

UCLA

RADIATION ONCOLOGY JOURNAL

Marilyn Minter

An icon, whose art is a study on claiming power and wellness: women taking control of their bodies, their mental and physical healthcare, and their self-care.

Given Two Years To Live

A patient under the care of Dr. Michael Xiang in Santa Clarita gets his life back.

Paul Zarzyski

Going it Alone and *Embracing the Wild* with Paul Zarzyski, one of the most prolific western poets of our time.

Dr. Luca Valle

An interview with new faculty member, UCLA Radiation Oncology Resident Alum, and Fulbright Scholar, Dr. Luca Valle.

Sim-Free Palliative Treatments On Ethos

Sim-free workflow that allows us to offer patients immediate, same-day treatment starts and the elimination of one trip to the department.

Sandstorm

Timing androgen-deprivation therapy with radiation therapy improves outcomes in localized prostate cancer.

Dr. Cecil Benitez

An interview with PGY-3, Cecil Benitez, MD, PhD.

Awards, Grants, News

The latest in awards, grants, publications and news.

Table of Contents



6

MARILYN MINTER

Marilyn Minter's art: a study of claiming power and wellness: women taking control of their bodies, their mental and physical healthcare, and their self-care.

14

GIVEN TWO YEARS TO LIVE

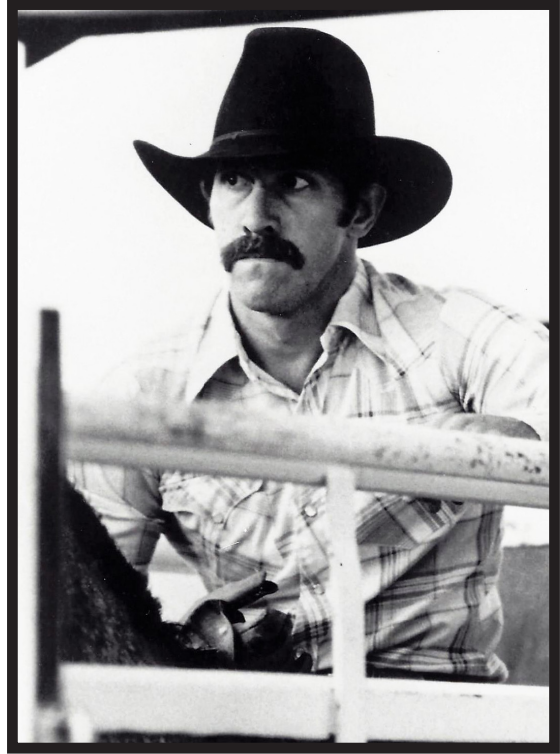
A patient under the care of Dr. Michael Xiang in Santa Clarita gets his life back.



18

PAUL ZARZYSKI

Going it Alone and Embracing the Wild
with Paul Zarzyski, one of the most
prolific western poets of our time.



06 Marilyn Minter

14 Given Two Years To Live

18 Paul Zarzyski

22 Dr. Luca Valle: An Interview

29 Sim-Free Palliative Treatments on Ethos

34 Sandstorm

36 Dr. Cecil Benitez: An Interview

38 Recent Awards, Grants, and
Publications

Chairman's Letter

Dear All,

In this issue of the *UCLA Radiation Oncology Journal*, our Featured Artist, the iconic Marilyn Minter, suggests we “second guess received ideas of contempt”—to second guess/question our preconceived notions, learned notions, and media-driven notions that turn us toward distaste—in things and in each other. Indeed, a powerful notion as we spring from 2022 into 2023.

Beyond questioning received ideas, the Fall/Winter issue celebrates the female gaze in art with Minter and in medicine with Dr. Venkat. The next generation inspires us in interviews with Dr. Benitez and Dr. Valle. We also explore a patient's story of survival...a second chance made possible in part through the extraordinary care of Dr. Xiang in Santa Clarita. This issue also dips into comedy, in the form of the *Journal's* first cartoon. And we explore the future of simulation-free treatments using the advanced technology of the Ethos system with Dr. Lauria and Dr. O'Connell.

Wishing you a beautiful New Year. Following in step with our Featured Poet Paul Zarzyski, may we all “embrace the wild” that 2023 holds for us with patience, “tolerance of complexities,” and empathy—for ourselves and for each other.

Be well and stay safe,

Michael Steinberg, M.D.
Professor and Chair

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



M A D I I V N M I N T E R

ensuring there is a “female gaze”

*“a claiming of power and wellness:
women taking control of their bodies,
their mental and physical healthcare,
and their self-care.”*



MARILYN MINTER

To examine engines of culture and to second guess received ideas of contempt

At seventy-three, Marilyn Minter is an icon. Perhaps her longevity has as much to do with her attitude as her undeniable talent. She fixes her lipstick in the Zoom camera, and I realize I've forgotten to gloss my own lips with something akin to her standard red. She encourages me to do so as we get started ("Aren't we a little naked without it?"), and I, too, use the Zoom camera for application, saying, "Now I can say I've put on lipstick with Marilyn Minter." Her Manhattan studio bustles with activity behind her; she and her assistants are preparing her mid- and large-scale paintings for her March 2023 exhibition, and endeavor several years in the making as it can take her a year to complete one piece (she works on multiple pieces simultaneously). The new works consist primarily of photo-realistic paintings of women bathing or grooming, and while Minter concedes that she paints what she sees, what surprises her, and the different tropes of beauty that are definitively of our current era, she is thrilled that viewers read into her work a claiming of power and wellness: women taking control of their bodies, their mental and physical healthcare, and their self-care.

The relationship between art and medicine has always been imperative; access to dissected bodies to draw and having the drawings to present findings is one very simplistic example. However, the current promotion of self-care and self-awareness for women spotlights the parallels that make conversations between the two fields not only relevant but imperative. Artists such as Barbara Krueger and Kara Walker take very political approaches, while Jenny Saville and Marcine Franckowiak lean into emotional unlayering. Yet all four endeavor to ensure there is a "female gaze," a "gaze" that is no longer a distinctly male blanket term for how art is viewed, especially when approaching the female form. Simultaneously,

female doctors, particularly those handling women's sexual health such as UCLA Department of Radiation Oncology's Dr. Puja Venkat, have changed how women's care is approached, carried out, and followed up. While access to female physicians and surgeons is no longer an anomaly, and while it is no longer seen as subversive for galleries and museums to exhibit provocative figurative work by female artists, a stigma remains within enough of the population that work about and for women by women remains stymied from full bloom due to being discounted. Minter and Dr. Venkat are prime examples of how women in traditionally male-dominant fields are still breaking new ground.

Although I'd followed her work for several years prior to walking into her 2005 exhibition at the San Francisco Museum of Modern Art, nothing could have prepared me for experiencing Marilyn Minter's enamel on aluminum paintings in person. The sheer scale of her paintings engulfs the viewer, and while the print-ad-glossiness of women's feet in bejeweled high heels and mouths with jewels cascading from them seemed familiar in how they might be sensuously selling luxury or fashion, spending more than a magazine-page flip with them revealed layers. In *Strut*, a woman's heels and Dior mule stilettos are smudged with city grime and detritus, as are the folds of skin at and above the ankle that appear a bit swollen from her night out. There is moisture on all, an ever-present dewiness or encounter with a recent rain puddle.

