

Vital Signs

FALL 2017 | VOLUME 76

FEATURE STORIES

Chronic Pain

Page 4

Mammography Guidelines

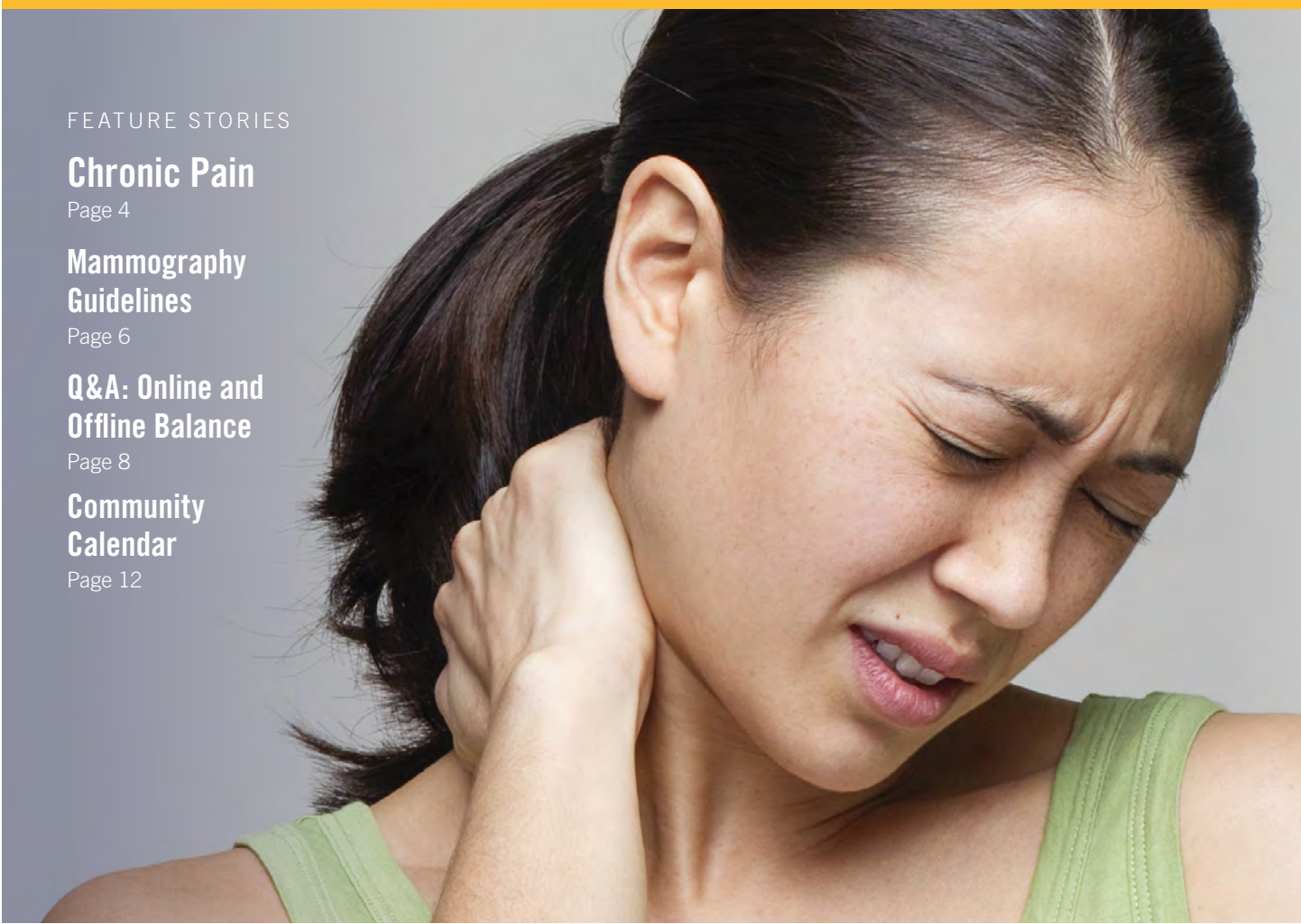
Page 6

Q&A: Online and Offline Balance

Page 8

Community Calendar

Page 12



Surgical Options Help Quiet Pediatric Epilepsy Seizures

Epilepsy in children can be severely debilitating, but with early diagnosis and treatment, these youngsters can reach their full cognitive potential. Today, surgical options to control epilepsy are providing significant benefit to many of these children.

The goal of surgery is to reduce or eliminate seizures, says UCLA pediatric neurosurgeon Aria Fallah, MD, MSc. Most children who are treated surgically become seizure-free; while some continue to require anticonvulsants, others remain free of seizures even without medications.

[Continued on page 7](#)



In This Issue

- 2 **What's New at UCLA**
- 3 **In Your Community**
UCLA offers services and support near you.
- 4 **Chronic Pain**
Pain-management specialists note that non-narcotic approaches to treating chronic pain are not only safer, but also in many cases more effective.
- 6 **Mammography Screening**
The nation's major guideline-issuing organizations advise women to consult their healthcare providers when making personal decisions about when to start mammography.
- 7 **Pediatric Epilepsy**
Surgical options to control epilepsy are providing significant benefit to many children.
- 8 **Q&A: Managing Online Life**
Cell phones and other portable devices have made us more connected, but experts worry about their overall impact on our lives.
- 10 **Cancer Therapy and Heart Health**
Lifesaving cancer therapy can put patients at increased risk for cardiovascular damage.
- 11 **Fetal Heart Defects**
With proper expertise and resources, prenatal screening can identify most babies with heart conditions before they are born.
- 12 **Community Calendar**
Health and wellness for the community.



UCLA among Top Hospitals in U.S. News Ranking

U.S. News and World Report named UCLA Health hospitals in Westwood and Santa Monica No. 1 in Los Angeles and No. 7 in the nation in its 2017-18 “Best Hospitals” ranking. The survey’s national honor roll names only 20 medical centers; UCLA Health has appeared on the honor roll for 28 consecutive years. The annual rankings evaluate more than 4,500 medical centers nationwide in 16 medical specialties and nine relatively common procedures and conditions. UCLA received top-10 rankings in eight specialties: ear, nose and throat (2); geriatrics (4); urology (4); ophthalmology at the UCLA Stein and Doheny Eye Institutes (5); nephrology (6); rheumatology (6); psychiatry at the Resnick Neuropsychiatric Hospital at UCLA (8) and pulmonology (10). Only about 3 percent of the evaluated hospitals were ranked in one or more specialty areas.



