, was a first author on a publication entitled, [\*Cost Effectiveness of DCISionRT for Guiding Treatment of Ductal Carcinoma in Situ\*](#), published in JNCI Cancer Spectrum.

**Amar Kishan, M.D.** Dr. Kishan's CRCC 2020/2021 Application, Germline DNA-based Biomarkers of Toxicity Following Prostate Radiotherapy, was accepted and selected for funding. It will be receiving a \$75,000 research grant. □

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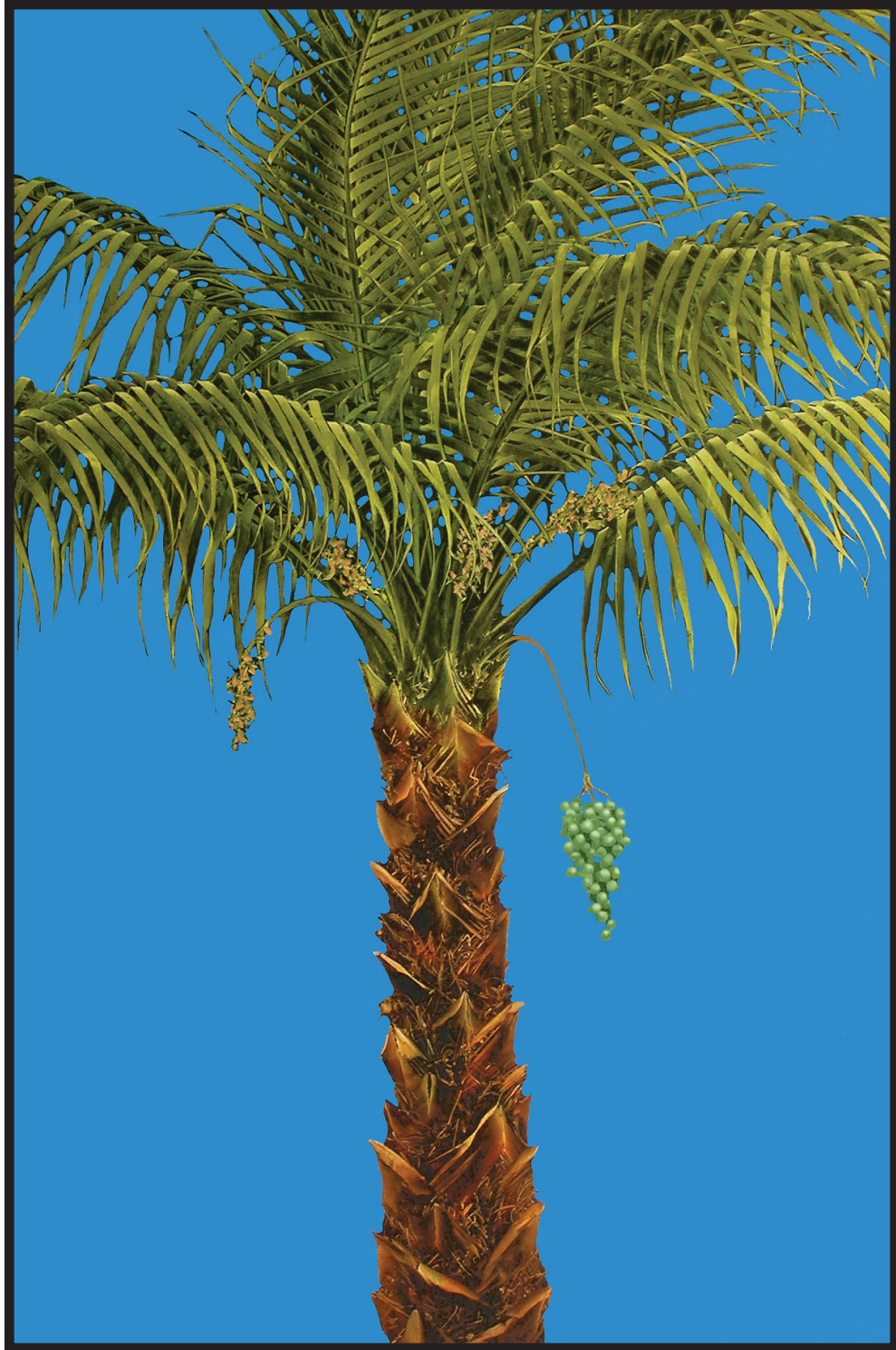
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# FEATURED ARTIST: ROBERT CHARLES DUNAHAY

American, born in Ohio, 1954. Living and working in Southern California, artist Robert Charles Dunahay is renowned for his large paintings of palm trees. His distinctive style and bold use of color emphasizes the allure and positive symbolism of the palm tree in contemporary culture. His work has been featured in *Vogue* and is included in public and private collections worldwide.

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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.*