Simply put, Minter refuses to obscure reality, refuses to blend or filter out any filth or "imperfections" in the women she paints. She admits that "scale does make a difference," and at the scale she paints, the perceived imperfections are owned, are nothing to be ashamed of or to hide. While Minter says she *feels* what she paints rather than intellectualizing it, and while she leaves



it to viewers to determine the “aboutness” of her work, she does divulge that her intention is “to make a picture we know is real but have never seen before,” and that she has no intention of sexualizing or desexualizing the women she paints. The intimacy of wrinkles, freckles, errant hairs, and/or pimples invite the viewer “to examine engines of culture and to second guess received ideas of contempt.” Her 2007 *Blue Poles* flaunts in close-up, 5’ tall by 6’ wide, makeup smeared on downcast eyes and freckles in constellations, even beneath eyebrows attempting to grow back after significant tweezing. Despite all this visual activity, it is difficult to miss the pink-ringed whitehead and dark pores in the upper right-hand portion of the painting. Did she paint it intentionally? Since she paints from photos she has taken, the

answer is both “yes” and “no.” Of the photos she took, this one needed to be painted. She is a photo-realist, but she is also a purist, seeing no need to alter what the photo exhibits are she translates it to paint.

“I want other people to tolerate complexity,” she tells me. Complexity and beauty are intertwined in Minter’s work. When I asked how her perspective on using the explication of women has progressed or transformed, she said she lets others determine that; her focus is on painting. But what she paints gives us entrée into what is vital, what surprises her enough to entice her to paint it. And any assessment would be incomplete if the only focus is on her paintings of women.

In late-2021, *The New York Times* commissioned Minter to create photographs to accompany Maggie Jones' cover article, "The Joys (and Challenges) of Sex After 70." It was difficult to find couples willing to pose, nude or semi-nude, for the project, and Minter realized that "if a 20-something is photographed, it's sexualized, but if a woman my age is, people say, 'oh, that's cute.'" Intimacy beyond a certain age is not often studied or discussed, and many viewers refuse to acknowledge people as sexual once over seventy.

What should be noted about this series is that it is unarguably about sex. Unlike the ambiguity of previous works that could be deemed by one viewer as sexual and not sexual by another, this series celebrates the sex lives of couples ages 70-90. The photographs provide visual context for Jones' account of the couples having the most meaningful sex of their lives. How is this type of article not more common? Are the sex lives of older couples not often discussed because we have not been told that older couples being intimate is okay by portraying them as such in film and in mainstream media? While Minter doesn't have answers to these questions, she does find it curious that she and a contemporary, Betty Tompkins, are now "allowed" to depict images that are or could be deemed sexual simply because they've reached an age where it is acceptable. While Minter's own work did not encounter the same level of scrutiny and unrest that Tompkins' work elicited (Tompkins had work seized at customs when enroute to an exhibition in Paris in 1974; the photo-realist paintings of couples in sexual acts were viewed as obscene by French officials), Minter reflects that she's always been very polite and uses humor rather than anger when her work or values are questioned.

And yet, polite and humorous or not, Minter's work speaks volumes. The tradition of painting women grooming or bathing that Old Masters put into motion has been set on its head and spun the other direction. While the Old Masters positioned their models in demure or lurid poses, Minter catches moments when the model and the water droplets are in exquisite motion.

For context, Jean Baptiste Santerre's *Susanna at the Bath*, a painting in the Louvre's collection, is a prime example of male patrons asking male painters to intentionally present the female bather as lurid: the model seems in the process of covering or uncovering herself demurely, her skin glowing with youth, and her face showing no signs of being put off by—or, perhaps, is unaware of—the older men watching from the open window behind her. *Susanna* was often painted around the 17th century, but Santerre's version represents abject eroticism and what became a common practice. Although his painting did not align with the modesty *Susanna* is to represent from the lesson about the Elders in The Book of Daniel, patrons realized they could commission a depiction that would be approved of by the Catholic Church...despite it being a lurid female nude. *Susanna and the Elders*, painted by Artemisia Gentileschi about a century prior to Santerre's, exhibits *Susanna's* discomfort and horror through her body language and facial expression. And yet, Gentileschi's version does not shy away from *Susanna's* nudity, from how the Elders are fetishizing or sexualizing *Susanna's* body as she attempts to bathe.

Dr. Venkat told me, "Society operates under the falsity, which underlies the expectations and demands of our profession, that it is a woman's job to care and it is a man's job to lead and innovate." Although she said that she does not see medicine as currently dominated by men, and that she has had "strong female mentors at every level of training," she acknowledges that "what remains constant in medicine in my experience is that when I walk into a room with a male (scribe, student, resident, fellow, colleague), the man is looked to as the voice/presence in charge." Just as Minter and her work's focus was questioned when she was Dr. Venkat's age, Dr. Venkat thinks age, gender, and race factor into patients and colleagues questioning her expertise. But, also like Minter, she takes pride in her work and has undertaken a trial to study vaginal and vulvar health for women post-radiation treatment for pelvic





cancers. Dr. Venkat writes, “Late-onset radiation injury has a drastic toll on quality of life, leading to pelvic pain, incontinence, sexual dysfunction, and bowel dysfunction. There is a lack of research and treatment options for women suffering from radiation vaginitis and stenosis.” The repercussions of quietly accepting lifelong pain in exchange for ridding the body of cancer can be just as damning as the cancer. Dr. Venkat’s trial will help normalize post-care that includes monitoring vaginal and vulvar changes, and it will ensure continued and individualized treatment post-radiation.

Dr. Venkat is very directly shining a spotlight on women’s health to ensure women are receiving the care they need, on both physical and emotional levels, before, during, and after procedures. If the role of women is to care, at what point are they allowed to direct that attention toward themselves, toward their own care and health? In her trial’s protocol, Dr. Venkat states, “Due to lack of research, the actual prevalence is unknown and ranges from 1.25% to 88%.” It could be said that women working in medicine and in the arts aren’t breaking ground but are breaking a long silence, trading in shame for solution, and quietly claiming their bodies as they demand to be given as much care as they give.

Minter, too, has been quietly breaking through a long silence; while she might not verbalize the aboutness of her work, her viewers read plenty into her work. In presenting the female body performing self-care, Minter does not have to say anything for the viewer to recognize that Minter’s paintings are a celebration, in a contemporary rendering, reclaiming bathing, if not for Susanna, then for women in general. □

For information on Minter’s Spring 2023 exhibition, please contact <https://lgdr.com/artists/marilyn-minter/>

For pricing and availability, please contact the following galleries:

o <https://lgdr.com/artists/marilyn-minter/>

o <https://www.regenprojects.com/artists/marilyn-minter>

o <https://www.lehmannmaupin.com/artists/marilyn-minter>

Contributed by: Ciara Shuttleworth

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

Artwork © 2022 Marilyn Minter

Courtesy of Marilyn Minter Studios

GIVEN TWO YEARS TO LIVE, A PATIENT GETS HIS LIFE BACK

We used a special kind of innovative, cutting-edge technology called adaptive radiation therapy, which allows us to tweak or finesse the design of the radiation, on the fly, in real-time, to adjust for day-to-day changes in the patient's anatomy

By all accounts, Lazaro Barajas was living a good life. At forty years old he was married, had a good job as a general manager of a restaurant chain in Santa Clarita, and was saving to buy a first home for his family. A huge sports fan since childhood, he enjoyed attending his young son's and daughter's football and basketball games and cheering on his beloved Los Angeles Lakers.

Then, in 2019, Barajas' world was shattered when he was diagnosed with invasive colorectal cancer, a disease in which cells in the colon (the lower part of the large intestine) or rectum grow out of control.

While the majority of colorectal cancers are found during a routine colonoscopy — an imaging test for abnormalities in the colon — at 40 and with no family history of the disease, that screening wasn't on Barajas' radar. His only symptom — albeit, an alarming one — was a rapid weight loss of about 40 pounds over three weeks.

"My wife noticed it more than I did," Barajas says. "Losing that much weight I was still able to work, and I didn't feel drained or anything like that."

His wife persuaded him to visit a nearby medical clinic, and subsequently, a colonoscopy and biopsy confirmed the cancer diagnosis.