For more information about the rankings, go to: uclahealth.org/best-hospitals

UCLA Health Opens Sports Performance Program

UCLA Health and EXOS, a leader in integrated athletic training, have partnered to open a sports performance program at the new UCLA Health Training Center — Home of the Los Angeles Lakers in El Segundo. UCLA Health Sports Performance powered by EXOS provides integrated training solutions that are tailored to help youth and adult athletes of all levels to reach their peak performance through improved mindset, nutrition, movement and exercise recovery.



For more information, go to: uclahealth.org/sports-performance



To schedule a free introductory session, call: (310) 426-1407



Four Surprising Facts About Lung Cancer

Close to a quarter-million Americans will be diagnosed this year with lung cancer. While many people who develop the disease have a history of smoking, nonsmokers also are at risk. Edward Garon, MD, a UCLA oncologist in Santa Monica, and Solomon Hamburg, MD, PhD, a UCLA oncologist in Beverly Hills, share four facts that everyone should know about this life-threatening disease.

Fact 1: Nonsmokers get lung cancer, too.

“Cigarette smoking is, by far, the biggest contributor to lung cancer, accounting for 80-to-90 percent of all cases,” Dr. Garon says. That means anywhere from 10-to-20 percent of people with lung cancer never have inhaled a cigarette. While lung cancer generally is not inherited, specific noninherited mutations may cause some people to develop the disease. Other risk factors include exposure to secondhand smoke, radon and asbestos.

Fact 2: Early signs of lung cancer are not always evident.

Most people do not experience any pain or discomfort during the disease’s early stages. “Lung-cancer symptoms are fairly easy to dismiss,” Dr. Hamburg says. “You might have a persistent cough, feel shortness of breath or lose weight without trying. Some people develop heart palpitations from the lungs putting pressure on the heart.” By the time more troubling symptoms appear, such as recurrent pneumonia or bronchitis, the disease has likely already spread.

Fact 3: Screening for lung cancer could save your life.

A low-dose computed tomography (LDCT) scan helps detect signs of lung cancer, such as nodules or spots on the lung, early, when the disease is most treatable. “Depending on test findings, we may monitor the patient with more frequent LDCT scans or do a biopsy for a definitive diagnosis,” Dr. Garon says. He notes that lung nodules are common and not always cause for concern. Researchers at UCLA’s Jonsson Comprehensive Cancer

Center led a national lung-cancer-screening study that showed a 20-percent reduction in lung-cancer deaths among smokers who underwent LDCT screenings instead of traditional chest X-rays.

The U.S. Preventive Services Task Force recommends annual LDCT screenings if you are 55-to-80 years of age and have a 30 pack-year history of smoking (the equivalent of two or more packs of cigarettes a day for 15 years or one pack a day for 30 years) and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. Depending on test findings, your doctor may order more frequent LDCT scans or perform a lung biopsy.

Fact 4: It is never too late to quit.

Regardless of your smoking past, you can still reduce your risk of lung cancer and other conditions like heart disease by kicking the habit now. Just five years of smoke-free living halves your risk of cancers of the mouth, throat, esophagus and bladder. In 10 years, your risk of dying from lung cancer is half the risk of someone who continues to light up.

Giving up cigarettes is still beneficial even if you already have lung cancer. “Smoking makes some cancer treatments less effective,” Dr. Garon says. It also heightens treatment side effects. Says Dr. Hamburg, “Nicotine is a tough addiction to break. You really have to be motivated to quit.” Drs. Garon and Hamburg suggest that patients work with their doctors to find the best smoking-cessation tool for their unique needs.



Santa Monica Hematology/Oncology

2020 Santa Monica Blvd.
Suites 230, 580 & 600
Santa Monica, CA 90404

uclahealth.org/community-cancercare

Westwood Hematology/Oncology

100 UCLA Medical Plaza
Suites 550 & 555

200 UCLA Medical Plaza, Suite 120
Los Angeles, CA 90024

uclahealth.org/community-cancercare

Beverly Hills Hematology/Oncology

120 S. Spalding Drive, Suite 401
Beverly Hills, CA 90212

uclahealth.org/beverlyhillsoncology

1-800-UCLA-MD1 (1-800-825-2631)

Non-Narcotic Approaches to Treating Chronic Pain

“Patients on opioids often are surprised that they can get similar, or even greater, pain relief on lower doses of opioids or even off opioids completely. But this often requires a comprehensive approach to provide sufficient medical, psychological and behavioral support while they slowly taper the opioids.”

In response to a national epidemic of prescription opioid addiction, the U.S. Centers for Disease Control and Prevention has issued guidelines designed to reduce inappropriate prescribing of narcotic drugs for noncancer chronic pain. UCLA Health pain-management specialists note that non-narcotic approaches to treating chronic pain not only are safer, but also in many cases more effective.

“Opioids are appropriate for cancer, end-of-life and short-term pain, but they never should be used as a first-line treatment for ongoing pain,” says F. Michael Ferrante, MD, director of the UCLA Comprehensive Pain Center.

Approximately 25-million adults in the U.S., one-in-nine, have experienced some ongoing form of pain, according to the National Health Interview Survey. Beginning in the late 1980s, opioid medications began to be prescribed for many types of chronic pain. But that thinking has changed as awareness of addiction has increased. “The number of people dying from overdoses of prescription medications is now considerably higher than the number dying from illegal drugs,” notes Michael Sniderman, MD, a UCLA pain-management specialist in Torrance. (UCLA Health also has community-based pain clinics in Santa Clarita and Thousand Oaks.)

Dr. Ferrante says that patients who seek opioid medications tend to fall into four categories: those who can use them effectively on a long-term basis to improve their quality of life with no major complications; those who develop opioid-induced hyperalgesia, needing increasingly higher doses; those who become addicted and in need of rehabilitation; and those who should never receive the drugs.

“An evaluation that includes experts in pain, addiction and psychiatry can help to determine into which category a patient falls. You have to tailor the alternatives based on the underlying cause of the pain,” Dr. Ferrante says.