Barajas was referred to Anne Lin, MD, a colorectal surgeon and chief quality officer for the Division of General Surgery at UCLA Health. Dr. Lin removed his tumorous colon, and Barajas started chemotherapy at another medical facility.

Despite receiving several cycles of chemotherapy, however, Barajas' disease had spread to other organs, becoming metastatic (stage 4), which is usually considered incurable.

"When I found out it was stage 4, and the doctor said you've only got two years to live, it broke my heart, especially with my two kids. That's when my mind started scrambling," Barajas says.

Desperate for answers, Barajas recalled a conversation he had with Dr. Lin shortly after his surgery: "Dr. Lin said, 'If you ever need something, just call us here at my office and we'll get you the help you need. You're too young to give up.'"

Barajas made that call, and it changed the trajectory of his treatment and his life.

Early Diagnosis Is Key

In 2019, the most recent year for which data is available, 142,462 new cases of colon and rectal cancer were reported in the U.S., and nearly 52,000 people died from it, according to the Centers for Disease Control and Prevention.

Colorectal cancer is the fifth most common cancer in men and women.

Regular screening, beginning at age 45, is the key to catching colorectal cancer early.

“We have some theories but nobody really knows why — we’re seeing an increasing number of younger patients with colorectal cancer, so it’s extremely important for everyone to get screened, at least at age 45, and potentially earlier for patients with a family history or certain high-risk genetics,” says Sidharth Anand, MD, MBA, assistant professor and head of quality improvement for the Division of Hematology-Oncology, Department of Medicine at the David Geffen School of Medicine at UCLA.

"In addition to unexplained weight loss, signs of colorectal cancer can include abdominal pain, bloating, bloody stool (bright red blood or dark), and change in stool caliber," Dr. Anand says.

When Barajas reached out to Dr. Lin after his stage 4 diagnosis, she referred him to Dr. Anand, who met with Barajas and his wife to explain treatment options.

“From the day I met him, he put my wife, Gladys, and me in a great place,” Barajas recalls. “He took the time to sit down with us, and he was very upfront. It’s not just about a doctor and patient relationship — he actually cares. I can ask him questions and he answers me, and I feel so comfortable with him.”

"If there is a bright side to Barajas’ cancer, it’s that his tumor is microsatellite unstable," Dr. Anand says. That means the tumor can possibly respond to immunotherapy, a treatment that harnesses the patient’s immune system to fight the cancer.

"Barajas had been started on a combination immunotherapy and had a few months of response, but his disease ended up progressing

on standard immunotherapy," Dr. Anand says.

“At that point, having exhausted chemotherapy options and immunotherapy options, there was no choice but to look for a trial that would fit his tumor molecular profile,” Dr. Anand says.

That trial proved to be the turning point for Barajas.

Getting His Life Back

Barajas is in the third year of a clinical trial to evaluate an experimental immunotherapy combination that was developed to assist in the destruction of cancer cells.

“The treatment looks at a different type of immunotherapy combination that works slightly differently to keep the tumor at bay,” Dr. Anand explains. He notes that it’s been working effectively for Barajas for nearly three years.

Barajas says he feels good and is relieved to be off chemotherapy treatments.

“They have my cancer under control, which is a beautiful thing,” he says, adding that undergoing chemotherapy for a year was mentally, physically and emotionally draining. “Ever since I started doing the trial, I’m able to work my 40 or 50 hours, come home and still spend time with the kids. It’s letting me live my life. I do have my days once in a while, but very rarely. Doing this is a blessing.”

“I think it’s pretty remarkable that he’s had such a great response on a clinical trial with this new immunotherapy target,” says Dr. Anand, who is part of the gastrointestinal cancer research team at UCLA Health, which includes J. Randolph Hecht, MD, and Zev A. Wainberg, MD, both members of the UCLA Jonsson Comprehensive Cancer Center.

“We try to see a majority of our complex GI cases and identify trials here or at other places

that patients can benefit from,” Dr. Anand says. “Because some cases, like this one, are just dramatic improvements in terms of survival if they get into a trial.”

Innovative Technology

Barajas’ only setback was in late 2021 when a scan showed one area where cancer was growing despite his therapy on the clinical trial – specifically, a cluster of lymph nodes in the left pelvic region. He was referred to **Michael Xiang, MD, PhD**, Radiation Oncologist and Medical Director of Santa Clarita Radiation Oncology.

To treat the tumors, **Dr. Xiang** used a type of focused, precision radiation called stereotactic body radiation therapy to deliver a concentrated dose of radiation to the tumor. The treatment was accomplished in just five sessions, he notes.

“Furthermore, we used a special kind of innovative, cutting-edge technology called adaptive radiation therapy, which allows us to tweak or finesse the design of the radiation, on the fly, in real-time, to adjust for day-to-day changes in the patient's anatomy,” **Dr. Xiang** says.

“It allows us to ensure we're still delivering an effective dose to the tumor, while further helping to minimize radiation exposure to surrounding normal tissues and organs,” he adds.

At the time, UCLA Health was one of only a dozen centers in the U.S. with this capability.

Staying Mentally Strong

Despite his diagnosis and the discomfort of treatment, Barajas has been able to maintain a positive attitude – vital, he

says, to fighting his disease.

“It’s a lot on your mind, and if you let yourself come down it’s going to really affect you,” Barajas says. “But if you try to stay positive – it’s hard – but it’s something you have to do. You have to train your brain not to think about it.”

At first, Barajas and his wife tried to shield his illness from their son, now 14, and their daughter, now 11. Recently, however, they’ve started to be more open with them about their father’s cancer, even attending a Relay for Life cancer walk in Valencia over the summer.

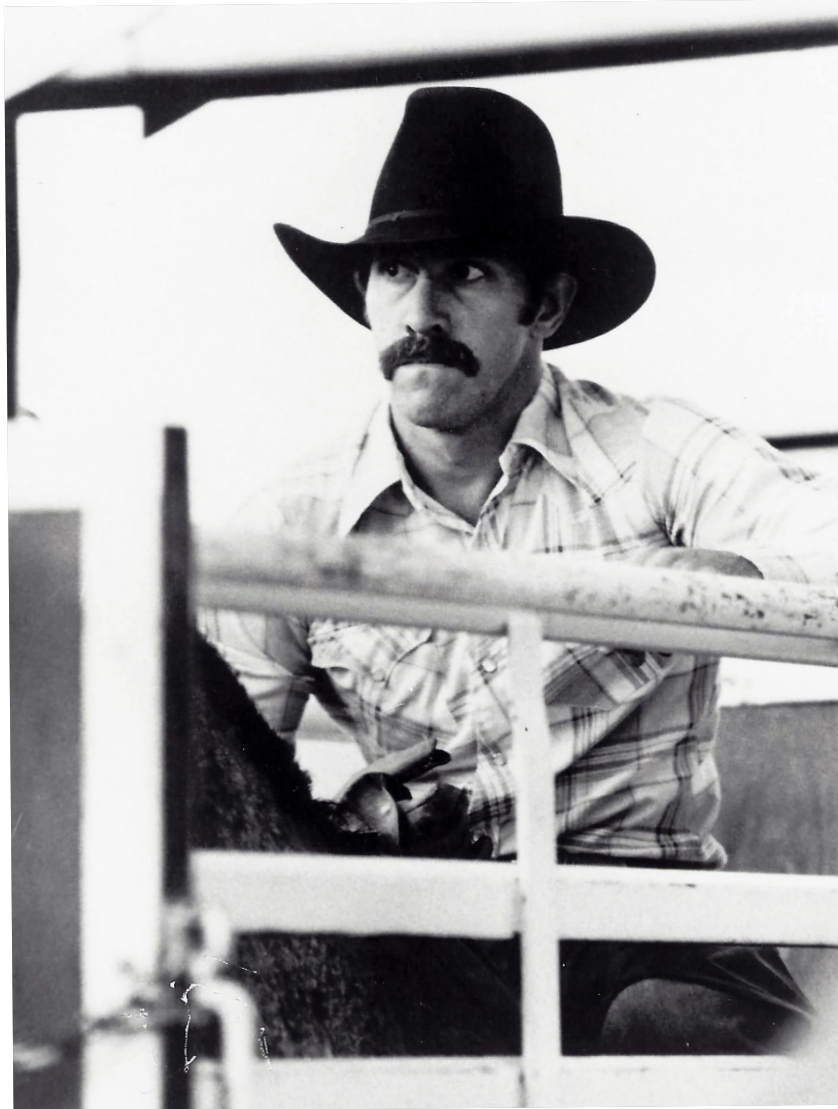
“I told my wife, that’s the best thing we could have done. That way they don’t feel like it’s only daddy, but there are thousands and thousands of people who have cancer, and there are ways of fighting and dealing with it,” Barajas says.