Some patients can benefit from nonopioid medications such as anti-inflammatory drugs, particularly patients with bone pain, Dr. Ferrante notes. Acetaminophen can also be used, but in moderation — no more than 2 grams per day for chronic use.

So-called interventional procedures can also provide relief. Depending on the source of the pain, these can include facet joint injections as well as injections that block the responsible nerves from sending pain signals — in some cases in conjunction with radiofrequency ablation, which uses electrical currents to heat targeted areas in an effort to further

decrease the signals. “Over the years, the ‘interventional pain doctor’ role has grown significantly as problems associated with opioid medicines have become better appreciated,” Dr. Sniderman says.

Drs. Sniderman and Ferrante note that these interventional procedures, coupled with physical therapy and/or occupational therapy, significantly reduce pain and improve function. “We can make it easier for patients to do the kinds of physical therapies and exercises that might heal them for the long term,” he says.

Says Keith Heinzerling, MD, addiction-medicine physician with the UCLA Center for Behavioral and Addiction Medicine, “Patients on opioids often are surprised that they can get similar, or even greater, pain relief on lower doses of opioids or even off opioids completely. But this often requires a comprehensive approach to provide sufficient medical, psychological and behavioral support while they slowly taper the opioids.”

Physical and occupational therapy, along with psychological approaches, can benefit some people. “In addition to helping with chronic pain, psychological and complementary treatments can help patients to cope better with the effects of chronic pain so that they are more able to function, even with pain, and to have a better quality of life,” Dr. Heinzerling says.



To learn more about the UCLA Comprehensive Pain Center, go to: uclahealth.org/pain



To view a video about non-narcotic treatment for chronic pain, go to: uclahealth.org/nonopioidpain



1-in-9 adults

have experienced some ongoing form of pain

In 2015, opioids killed more than

33,000 people

Nearly half of all opioid overdose deaths involve a prescription opioid

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention

Nonopioid medication options



Anti-inflammatory drugs
Acetaminophen (no more than 2 grams per day for chronic use)

Interventional procedures

Facet joint injections

Blocks the responsible nerves from sending pain signals



Radiofrequency ablation



Physical therapy and/or occupational therapy

Psychological and complementary treatments





Mammography Guidelines

Recognize Individual Risks and Preferences

While the nation's major guideline-issuing organizations have slightly differing recommendations about when a woman should start having regular mammograms, each advises women to consult their healthcare providers when making personal decisions.

In June, the American College of Obstetricians and Gynecologists (ACOG) revised its guidelines for women at average risk for breast cancer, advising health providers to begin offering mammograms and discussing the pros and cons with women beginning at age 40. Prior to this revision, the recommendation

was to begin mammography at age 40. ACOG recommends that women have an initial mammogram no later than age 50.

The U.S Preventive Services Task Force recommends starting regular mammograms at age 50, and the American Cancer Society at 45. Both acknowledge that some women may wish to start earlier in their 40s. Recommendations regarding frequency vary from annually to every other year, with mammography stopping at age 75 or when life expectancy is less than 10 years. There are different screening recommendations for women who are at very high risk, such as those with a BRCA-gene mutation.

The flexibility and variation among guidelines “recognizes that risk for breast cancer — as well as treatment for breast cancer — varies among individuals so that the same screening regimen may not be applicable to all people,” says Maggie DiNome, MD, director of

Study Aims to End Mammography Confusion

UCLA is participating in a University of California-wide study to refine mammography guidelines. The five-year Wisdom study compares the benefits of annual mammography versus a customized interval that is based on individual factors, including a woman's personal and family health history and her genetic profile. “As we move into a world of precision medicine, where we're able to collect more individualized information about patients, we'll have a greater ability to fine tune recommendations,” says Arash Naeim, MD, PhD, chief medical officer for clinical research and UCLA's lead investigator for the study.



For more information about the Wisdom study, go to:
wisdomstudy.org

Continued from cover

UCLA Breast Health and chief of the Division of Breast Surgery.

The guidelines reflect an effort to balance the benefits and harms of mammography for women in their 40s, who need to weigh the chance of finding cancer against the greater possibility of a result that leads to additional imaging, and perhaps biopsy, for an abnormality that does not pose harm.

On the other hand, “younger women have dense breast tissue, so the chance of a false negative” — a mammogram that looks normal even though breast cancer is present — “is much higher for this population,” notes Merja Clegg, MD, a UCLA primary-care physician in Marina del Rey.

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among American women. The ACOG revised mammography guidelines acknowledge that mammography starting at age 40 has been shown to reduce breast-cancer mortality.

When advising their patients about mammography, physicians look at the patient’s risk for breast cancer. Factors that influence risk include the patient’s age, family history of cancer, age when beginning menstruation, age at menopause and previous breast problems.

The new guidelines allow physicians to factor their patients’ feelings about risk versus benefit into the equation. Ultimately, the best decision results when patient and physician make a shared decision, says Giovinetza Hasbun, MD, a family-medicine physician in Santa Monica. “It’s all about education. Our job is to be educators and have open discussions with our patients to address their questions and concerns.”



For information about the **UCLA Breast Center and locations, go to:** breastcenter.ucla.edu



For information about **breast-imaging radiology and locations, go to:** radiology.ucla.edu/breast-imaging-clinical

Surgery Options Help Quiet Pediatric Epilepsy Seizures

Dr. Fallah notes that the consequences of pediatric epilepsy extend beyond seizures and can include learning disabilities, development and cognitive delay, and behavioral and psychosocial problems. “We are talking about a growing and developing brain,” Dr. Fallah says. “The treatment decisions that we make today are to prevent psychosocial and developmental deficits tomorrow as a consequence of untreated epilepsy.”

A pediatric neurologist may be able to adjust a child’s medication to control seizures, but if two different medications have been tried and fail to stop seizures, a presurgical evaluation at a comprehensive epilepsy center is warranted, says pediatric neurologist Rajsekar Rajaraman, MD.

Surgery, when an option, can provide dramatic results. “For children who are appropriate candidates, epilepsy surgery can offer the best opportunity to reduce, or even eliminate, seizures, lessen the need for medication and improve cognition and their quality of life,” Dr. Rajaraman says.

Young children generally experience the greatest benefit from targeted surgeries or hemispherectomies, in which the surgeon removes half of the brain. “The younger the child is, the greater the brain’s ability to take over function that is lost from surgery,” Dr. Fallah says. “Their brains have a remarkable ability over time to rewire.” While surgery is a possible option for a child at any age, “once the child is older than 2, we don’t do those radical operations as much because the benefits are less.”

Dr. Fallah recognizes that surgery presents a difficult choice for parents. “Parents struggle with the idea of epilepsy surgery,” he says. “But if they see their child deteriorating — maybe their child could speak before and all of a sudden he or she is losing speech — then they may decide that surgery may give their child a better quality of life.”

Dr. Fallah says that surgery cures the epilepsy in about 80 percent of cases. In 10-to-15 percent, surgery slows the seizures but does not eliminate them. After surgery, “we often simplify the medical regimen, which may mean fewer medications as well as more modest doses,” says Raman Sankar, MD, PhD, chief of the Division of Pediatric Neurology. Whether or not to completely discontinue medication is decided on a case-by-case basis, involving pathological reports as well as “how completely the surgeon was able to remove the brain abnormality while minimizing deficits that may follow the surgery,” Dr. Sankar says.

A new technology that Dr. Fallah is employing is laser interstitial thermal therapy, in which the surgeon makes a tiny incision in the skull and inserts a wire deep within the brain to locate the area causing seizures. “With thermal energy, we heat that area to destroy the tissue. We don’t need to open the skull, and the patient can wake up after surgery feeling great and go home the same day or the next with minimal pain and minimal recovery time.”



To view a video of Dr. Aria Fallah talking about pediatric epilepsy surgery, go to: uclahealth.org/pediatricpilepsysurgery



Striking a Healthy Balance in Our Online and Offline Lives

As cell phones and other portable devices have become ubiquitous, many researchers are concerned about their potential impact on our lives. "In many ways, we have become more efficient, better connected and more productive thanks to technology," says Gary Small, MD, professor of psychiatry and biobehavioral sciences and the Parlow-Solomon Professor on Aging. "But there's a cost to these innovations that impacts multiple body parts, including the brain."

What is your view of the pervasiveness of these devices in our lives?

The technology has both an upside and a downside. The upside is that it makes our lives, personal and professional, more efficient and more productive. We have 24/7 communication capacity to people around the world. We have extraordinary amounts of information that we can tap into, like an external hard drive that augments our biological hard drives in the brain. The downside is that there is an addictive quality to these devices. At the extreme, technology use disrupts lives and becomes an impulse that

cannot be controlled. There are people who spend 12, 14 hours a day online. And because the devices are so mobile, you can be on them anywhere — while in an elevator, crossing the street, sitting in a restaurant. Look at a group of people, and often you will see that all of them are looking at their devices, and there's no interaction taking place among them.

What is the effect of that on our social behaviors?

People become so immersed while using these devices that very often they won't look up when having an actual conversation. This

can have a significant effect on their ability to notice nonverbal cues and can interfere with their mental capacity for face-to-face communication. Brain imaging studies have shown that if you spend a lot of time engaged in a specific mental task, the neural circuits that control that experience will strengthen. The flip side of that is you're not spending time with other kinds of tasks, and the neural circuits for those tasks will weaken. Studies have demonstrated that increased time online or on a mobile device can diminish a person's ability to recognize and interpret other people's emotional expressions.



Gary Small, MD



It sounds like our devices are very much a two-edged sword, offering the ability to tap into global networks of information and enabling us to communicate more broadly, but at the same time isolating us and perhaps breaking our links of connection to other people.

We can give a thumbs-up or happy face to our friends' posts. We can share information or ideas in the moment with our group of friends, so there is a sense that we are reaching out and connecting with all these people. But the quality of that connection is very different from a face-to-face conversation with someone. It is very difficult to discern or interpret subtle interpersonal issues while communicating via texts or tweets.

Do these devices have an effect on our memory?

There is an effect. Memory has two major components: encoding, which is getting information into the brain, and retrieval, finding the information when you want it. If you are constantly using your device, you are not noticing what's going on around you, so a lot of useful information is not getting into your memory stores. On the other hand, these devices augment our memory, and in many cases, they make it possible for us to not have to remember many details that we used to have to remember, like directions or birthdays or appointments. In that way, they are very helpful memory tools.

But in other ways, these devices can be very distracting.

The noted digital consultant Linda Stone came up with the term "partial continuous attention," which describes our constantly scanning our immediate environment. It is motivated by a desire to not miss anything and to seemingly be connected to everything and everybody. In my view, this is a tremendous distraction, and it might even put our brains at a level of mental stress. People who are tethered to their devices are constantly on the alert for the next buzz or ping. Could that be telling them there is something more important than whatever it is that they are doing or the person they are with in that moment?

What do you see as the overarching attraction of these devices?

We perceive that they keep us connected, even if in reality it is in very superficial ways. We are social animals; it is in our nature as human beings. These devices take everything that is human and put them on steroids. In that regard, I think this creates a real problem for us. It's ironic that some of the motivation for creating this wonderful technology was to make things more efficient so we have more time to be thoughtful and to solve problems. But because of the way our brains are wired, we've just taken on more and more tasks, and we can't keep up with them all.

Five Steps to Stay Healthy in the Digital Environment

Be mindful of the type of information you are communicating and the format by which you are communicating it.

Balance your time online and offline. Put down or step away from the device to have face-to-face interactions.

Schedule time each morning to catch up on email and texting so you don't feel pressure to constantly check for new messages throughout the day.

Turn off your devices at night. Looking at a screen before bedtime does not put the brain in a restful state.

Use your devices to enhance your appreciation of your offline life. Try a guided meditation app to lower stress, and set your smartphone timer to remind you to take regular digital breaks.





Lifesaving Cancer Therapy Can Pose Potential Risk for Patients' Heart Health

Fighting cancer is difficult, but in addition to combating the disease, many patients and their physicians also must confront the possibility of developing treatment-related heart disease as a consequence of chemotherapy and/or radiation. And as the number of survivors over the next several years approaches 20-million people, cancer-treatment-related cardiovascular disease “is going to be much more of a common issue than people realize,” says UCLA cardiologist Eric Yang, MD. “We now know that many cancer therapies, while essential and lifesaving, may potentially have short- and long-term consequences for the patient’s heart health.