Emotion wells in his voice when he talks about what he is most grateful for: getting the opportunity to live and being able to watch his kids grow up every single day. □

Contributed by: Jennifer Karmarkar



Dr. Michael Xiang / Photography Credit: Joshua Sudock



PAUL ZARZYSKI

*Wolf Tracks On the Welcome Mat Becoming Flight 51:31 Poems, 20 Lyrics, 1 Self Interview Steering with My Knees Going It Alone
Call Me Lucky The Make-Up of Ice Roughstock Sonnets Tracks The Garnet Moon I Am Not A Cowboy All This Way For The Short Ride Blue-Collar Light*

Going It Alone

*The secret of a good old age is simply
an honorable pact with solitude.*

Gabriel Garcia Marquez

Not just for the metaphorical hell of it
but instead, here and now, for good reason,
while peering into this macro-lens
windshield, I think of Amelia's
Lockheed Electra, of Dick Hugo's Buick
Skylark, of everything falling
inevitably through the surrealistic
filter of cumulonimbus—heavy
weather swirling into focus
as first my father, then my mother,
slipped into their final silences. I,
with no sane way out of this
mortal storm, this viscid
mythological maze of biblical
ebb and flow, have come to see
why I never again will thrive
as once I thrived in the same
exact triangular time
with Mom and Dad. Thus, alone,
I embrace the wild
disorder, the metamorphosis, this life
sentence amidst the faithful. No longer
just one more fading pin-tip
blip upon the radar screens
of the gods, I, in solo flight,
am swallowed into the welcoming black-
garmented arms of the dark, far
beyond the blurred
purgatorial borders between
heaven and earth—my cargo of light
grown brighter, pulsing with all
the hope, all the fear,
one disappearing soul can hold.

-Paul Zarzyski

Paul Zarzyski, "Going It Alone" from [Going It Alone](#)

Available on [Amazon](#)

Copyright © 2022 by Paul Zarzyski

Reprinted by permission of Paul Zarzyski



EMBRACING THE WILD

WITH PAUL ZARZYSKI

While reading a poem on the page, greater meaning is given if the poet focuses on the strength the right-hand margin gives, if the poet creates line breaks that provide each line individual meaning. But...Poetry is meant to be read aloud, the musicality of the language and syntax something that is felt rather than simply heard. When a poet is able to fully embody both, the poems sing, regardless of how they are experienced, by reader or read-to.

Paul Zarzyski is one of few poets who has made a living from his poetry. The musicality of his poems on the page is amplified in his delivery, and he has given readings at venues including the Library of Congress and the Kennedy Center, and, for 30+ years, as an essential fixture at the National Poetry Gathering in Elko, Nevada. While he is often termed a “cowboy poet,” and while it is true that he rode bareback broncs from his early 20s into his 40s, it would discredit both Zarzyski and poetry to pigeonhole him. From his 1981 chapbook, *Call Me Lucky*, and his first full collection in 1984, *The Make-up of Ice*, to his newly released *Going It Alone*, there isn’t a single book that could be called a “departure,” not for lack of depth or change of scope,

but because the poems stride one after the other, are steps taken in a journey, each divining the next, each leap or stutter imperative to the next set.

The poems are steadfastly human, ranging from jubilant to anguished, the musicality shifting from lover’s slow dance to solo duende to rock’n’roll power anthem, his 1971 “viper red” Monte Carlo transporting us. In the trees of Hurley, Wisconsin, his Polish father imparted a love for storytelling and for knowing the names and sounds of wildlife (“Words Growing Wild in the Woods”). His father would keep fishing flies in the band of his fedora, and Zarzyski rediscovered the hat recently, sparking the memory of his father making puns and jokes with language, doing what his mentor, Richard Hugo, would later impart as a practice imperative for poets: to have fun with the sound of words. Other poems explore “200-proof youth” love and loss on the rodeo circuit (“All This Way for the Short Ride” and “Bucking Horse Moon”). On a Montana two-lane, we drive with him, knees steering as we together rip open a letter from a friend that cannot wait until he gets home (“Monte Carlo Express—Post Office Box 258, 15.3 Miles Home”).

Ecstatic moments juxtapose pensive decisions; the man who could have as easily become a Hell's Angel as a poet reckons with the brush pile he is suddenly incapable of burning for fear of destroying the summer homes birds and rabbits have built ("Tracks"), wonders if his father is visiting in the form of a woodchuck who has taken up residence in under his father's old shop ("Woodchuck Love"), and contemplates the "muses" who visit with the gift of words ("Why I Ain't Buying Into the Word Inspiration").

In Greek mythology, the Muses were goddesses who poets and artists invoked in order to create. Some believed there were three; others believed in nine with each overseeing an individual focus within the arts (Calliope, Erato, and Polyhymnia were said to grace poets). The modernized concept of a Muse or Muses tends to refer to the "inspiration" that a creator channels while crafting their work, but invocation remains at the core for many creators. Zarzyski does not believe in writer's block or inspiration, but rather "that all power be turned over to them."

While Zarzyski speaks of his Muses with awe and appreciation, and while he sees himself as a portal through which their gifts are channeled, he also refers to poetry and the earth as feminine entities. Readers be remiss if they do not include language and nature as at least something akin to Muses, as breathing life into the world. Too, there are the ghosts of those who were loved and beloved, human and horse, who come alive again on the page. It is no wonder that his poems take up residence in the minds of his readers, the imagery his words conjure lingering or combining with our own experiences, so magnificently and unbearably human.

When I tell Zarzyski that *Going It Alone* sings with light, dances with nuance and shadow, and the poems lift from the page to echo

even once the book is set down, he says, "I could not have hoped for a more profound metaphor from a reader, in light of the poems having beckoned me, the channeler, to effect just that aspect of their character, their sentiments."

In the title poem of his new book, "Going It Alone," we can imagine him again in the Monte Carlo, "peering into this macro-lens / windshield" as he contemplates the chosen modes of transport for both Amelia Earhart on her infamous journey and his graduate school mentor, Richard Hugo, on his poetic journey. Zarzyski's line breaks are precise, intentional; each line takes on greater weight and may be read into to discover deeper meaning. More emotional—and sometimes confessional—statements appear, such as "why I never again will thrive" and "I embrace the wild" and "of the gods, I, in solo flight," and are meant to be read with and without the context of full sentences. Line breaks and the right-hand margin may be what sets poetry apart from prose, but it is powerful imagery within each line that leaves even poets in awe. The poem ends, "one disappearing soul can hold." Yes. And his readers hope Zarzyski's soul holds steady, despite aging (or being in the act of disappearing), for another round or two of poems. □

[*Going It Alone* \(BWangtail Press, 2022\)](#)

<https://www.paulzarzyski.com>

Contributed by: Ciara Shuttleworth

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

DR. LUCA VALLE



Photography Credit: Kevin Shammugam

Our Editor recently had a chance to catch up with new faculty member, UCLA Radiation Oncology Residency alum, and Fulbright Scholar, Dr. Luca Valle.