“By monitoring a patient’s cardiovascular health and symptoms proactively, we can work with our oncology colleagues to provide the best multifaceted care, with cardiovascular interventions that will allow patients to complete their cancer treatments with minimal risk to their hearts,” he says. Dr. Yang and colleagues from cardiology and hematology/oncology have established UCLA’s new Cardio-Oncology Clinic. The clinic currently has physicians at Ronald Reagan UCLA Medical Center and in Santa Monica and Ventura.

Megha Agarwal, MD, a cardiologist at the UCLA cardio-oncology clinic in Ventura, notes that patients who have been treated for cancer can be vigilant about continuing to monitor their ongoing cancer risks, “but once a cancer patient crosses the threshold of 10 or 12 years of survival, cancer may not be their main focus. They should be concerned about heart disease, which frequently is forgotten.” The toxicity of chemotherapy drugs can potentially damage the heart and restrict blood flow, while radiation has the potential to form scar tissue over heart valves, making them rigid and unable to function properly.

Oncologists are increasingly mindful of the potential risks that long-term cancer therapy may pose for patients. In the past, “oncologists didn’t worry as much about the potential impact of treatment years down the line on other organs; the more immediate goal was to eradicate the cancer,” says Parvin Peddi, MD, a UCLA oncologist in Santa Monica and Torrance. “Now, thanks to more treatment options and increasing survival rates, we are paying attention to issues survivors may have due to their cancer therapies many years later.”

Dr. Peddi says that oncologists, working collaboratively with their colleagues in

cardiology, can examine a patient’s needs and risk factors to better tailor a treatment regimen that will be effective without causing additional cardiotoxicity. As an example, Dr. Peddi cites a patient who was treated about 20 years ago for Hodgkin’s lymphoma with the chemotherapy drug doxorubicin, which is known for its potential negative impact on the heart. Her patient now has another form of lymphoma and needs chemotherapy again, which can dramatically increase the risk to the heart. The questions confronting Dr. Peddi were, “Do I treat the patient’s cancer incompletely? Do I not give the patient the drug that I think is really needed because it may further damage the heart?” After conferring with her patient’s cardiologist and carefully evaluating the patient’s current heart function, Dr. Peddi prescribed a related drug that was deemed safer but would still deliver an optimum dosage under close supervision.

“Whenever there is a new cancer drug, there is a new possibility for unforeseen cardiovascular side effects,” Dr. Yang notes. “Our mission is to understand these effects so we can better detect and treat them so that patients can continue to receive their lifesaving therapy.”

High Level of Expertise Necessary to Effectively Screen for Fetal Heart Defects

When late-night TV host Jimmy Kimmel spoke earlier this year about his newborn son's heart defect, it shined a national spotlight on the approximately one-in-100 babies who are born with a congenital abnormality of the heart. Such defects can range from a small hole between the chambers of the heart to faulty valves and malformed blood vessels — even hearts where the right or left half is completely absent. While many pregnant women in the United States undergo a mid-gestation fetal ultrasound, it remains too common that heart defects go undetected until after birth, says Mark Sklansky, MD, chief of the UCLA Division of Pediatric Cardiology. “We know that detecting heart defects before birth can make a great difference in the lives of affected children,” he says

The key to effective screening includes utilization of advanced ultrasound technology and a very high level of training and expertise, says Gary M. Satou, MD, codirector of the UCLA Fetal Cardiology Program and director of pediatric echocardiography at UCLA. “With proper expertise and resources, most babies with heart conditions can be identified before they are born,” he says, paving the way for development of a delivery plan and postnatal treatment, as well as the education of the parents about the needs and future care of their child.

Technical advances in fetal echocardiography — the use of ultrasound to create detailed images of the structures of the fetal heart — allows experts to be more precise and accurate in their diagnoses. Dr. Satou notes that ultrasound uses no radiation and poses no significant risk to either the mother or developing fetus. Both Drs. Satou and Sklansky devote time to training other doctors and ultrasound specialists to effectively conduct fetal echocardiography. It is their hope that the improved skills of these providers will increase the number of children with congenital heart



defects who are identified prenatally.

In addition to a mid-gestation ultrasound examination, which looks at the four chambers and the main arteries and veins of the fetal heart, transvaginal ultrasound may identify the risk of a heart defect as early as the 11th or 12th week. “We do not screen the fetal heart routinely that early in gestation, but the transvaginal ultrasound can pick up findings in the fetus that might point to a greater risk of a heart defect,” Dr. Sklansky says.

Once a congenital heart problem is diagnosed, the pregnancy can be carefully monitored, and most will continue to full term. In addition, the large majority of patients will be able to have a vaginal delivery. If the defect is not severe, a newborn with congenital heart disease still may require medication and continued observation. While some babies

will need heart surgery, others may require cardiac catheterization, in which a flexible tube is inserted into a blood vessel threaded to the heart to test blood flow, pressures and take pictures of the heart.

“The care of children with congenital heart abnormalities has advanced significantly. Now the large majority of children who require treatment and heart surgery will not only survive, but have a meaningful and often completely normal quality of life,” Dr. Satou says. “Prenatal detection of these children, along with their postnatal care, has contributed substantially to these excellent outcomes.”



To view a video about screening for fetal heart defects and what women should know, go to:
uclahealth.org/fetalheartscreening

Community Health Programs

OCTOBER, NOVEMBER, DECEMBER 2017 COMMUNITY HEALTH PROGRAMS

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education. Go to connect.uclahealth.org/calendar for more information.

AGING

Aging in Place

Gabriela Sauder, MD, UCLA geriatrician, will discuss community resources for aging adults and tips to help them safely live at home.

When: Thursday, Nov 30 / 2 – 3:30 pm

Where: Founders Hall, Calabasas Library, 200 Civic Ctr Way

RSVP: (818) 880-6461

ALZHEIMER'S DISEASE (AD)

Alzheimer's Disease and Dementia

Learn how Alzheimer's disease and dementia are diagnosed, managed and treated.

When: Tuesday, Oct 10 / 3 – 4:30 pm

Where: Belmont Village Westwood, 10475 Wilshire Bl

RSVP: (800) 516-5323

Understanding Alzheimer's Disease

Asa Hatami, PhD, UCLA molecular biologist, will provide an overview of Alzheimer's pathology, learning and memory, AD risk factors and therapies under investigation.

When: Wednesday, Oct 25 / 1 – 2:30 pm

Where: Belmont Village Burbank, 455 E Angeleno Av

RSVP: (800) 516-5323

Middle-aged Dementia Group (Ongoing)

Memory Care is a weekly, three-hour program for middle-aged dementia patients (age 65 and younger) and their loved ones. It teaches memory techniques and strategies to lower stress and stimulate the mind and the body and offers support for people with memory challenges and their caregivers.

When: Thursdays / 1 – 4 pm

Where: UCLA Longevity Center, 10945 Le Conte Ave.

RSVP: (310) 794-0680

CANCER

Neuroendocrine Tumors: Diagnosis and Treatment

UCLA physicians Joseph Pisegna, MD, Joel R. Hecht, MD, Gerd K. Herrmann, MD, and Timothy R. Donahue, MD, will discuss neuroendocrine tumor diagnosis, recent research and clinical interventions, and the role of hormonal, chemotherapy and targeted treatment approaches.

When: Tuesday, Oct 10 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

Info: (310) 794-6644

Understanding Breast Imaging

Jane Dascalos, MD, UCLA radiologist, will discuss the latest breast imaging technology, diagnostics and treatment.

When: Wednesday, Oct 18 / Noon – 1 pm

Where: Santa Clarita Valley Senior Ctr, 22900 Market St

RSVP: (661) 259-9444

Preventing Colon Cancer

Michael C. Jean, MD, UCLA gastroenterologist, will discuss lifestyle changes that can decrease the risk of colon cancer, as well as important screening options.

When: Wednesday, Nov 1 / 1 – 2:30 pm

Where: Santa Clarita Family YMCA, 26147 McBean Parkway, Valencia

RSVP: (800) 516-5323

Breast Cancer Treatment Options

Rena Callahan, MD, will present the latest information on breast cancer treatment and how it has evolved to include refined molecular testing to better guide personalized treatments.

When: Tuesday, Nov 7 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

Info: (310) 794-6644

FEATURED EVENT

OPTIMIZING DAILY WELL-BEING WITH EAST-WEST MEDICINE

UCLA physicians Edward Hui, MD, Katie Hu, MD, Justin Laube, MD, and Felicia Yu, MD, will teach participants how to optimize their health and well-being through evidence-based integrative-medicine strategies that reduce chronic stress and inflammation.

When: Saturday, Oct 21 / 9 am – 12:15 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

Info & RSVP: (310) 794-0712

Cost: \$50 per person, \$30 for seniors and students

CANCER (CONTINUED)

Look Good Feel Better Class

This American Cancer Society program teaches participants how to use scarves, wigs and makeup to address the side effects of cancer treatments and regain confidence. For cancer patients only.

When: Monday, Nov 13 / 2 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Rm 1

RSVP: (800) 227-2345

Thyroid Cancer

Michael Yeh, MD, and Stephanie Smooke Praw, MD, will present recent information on the diagnosis, treatment and management of thyroid cancer, including recurrent or widespread thyroid cancer.

When: Tuesday, Dec 5 / 7 – 9 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

Info: (310) 794-6644

Events in gold are offered near our UCLA community offices.



SUPPORT GROUPS UCLA Health and its community partners offer a number of support groups, available in person and by telephone, designed to support and inform patients, families and caregivers coping with a variety of diagnoses. For more information, visit: uclahealth.org/support-groups

DIABETES

Managing Gestational Diabetes

This ADA-certified self-care class will help you successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.

When: Thursdays / 9 – 10:30 am

Where: 1245 16th St, Santa Monica, Ste 307

Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Living with Type 2 Diabetes

This ADA-certified self-care class will help you gain important skills, knowledge and confidence to successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.

Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Thousand Oaks

When: Thursdays, Oct 5, Nov 2 & Dec 7 / 8 am – 5 pm

Where: 100 Moody Ct, Ste 200

Santa Monica

When: Mondays Oct 9, 23 & 30, Nov 13 & 27, Dec 11 & 18 / 8 am – 5 pm

Where: 2020 Santa Monica Bl, 2nd Fl, Conference Rm

Torrance

When: Two classes per session / Thursdays, Oct 12 & 19, Nov 9 & 16, Dec 14 & 21 / 1 – 4:30 pm

Where: 3445 Pacific Coast Hwy, Ste 100

Porter Ranch

When: Mondays, Oct 16 & Dec 18 / 8 am – 5 pm

Where: 19950 Rinaldi St, Ste 300

Toluca Lake

When: Saturday, Nov 4 / 8 am – 5 pm

Where: Toluca Lake Health Ctr, 4323 Riverside Dr, Education Rm

Basic Diabetes Nutrition

This ADA-certified class consists of two consecutive 90-minute sessions. It will teach how different foods affect blood sugar and how to plan healthy meals. A physician referral is required. Covered by most medical insurance policies.

Santa Monica

When: Tuesdays, Oct 3, Nov 7 & Dec 5 / 9 – 11 am

Where: 1245 16th St, Ste 307

Thousand Oaks

When: Tuesdays, Oct 17 & Dec 5 / 3:30 – 5 pm

Where: 100 Moody Ct, Ste 200

Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Preventing Diabetes and Taking Control

Rachael Oxman, MD, UCLA endocrinologist, will empower attendees with nutrition, exercise and weight-management information that can help prevent diabetes onset and improve diabetes control through routine daily activities. She will also discuss diabetes screenings and other ways to prevent diabetes complications.

When: Wednesday, Oct 25 / 6:30 – 8 pm

Where: Santa Monica Family YMCA, 1332 Sixth St

RSVP: (800) 516-5323

HEART HEALTH

Steps to a Healthier Heart

Ramin Assadi, MD, UCLA cardiologist, will discuss heart disease and what specific lifestyle changes you can make to lower your cholesterol, blood pressure and risk for heart disease.

When: Friday, Oct 13 / 2:00 – 3:30 pm

Where: Founders Hall, Calabasas Library, 200 Civic Ctr Way

RSVP: (818) 880-6461

KIDNEY DISEASE

Kidney Smart Classes

This two-hour class provides information on kidney function, kidney disease and managing a diet that promotes healthy kidneys.