Talk to me about your childhood and upbringing. Do any other family members work in medicine? Do you have siblings?

L: When my dad immigrated to the US, he spoke little English and really hustled doing odd jobs to keep us afloat when I was little. He worked at restaurants, construction companies, local TV stations, and other odd jobs. He eventually pursued a Master's degree in communications and has been a professor of graphic design at North Idaho College for the past twenty years. He's absolutely in love with his work and the program he has built for aspiring designers. My mom worked too at first, but ultimately decided to become a stay-at-home mom because she didn't want to miss a beat of parenting. When we were a little older and my dad went back to school, she went back to work, and she really hit her stride as a registrar at a local alternative high school.

While we were certainly afforded some privileges growing up that others weren't, my younger brother and I had a simple childhood and upbringing. We were very lucky to have grown up with a lot of family around. There were fourteen cousins among us, and we were all quite close. We'd celebrate all the major holidays and birthdays together, and it has been really nice to take these close family friendships into adulthood.

While I was the first person in my family to go to medical school, two of my aunts were nurses and I remember really enjoying hearing about their cases and their patients during my formative middle and high school years. These experiences definitely helped point me in the direction of a career of service in healthcare, and it has been exciting and fulfilling for me to encourage some of my younger family members to pursue their own healthcare careers.

Am I mistaken that you have an arts background? What was your trajectory into medicine?

L: I was involved in theater in high school, but I've always been more of a "behind the scenes" type of guy. I really loved designing the lighting for shows because it was the perfect mix of the artistic and the technical and it forced me to think in three dimensions. In hindsight, I suppose the writing was on the wall that I was destined for a career in radiation oncology, which is similar to lighting design only with much higher energy light! A drawback, however, of attending a very small high school (24 in my class), is that I was not-so-gently encouraged to audition for some on-stage roles as well. So I wound up being the reluctant lead in a couple of productions – Seymour Krelborn in *Little Shop of Horrors* was probably my favorite.

I also had a brief stint as a cast member at Disneyland before going to medical school. It was incredible to be surrounded by such creative people. They had me doing a lot of different things over the years, but I think being a skipper on the "World Famous" Jungle Cruise was probably among the most memorable. The jokes were dry and the waterfalls were wet, but the storytelling aspect was really fun and I loved sharing fun facts about the flora, fauna, and sandstone rock formations in Walt's jungle –

though to be honest, most people took them for granite.

As fun and fulfilling as these creative pursuits were, I think I knew that the future had other things in store for me. I still have a lot of friends in the arts and I really love supporting them and their work whenever I can. I think it makes for a great grounding counterbalance to my career in medicine – especially in LA where the art scene is so incredible.

Can you talk about your heritage. Did it influence your trajectory?

L: My heritage is a little bit here, there, and everywhere, but I did grow up in a Hispanic family, and both Spanish and French language and culture were a part of my upbringing. My grandma would regale us with incredible stories about her harrowing escape from Franco's regime during the Spanish Civil War, and she worked very hard to cultivate a Spanish-speaking community for her family even after leaving Spain. I still do have extended and not-so-extended family throughout Spain, France, and parts of the Caribbean, and I try to visit when I can. There's such a range of what Hispanic identity means to people, but for me, it offers a unique opportunity to connect with our Spanish-speaking patients in ways I don't think would be possible without that aspect of my upbringing.

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

L: It was clear to me from a very early age that there were extra challenges when people in my family encountered illness. As is the case for many families in America, there were times when we had only the most basic healthcare services accessible to us, and I don't think any of us could have conceived of easily accessing tertiary care or clinical trials. So the opportunity to combat health inequity was an important

factor guiding my decision to pursue a career as a physician. Once seen, health inequity cannot be unseen, and so I set out to frame my career as a physician with the goal of leveling the playing field for those most in need. Radiation Oncology entered the picture for me later in medical school, mostly because I loved taking care of cancer patients and I was really stimulated by the cutting-edge research and technology that characterized the work we did. Recognizing that there are actually many opportunities to address healthcare disparities in our field sealed the deal, as Radiation Oncology seemed to represent an ideal alignment of my interests and passions.

You're a Fulbright Scholar. How did this honor and experience impact your approach to patient care?

L: My Fulbright experience was incredible, and I really try to carry many of the lessons I learned from that year into my clinical practice. During my Fulbright year, I lived in the rural fishing village of Majene, which sits on the western coast of the island of Sulawesi. Indonesia is a country of 17,000 islands, so it's always worth specifying. While in Majene, in addition to serving as a cultural ambassador and promoting mutual understanding between the people of Indonesia and the US, my main focus was teaching English and working with local stakeholders in public high school education to develop an English language curriculum specific to the needs of the community.

Generally speaking, when you are the only one of something in a community (which was certainly the case for me in Majene), both your presence and your absence rarely go unnoticed. So that experience really got me in the habit of showing up, literally and figuratively, for the students and co-teachers in the community I was serving. I think that is one of the most important things I've carried forward in my approach to

patient care--the importance of showing up.

I think this experience encouraged me to approach each patient interaction with a sense of humility and respect. We have so much to learn from our patients than we have to teach them. I also found this to be true with the teachers and students I worked with in Indonesia.

On the research side, I think this experience really sharpened my focus on asking relevant clinical research questions that are both high-impact as well as focused on big-picture improvements in care that are meaningful for patients and their families. I have been fortunate enough to return to Indonesia on several occasions since the Fulbright grant – both as a medical student focusing on health concerns among Indonesian staff at the US Embassy in Jakarta, as well as in residency, where I had the chance to focus more on the challenges and opportunities for developing radiation oncology capacity in low-resource settings. There is a ton of interest in collaboration between UCLA and the national radiotherapy center in Jakarta, and I am excited to see where these collaborations could lead us.

What research endeavors from residency will you continue to delve into as a faculty member in the Department of Radiation Oncology?

L: I came to residency with a strong research interest in prostate cancer, which started under Dr. Deborah Citrin’s mentorship during a research year at the National Institutes of Health. Mentors like Dr. Kishan, Dr. Chang, Dr. Nickols, and Dr. Steinberg played a key role in nurturing that interest throughout residency. During my UCLA residency, I was able to lead a meta-analysis of salvage therapies for locally radiorecurrent prostate cancer with Dr. Kishan, and that really motivated an interest in developing radiorecurrent disease as an area

of focus for future research endeavors. Relative to what we know about managing recurrences following radical prostatectomy, there is so little that is known about how best to manage recurrences following radiotherapy, so I’m hopeful that we can make an impact in this space.

As a medical student, I also had the opportunity to work with outstanding health services researchers through my involvement in The Dartmouth Atlas, where we examined variations in practice and spending in the US healthcare system. In residency, mentors like Dr. Raldow and Dr. Moghanaki were able to help keep these interests alive as well. I definitely see myself remaining involved in health services research, with a special emphasis on identifying and mitigating disparities in healthcare and deconstructing barriers to the receipt of evidence-based care and clinical trial participation.

Your newly betrothed also works for UCLA Health. Do you plan on collaborating clinically or academically?

L: She does! She has a PhD in reproductive science and is a very well-published, world-class scientist. It would be an absolute privilege to collaborate with her in our academic lives! She’s especially passionate about women’s health issues and has research interests in the role of the placenta in gestational diabetes as well as improving cancer therapies for women with ovarian cancer through her new role in the Gynecologic Oncology Discovery Lab. We will all be watching her career with great interest.