When: Thursdays, Oct 12, Nov 9 & Dec 7 / 2 – 4 pm;

Friday, Oct 27 / 10 am – Noon;

Tuesday, Nov 14 / 2 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

Info & RSVP: (888) 695-4363 or kidneysmart.org

UCLA Kidney Education Enhancement Program (UKEEP) Kidneys & Diabetes: What You Should Know

UCLA nephrologists Anjay Rastogi, MD, PhD, Nilofar Nobakht, MD, and Mohammad Kamgar, MD, conduct free monthly educational programs about kidney health, high blood pressure and kidney-disease management. Interactive sessions include free blood-pressure tests and educational resources.

When: Sunday, Nov 5 / 1 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

RSVP: (800) 516-5323

LUPUS

“Latest on Lupus” Annual Patient Conference

Learn about the latest on lupus research from distinguished practitioners and researchers in the field of lupus research and care.

When: Saturday, Dec 16 / 10:30 am – 4 pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

RSVP: (310) 657-5667 or kmcmahon@lupusla.org

MULTIPLE SCLEROSIS (MS)

REACH to Achieve Program (Ongoing)

This weekly wellness program includes fitness, memory, emotional well-being, recreation, and nutrition and health education for those with MS.

Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av

Info & Application: (310) 267-4071

MULTIPLE SCLEROSIS (MS)

(CONTINUED)

Free from Falls

This eight-week program is designed for individuals with MS who walk with or without a cane and who may be at risk of falling. Learn about fall risks, how to reduce them and exercises to improve balance and mobility.

Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av

Info & Application: (310) 481-1113

Beyond Diagnosis

This evening program is for those newly diagnosed with MS. Join MS professionals to discuss MS and wellness practices to improve life with MS.

Where: Marilyn Hilton MS Achievement Ctr, 1000 Veteran Av

Info & Application: (310) 481-1113

NEUROLOGY

Second Act Program

S. Thomas Carmichael, MD, PhD, professor and vice chair of research, UCLA Department of Neurology, will discuss brain repair and disease treatments, describing stem cell response and how the brain rehabilitates itself from injury.

When: Thursday, Oct 26 / 6 – 8 pm

Where: James West Alumni Ctr, Collins Conference Rm, UCLA

Info & RSVP: secondact@alumni.ucla.edu

PLASTIC SURGERY

Scar Treatment and Hair Restoration

Andrew Vardanian, MD, UCLA plastic surgeon and director of the UCLA Scar Treatment Program, will discuss the latest technologies for scar treatment and hair restoration.

Westwood

When: Thursday, Oct 5 / 6 – 7 pm

Where: 200 UCLA Medical Plaza, Rm 206

Santa Monica

When: Thursday, Oct 19 / 6 – 7 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

RSVP: plasticsurgery@mednet.ucla.edu

Facial Aesthetics and Rejuvenation

Jason Roostaeian, MD, UCLA plastic surgeon, will discuss new techniques for natural-looking facial aesthetic surgery/rejuvenation.

When: Thursday, Dec 7 / 7 – 8:30 PM

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

RSVP: plasticsurgery@mednet.ucla.edu

PLASTIC SURGERY (CONTINUED)

Rhinoplasty

Jason Roostaeian, MD, UCLA plastic surgeon, will discuss techniques for rhinoplasty.

When: Thursday, Dec 14 / 7 – 8:30 PM

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

RSVP: plasticsurgery@mednet.ucla.edu

PODIATRY

Bunions and Bunion Surgery

Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments.

When: Tuesday, Oct 17 / 5:45 – 6:45 pm (date subject to change)

Where: 2121 Wilshire Bl, Santa Monica, Ste 101

RSVP: (310) 828-0011

Heel and Ankle Pain

Gary Briskin, DPM, will discuss common causes of heel and ankle pain, as well as surgical and nonsurgical therapies.

When: Tuesday, Nov 21 / 5:45 – 6:45 pm (date subject to change)

Where: 2121 Wilshire Bl, Santa Monica, Ste 101

RSVP: (310) 828-0011

Ankle Arthritis and Ankle Replacement

Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic cleanup, joint-preservation surgery, fusion surgery and ankle-replacement surgery.

When: Tuesday, Dec 19 / 5:45 – 6:45 pm (date subject to change)

Where: 2121 Wilshire Bl, Santa Monica, Ste 101

RSVP: (310) 828-0011

TREMORS

How to Shake the Shakes

UCLA movement-disorders specialists will discuss treatment options to cope with tremors, including medicines, surgery (deep-brain stimulation) and noninvasive therapies.

When: Saturday, Dec 9 / 9 am – Noon (9 am registration, 9:30 – Noon lectures and Q&A)

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, Rm B130

RSVP: (310) 571-5741 or ucla.tremor@gmail.com

Events in gold are offered near our UCLA community offices.

VARICOSE VEINS

Varicose Veins, Varicocele and Pelvic Venous Congestion

Cheryl Hoffman, MD, UCLA interventional radiologist, will discuss minimally invasive procedures to treat abnormal leg veins, scrotal veins and pelvic veins.

When: Tuesday, Nov 7 / 6:30 – 8 pm

Where: Torrance-South Bay Family YMCA, 2900 W Sepulveda Bl

RSVP: (800) 516-5323

WEIGHT MANAGEMENT

Movement and Weight Management

Helen Setyan, UCLA physical therapist, will discuss obstacles people face while participating in safe exercise/movement programs and strategies to maintain one's weight and incorporate movement into daily life.

When: Thursday, Oct 26 / 3:30 – 5 pm

Where: Belmont Village Westwood, 10475 Wilshire Bl

RSVP: (800) 516-5323

WELLNESS

Stay Safe in the Sun

Emily Newsom, MD, UCLA dermatologist, will discuss skin cancer prevention, early identification and treatment.

When: Friday, Oct 27 / 1 – 2:30 pm

Where: Santa Clarita Family YMCA, 26147 McBean Parkway, Valencia

RSVP: (800) 516-5323

Mindfulness and Self-Compassion

Learn mindfulness techniques to reduce stress, increase self-awareness, improve attention and boost well-being.

When: Thursday, Nov 9 / Noon – 1:30 pm

Where: Santa Monica Family YMCA, 1332 Sixth St

RSVP: (800) 516-5323

A Good Night's Sleep

Lucie Brining, MD, UCLA internist, will discuss the importance of sleep and the latest research on how to get a good night's sleep.