As someone from Eastern Washington, I know that Spokane does not have the glamour or opportunity of Seattle. How does a young man leap from Eastern Washington to Dartmouth?

L: With a great deal of help and mentorship!

I received a lot of encouragement from my family as well as my mentors in high school. Financial aid, Pell grants, and the like helped too. I also think that Occidental College was a game-changer for me. There were so many opportunities there to develop a lot of the parallel interests I had in science, medicine, and equity. I'm exceptionally grateful for all of the opportunities I have been afforded and by all of the mentors and advisors that have invested in me and helped me along the path to pursuing my dream of becoming a physician. And I couldn't be more excited to be starting off my academic career at a place like UCLA.

Is it true that you bike to work each day?

L: Yes, the rumors are true. Since day one of residency. Four years and counting!



"Gee, I'm glad I found you. Will you review these port films?"



ETHOS

- Control buttons and indicators on the left side of the chamber.

- Control buttons and indicators on the right side of the chamber.

Warning labels on the gurney, including a biohazard symbol and a yellow caution label.

SIM-FREE PALLIATIVE TREATMENTS ON ETHOS

The majority of radiotherapy treatments in our department require planning on a simulation image from a dedicated CT scanner. Often, patients we treat already have recent diagnostic CT images available. These existing images, combined with the high quality cone-beam CT (CBCT) and online adaptive planning available on the Ethos treatment machine, allow us to craft a clinical workflow that can bypass conventional CT simulation. We don't intend to do away with CT simulation entirely; it remains an important part of the radiation therapy workflow and is indispensable in many cases. However, a sim-free workflow on Ethos would allow us to offer patients immediate, same-day treatment starts and eliminate one trip to the department. We are currently focusing on palliative cases where patients stand to benefit the most from these improvements, allowing for faster relief of pain and other tumor symptoms.

Why Ethos?

Ethos, like the ViewRay MRIdian, lets us perform online adaptive: treatment planning on-the-fly to suit the patient's anatomy and position in real-time. To accomplish this, Ethos offers substantially higher quality CBCT imaging than our other machines. The imaging quality and online adaptive capabilities of the Ethos machine make it a perfect platform to implement a sim-free radiation therapy workflow.

Process and Challenges



Figure 1 Sim-free workflow

We begin by importing an existing diagnostic CT into the Ethos planning system. Thus far, we've found the attenuation correction (AC) CT from PET/CT studies to be the most useful study for this application due to the field of view routinely encompassing the entire body. Our physicians will contour on this CT image and the planner will quickly generate a treatment plan. Crucially, we will never deliver this initial plan. The patient will be in a substantially different position when we set them up on the Ethos for their treatment as compared to their diagnostic CT. For example, they may have lost weight since the image was acquired. Additionally, the Ethos' flat treatment couch differs from the round couch tops found on diagnostic scanners and this discrepancy can create differences in tissue path lengths that cause mismatches in the calculated vs. the delivered dose. Without Ethos' online adaptive capabilities, we would be forced to try to physically match the patient position in the diagnostic image and simply accept the remaining unmanageable inaccuracies.

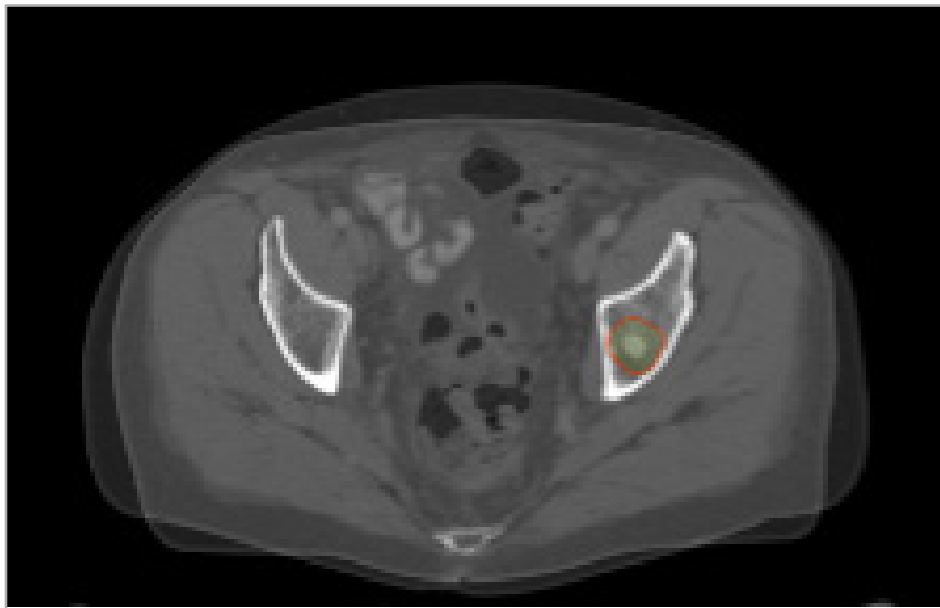


Figure 2 Differences in patient anatomy due to weight loss and the effects of a flat vs round

Fortunately, we can adapt each fraction in order to account for the differences in patient size and position. Online adaptation based on daily CBCT eliminates the need for difficult, potentially painful attempts to match diagnostic imaging positioning and lets us achieve dosimetric accuracy that would not otherwise be possible. Ethos online adaptive planning is highly streamlined and we're able to complete the process in under fifteen minutes so the impact on treatment times would be minimal.

Validation and future implementation

We're currently completing validation of our sim-free approach. We're able to simulate the entire process using image and contour data from previously treated patients at Santa Clarita on our Ethos Emulator. Figure 3 shows the results of an end-to-end test on one patient. Using the sim-free process we're able to closely match the dosimetry achieved with conventional CT simulation and planning.

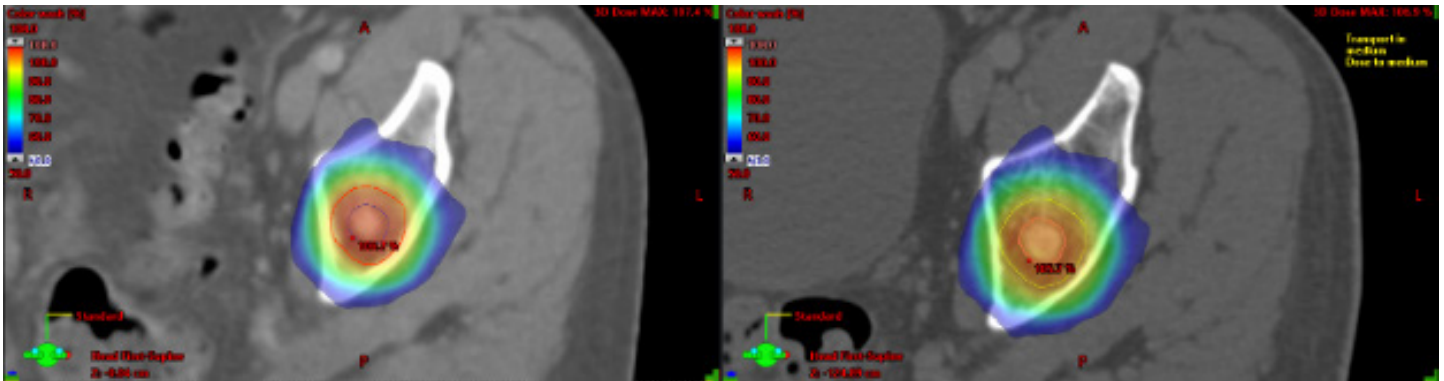


Figure 3 Adapted plan calculated using diagnostic CT and CBCT imaging (left) and calculated on the planning CT from the patient's actual treatment (right).

As we continue to evaluate the dosimetric differences, we're also designing the clinical workflow to be as efficient as possible. We look forward to offering sim-free treatments for select palliative cases at Santa Clarita in the near future. □

Contributed by:

Michael Lauria, PhD
Medical Physics Resident PGY-1

Dr. Lauria earned his BS degree in nuclear engineering at Purdue University while researching bioelectrics. He joined the Physics and Biology in Medicine Graduate Program at UCLA to study medical physics. His PhD work under Dr. Low focused on fast-helical, free-breathing CT and its potential applications within radiotherapy and pulmonology, including motion compensation in cone-beam CT reconstruction ventilation mapping and computational fluid dynamics modeling.

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.

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.





THE 9TH MR IN RT SYMPOSIUM

UCLA MRI-guided Radiotherapy (MRgRT) Academy: Building a Clinical Adaptive Radiotherapy Program

The Department of Radiation Oncology at the University of California, Los Angeles (UCLA) invites you to attend a clinical training course on MRI-guided adaptive radiotherapy (MRgART) in conjunction with the 9th MR in RT Symposium. This half-day training course brings together clinical experts in the field of MR-guided adaptive radiotherapy to get you prepared for the future radiotherapy paradigm. In this course, the participants will learn the basic physics and technologies of MRI-guided radiotherapy, review the available clinical evidence and promising indications across different cancer sites, gain a deep understanding of the complexity and challenges associated with the clinical implementation of the MRgART process, and identify staff requirements, training, and safety required to build the clinical adaptive program.

REGISTER TODAY

SANDSTORM

Timing androgen-deprivation therapy with radiation therapy improves outcomes in localized prostate cancer

BOTTOM LINE

Men with prostate cancer who are receiving radiation often benefit from adding to the treatment androgen deprivation therapy, a form of medication that reduces testosterone. Historically, men have been placed on androgen deprivation therapy prior to beginning radiation. In a large analysis of over 7,000 men treated internationally across 12 randomized trials, Dr. Kishan and colleagues have shown that it is almost universally optimal for men to begin androgen deprivation therapy when starting radiation, so that most of the period of having a low testosterone is "backloaded" after radiation is complete.

BACKGROUND

Androgen-deprivation therapy (ADT), also called hormone-suppression therapy, has consistently been shown to improve survival rates when added to radiation therapy (RT) for lower-risk patients with localized prostate cancer. However, the optimal sequencing of ADT for these patients remains controversial. Two previous studies suggested that ADT beginning with RT and continuing afterward may be superior to the before-and-during RT sequencing option, but both randomized trials had limitations that made it difficult to infer broad conclusions, according to the authors.

Based on those trials, this study's researchers theorized that concurrent/adjuvant ADT sequencing would offer improved metastasis-free survival compared with neoadjuvant/ concurrent ADT sequencing in patients receiving short-term (four to six months) therapy in a RT field size-dependent manner.

This meta-analysis was designed to investigate how the sequencing of ADT combined with RT administered via prostate-only RT or whole-pelvis RT might impact outcomes for prostate cancer patients.

FINDINGS

The analysis examined more than 7,400 patient records, including 6,325 patients who had received ADT before and during (neoadjuvant/concurrent) their radiation therapy and 1,084 patients who received ADT during and after (concurrent/adjuvant) undergoing RT. The median follow-up period was 10.2 years.

Researchers observed a significant interaction between ADT sequencing and RT field size for all study endpoints except overall survival. For patients receiving prostate-only RT, ADT occurring during and after radiation was associated with improved metastasis-free survival compared with neoadjuvant/concurrent ADT.

However, with patients receiving whole-pelvis RT, no significant difference was observed with ADT sequencing, except greater distant metastasis occurrence among those who had concurrent/adjuvant ADT. However, that finding should be interpreted with caution due to details on how the individual trials were structured.

The study appears in the [Journal of Clinical Oncology](#).

CONCLUSION

The authors concluded that ADT sequencing demonstrated a significant impact on clinical

outcomes with a strong correlation to RT field size. They believe that concurrent and adjuvant ADT should be the standard of care where short-term ADT is indicated in combination with prostate-only RT.

METHODS

The researchers conducted a new analysis of individual patient data from 12 randomized trials in which patients received short-term ADT either before and during their radiation therapy or during and after for localized prostate cancer. Data was obtained through the Meta-Analysis of Randomized Trials in Cancer of the Prostate (MARCAP) Consortium, a first-of-its-kind repository for worldwide clinical trials involving patients with prostate cancer. The consortium was co-founded in 2020 by Drs. Amar Kishan of the UCLA Jonsson Comprehensive Cancer Center and Daniel Spratt with University Hospitals Seidman Cancer Center in Cleveland.

Their analysis included performing inverse probability of treatment weighting (IPTW) with propensity scores derived from factors such as age, initial PSA score, Gleason score, T stage, RT dose and mid-trial enrollment year. Metastasis-free survival and overall survival were assessed by Cox regression models adjusted for IPTW and analyzed independently for men receiving prostate-only RT versus whole-pelvis RT. Adjusted Fine and Gray competing risk models were built to evaluate distant metastasis (DM) and prostate cancer-specific mortality.

EXPERT COMMENTS

“To our knowledge, this study represents the first time a significant association has been demonstrated between concurrent and adjuvant ADT sequencing and overall survival rates among prostate cancer patients,” said Kishan, corresponding author for the study. “For patients receiving prostate-only RT, concurrent/adjuvant sequencing is associated with optimal outcomes.”

Kishan, who is vice-chair of Clinical and Translational Research and chief of genitourinary oncology for Radiation Oncology at UCLA, noted that

the results should be “considered practice-changing with regards to how ADT is sequenced with radiation for patients getting short courses of ADT with prostate radiation.”

He says future trials currently in the pipeline may yield more answers about the benefit of neoadjuvant/concurrent ADT sequencing with whole-pelvis RT in patients with intermediate- and high-risk prostate cancer.

AUTHORS

First author Ting Martin Ma is with the UCLA Department of Radiation Oncology, as is corresponding author Kishan, who also represents the MARCAP consortium. Yilun Sun, an equal contributor to the study, is with Case Western Reserve University School of Medicine. MARCAP co-founder Spratt also was an equal study contributor. Other authors are listed in the publication.

FUNDING / POTENTIAL CONFLICTS OF INTEREST

Kishan reports funding support from grant P50CA09213 from the Prostate Cancer National Institutes of Health Specialized Programs of Research Excellence and grant W81XWH-22-1-0044 from the Department of Defense, as well as grant RSD1836 from the Radiological Society of North America. Additional funding came from the STOP Cancer organization, UCLA Jonsson Comprehensive Cancer Center, Prostate Cancer Foundation and American Society of Radiation Oncology, as well as donations from the DeSilva, McCarrick and Bershad families. □

No other authors had conflicts to declare.

DOI: 10.1200/JCO.22.00970

DR. CECIL BENITEZ



Photography Credit: Kevin Shanmugam

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

C: As a child my favorite subject was math; it was methodical and there was always a solution. When I immigrated to the United States from Mexico, learning English was difficult. Math was a universal language where I was not seen as "other." Math kept me engaged in school and later introduced me to science and medicine.

Are you the first member of your family to wade into medicine? Why Radiation Oncology?

C: I am the first in my family to graduate from high school and pursue higher education. Having pursued a PhD in Developmental Biology prior to medical school, I learned how cancer hijacks many developmental pathways. I arrived to medical school with an interest in oncology. As a visual learner, Radiation Oncology nicely combined long-term patient care with treatment design.

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

C: I am excited about establishing meaningful projects in patient care/advocacy, palliative care, precision medicine, re-irradiation, and health equity. I am currently working on identifying health inequities within our department and interventions to improve patient care. I also serve as patient advocate through NCCN and have helped to draft "Guidelines for Patients."

Talk to me about your experience thus far in the UCLA RO Residency Program.

C: The UCLA RO Resident Program is a well-structured program. I feel that our rotations give appropriate responsibility as we continue to progress. The VA is a great addition to our learning. I am loving the patient population and disease sites. Our faculty are great and willing to teach.

What is your best piece of advice for incoming residents?

C: My experience as a new radiation oncology resident was very different from my experience as a medical student rotating in radiation oncology. As a resident, I felt overwhelmed by the many hats that radiation oncologists have to wear (i.e. also being a radiologist, medical oncologist, surgeon, and physicist). Dr. Raldow, our Program Director, kindly reminded me that we are here to learn, otherwise we would not need residency. I remind myself this and would also encourage incoming residents to ask many questions.

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

C: My medical school mentor once told me to pay attention to how I like to spend my time. What topics did I like to read? In what field would I feel happiest? My interest in Radiation Oncology solidified when I attended the ASTRO conference. I was excited to learn about so many topics. I felt that it was a good sign that I had a hard time choosing which presentations to attend because they all sounded interesting. I would encourage medical student to immerse themselves in the field. □

AWARDS, PUBLICATIONS, AND GRANTS

Recent wins from the UCLA Department of Radiation Oncology

Martin Ma, MD, PhD (PGY-4) has eight new publications:

External Beam Radiotherapy with or Without Brachytherapy Boost in Men with Very High-Risk Prostate Cancer: A Large Multicenter International Consortium Analysis, to be published in the *International Journal Radiation Oncology Biology Physics*. (Accepted)

Targeted Microwave Ablation: Another Way to Kick the Can(cer) Down the Road, to be published in *Prostate Cancer and Prostatic Diseases*. (In Press)

Web-Based Symptom Monitoring with Patient-Reported Outcomes During Definitive Radiation Therapy With Chemotherapy (SYMPATHY): A Prospective Single-Center Phase I Study, to be published in *Advances in Radiation Oncology*. (In Press)

Quality-of-Life Outcomes and Toxicity Profile Among Patients with Localized Prostate Cancer After Radical Prostatectomy Treated With Stereotactic Body Radiation: The SCIMITAR Multi-Center Phase 2 Trial, to be published in the *International Journal Radiation Oncology Biology Physics*. (In Press)

Meta-Analysis of Randomized trials in Cancer of the Prostate (MARCAP) Consortium investigators. Sequencing of Androgen Deprivation Therapy of Short Duration with Radiotherapy for Non-Metastatic Prostate Cancer (SANDSTORM): An Individual Patient Data Pooled Analysis of 12 Randomized Trials from the Meta-Analysis of Randomized Trials in Cancer of the Prostate (MARCAP) Consortium, to be published in the *Journal of Clinical Oncology*. (In Press)

Fully Automated Segmentation of Prostatic Urethra for MR-Guided Radiation Therapy (MRgRT), to be published in *Medical Physics*. (Accepted)

Meta-Analysis of Randomized trials in Cancer of the Prostate (MARCAP) Consortium investigators. Local

Failure Events In Prostate Cancer Treated with Radiotherapy: A Pooled Analysis of 18 Randomized Trials from the Meta-Analysis of Randomized Trials in Cancer of the Prostate (MARCAP) Consortium (LEVIATHAN), published in *European Urology*.

High-dose Radiotherapy or Androgen Deprivation Therapy (HEAT) as Treatment Intensification for Localized Prostate Cancer: An Individual Patient-data Network Meta-analysis from the MARCAP Consortium, published in *European Urology*.

Ricky Savjani, MD, PhD (PGY-5) recently received two awards:

UCLA Resident Informaticist—Best Final Project

UCLA Training in Neurotechnology Translation Program T32—Trainee

Qihui Lyu, PhD (PGY-1) recently received four awards:

AAPM John Cameron Early-Career Investigator Symposium, First Place

Stanford Viewray Plan Challenge, First Place

AAPM South California Chapter Norm Baily Awards, First Place

AAPM BEST Award

Amar Kishan, MD recently received a SPORE Development Research Program Grant.

Ricky Savjani, MD, PhD (PGY-5) was recently awarded two grants:

2022-2024 TL1 Translational Science Fellowship for Postdoctoral Trainees

UCLA Clinical and Translational Science Institute (CTSI) Role: PI

2022-2024 Siemens Healthineers

“Evaluation of Lobar and Segmental Segmentation for Respiratory Dynamics” Role: PI

Qihui Lyu, PhD (PGY-1) has one new publication in *National Biomed* entitled, *Tomographic Detection of Photon Pairs Produced from High-Energy X-Rays for the Monitoring of Radiotherapy Dosing.*

Amar Kishan, MD recently published SANDSTORM analysis in the *Journal of Clinical Oncology*.

Ricky Savjani, MD, PhD (PGY-5) has four new publications:

Radiotherapy for Mantle Cell Lymphoma with Orbital Involvement, published in *Radiology: Imaging Cancer*.

Relapse Patterns and Radiation Dose Exposure in IDH Wild-Type Glioblastoma at First Radiographic Recurrence Following Chemoradiation, published in the *Journal of Neuro-Oncology*.

Automated Tumor Segmentation in Radiotherapy published in *Seminars in Radiation Oncology*.

Using Intensity Modulated Radiation Therapy for the Treatment of Sialorrhea in Amyotrophic Lateral Sclerosis, published in *Advances in Radiation Oncology*.

Matthew Farrell, MD (PGY-4) has two new publications:

Impact of Prediagnosis Risk of Major Depressive Disorder and Health-Related Quality of Life on Treatment Choice for Stage II-III Rectal Cancer, which will be published in *JCO Clinical Cancer Informatics* in 2023.

How was clinic?, to be published in *JAMA* in January 2023.

Dylan O’Connell, PhD was recently awarded a grant from Varian to study the feasibility of stereotactic

radiosurgery on Ethos.

Amar Kishan, MD served as a Discussant in the Plenary Session and had multiple oral abstract presentation as a first or senior author at ASTRO 2022. □



CONTACT US / REFER A PATIENT

WESTWOOD

UCLA DEPARTMENT OF
RADIATION ONCOLOGY

200 UCLA MEDICAL PLAZA, SUITE
B265, LOS ANGELES, CA 90095

TEL: (310) 825-9775

FAX: (310) 794-9795

SANTA MONICA

UCLA DEPARTMENT OF
RADIATION ONCOLOGY

1223 16TH STREET, SUITE 1100,
SANTA MONICA, CA 90404

TEL: (424) 259-8777

FAX: (424) 259-8796

SANTA CLARITA

UCLA DEPARTMENT OF
RADIATION ONCOLOGY

27235 TOURNEY ROAD, SUITE 1400,
SANTA CLARITA, CA 91355

TEL: (661) 287-0010

FAX: (661-)287-0030

DOWNTOWN / DTLA

UCLA DEPARTMENT OF
RADIATION ONCOLOGY

1338 S. HOPE ST. A (LOWER LEVEL)
LOS ANGELES, CA 90015

TEL: (213) 744-1460

FIND US ONLINE / CLICK BELOW TO VISIT OUR SITE

[UCLA Health](#) | [myUCLAhealth](#) | [School of Medicine](#) | [Translate](#)

Search this site...

UCLA Health

UCLA Radiation Oncology

About Us Our Team Patients & Treatments Research & Technologies Education & Training News & Events

KEEP YOUR HEALTH CARE ON TRACK

UCLA DEPARTMENT OF **RADIATION ONCOLOGY**

[BOOK AN APPOINTMENT](#)





Blue Poles Copyright Marilyn Minter

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.