When: Wednesday, Dec 6 / Noon – 1:30 pm

Where: Westchester Family YMCA, 8015 S Sepulveda Bl

RSVP: (800) 516-5323

FEATURED EVENT

FLU SHOT

UCLA Health's community flu-shot clinics help protect residents during flu season by offering vaccinations for adults and children ages 5 years and older. The shots are \$29 if not covered by insurance. Standard or high-dose vaccines are available to those ages 65 and older. Flu shots are available at no cost to members of the UCLA Health 50-Plus program at the participating UCLA locations below or at any MinuteClinic walk-in medical clinic inside select CVS Pharmacy locations in Southern California. A 50-Plus membership card is needed at UCLA locations. A voucher is necessary for MinuteClinics. To obtain your voucher or join the 50-Plus program, call (800) 516-5323.

Santa Monica

When: Saturday, Oct 14 / Noon – 4 pm

Where: UCLA Santa Monica Urgent Care, 2424 Wilshire Bl

Info: (310) 828-4530

Marina del Rey

When: Sunday, Oct 15 / Noon – 4 pm

Where: UCLA Playa Marina Urgent Care, 4560 Admiralty Wy, Rm 100

Info: (310) 827-3700

Woodland Hills

When: Saturday & Sunday, Nov 4 & 5 / Noon – 4 pm

Where: UCLA Health Woodland Hills, 6344 Topanga Canyon Bl, Rm 2040

Info: (818) 610-0292

Century City

When: Saturday & Sunday, Nov 18 & 19 / Noon – 4 pm

Where: UCLA Health Century City, 10250 Santa Monica Bl, Rm 2440

Info: (310) 286-0122

WELLNESS (CONTINUED)

The Importance of Relaxation

Learn strategies and tips to become more relaxed and fully present every day.

When: Wednesday, Dec 13 / 6:30 – 8 pm

Where: Santa Monica Family YMCA, 1332 Sixth St

RSVP: (800) 516-5323

WOMEN'S HEALTH

Long-acting Contraceptive Devices

Amy Stoddard, MD, UCLA OB/GYN, will discuss intrauterine devices and contraceptive implants currently on the market with an emphasis on their safety when used in younger women.

When: Thursday, Nov 9 / 6:30 – 8 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Auditorium

RSVP: (800) 516-5323



RESEARCH AND TRIALS UCLA conducts research on a wide range of medical disorders. Go online to learn more information about opportunities to participate in research and clinical trials: uclahealth.org/clinical-trials

UCLA HEALTH 50 PLUS IS A FREE MEMBERSHIP PROGRAM that offers individuals age 50 and older access to educational lectures, exercise opportunities, information on community and health resources, a free community flu-shot clinic and other special events. To sign up, call (800) 516-5323.

5+ Tech Help for U

UCLA undergraduate students offer free one-on-one coaching to UCLA Health 50-Plus members. Bring your fully charged smartphone, tablet, laptop or e-reader to have your questions answered and get the most from your devices.

When: Saturday, Nov 4 / 9 am – Noon
Where: UCLA Medical Ctr, Santa Monica, Conference Rm 3
RSVP: (800) 516-5323

5+ Memory Training Course (Quarterly)

Learn practical memory-enhancing techniques in a course designed for people with mild memory concerns (not dementia).

When: Two hours per week, once a week, for four weeks
Where: Locations vary
Info & cost: (310) 794-0680 or sgoldfarb@mednet.ucla.edu

5+ Westside Walkers: Free Mall Walking Program

Walk indoors in the safety and security of Westside Pavilion. Sign in at Macy's storefront on level 2.5.

When: Tuesdays and Thursdays / 8 – 10 am
Where: 10730 W Pico Bl
Info: (800) 516-5323

5+ Stay Active and Independent for Life (SAIL)

Join the SAIL fitness and education program led by UCLA physical therapists and designed for healthy seniors. First-time participants must receive a physical therapy screening ahead of time.

When: Mondays and Thursdays / 10 – 11 am
Where: St. Monica Catholic Church, 725 California Av
Info & Enrollment: (424) 259-7140 or visit UCLA Rehabilitation at 1131 Wilshire Bl, Ste 200, between 8 am and 5 pm for a screening
Cost: \$40 per month (unlimited participation)

5+ Walk With a Doc

Join UCLA Health physicians for a healthy stroll.

When: Third Saturday of each month / 7:30 – 8:30 am
Where: Triunfo Community Park, 950 Aranmoor Av, Westlake Village (meet by the kids' play structure)
Info: uclahealth.org/walkwithadoc

5+ Senior Scholars

The UCLA Longevity Center invites adults 50 years of age or older to audit undergraduate courses taught by UCLA's distinguished professors.

When: Winter-session classes begin Jan 8 / Application deadline: Nov 3
Where: Locations vary by UCLA campus
Info: www.semel.ucla.edu/longevity or srscholars@mednet.ucla.edu or (310) 794-0679
Cost: \$150 per course

5+ Brain Booster (Ongoing)

Brain Booster will provide information on healthy aging research and exercises that can enhance overall cognitive function. Limited seating available. Sessions are 90 minutes.

Where: UCLA Longevity Ctr, 10945 Le Conte Av
Info & Cost: (310) 794-0680 or sgoldfarb@mednet.ucla.edu

5+ Brain Boot Camp (Ongoing)

This intensive course teaches healthy lifestyle tips to enhance memory ability for people with age-related memory concerns.

When: Classes start in October
Where: UCLA Longevity Ctr, 10945 Le Conte Av, Ste 3119
Info: (310) 794-6314 or mmoreno@mednet.ucla.edu
Cost: \$300

5+ Geriatrician for U

Learn when it is best to see a geriatrician for medical concerns, what types of assessments they conduct and how they work with the individual and family.

When: Tuesday, Nov 14 / 2 – 3:30 pm
Where: Belmont Village Westwood, 10475 Wilshire Bl
RSVP: (800) 516-5323

5+ Advance Health Care Planning

Learn how to communicate your health care wishes to your family and friends, appoint someone as your surrogate decision maker and review health care decision-making documents.

When: Wednesday, Nov 15 / 3 – 4:30 pm
Where: Santa Monica Public Library, 601 Santa Monica Bl, MLK Auditorium
RSVP: (800) 516-5323

5+ Osteoporosis: The Silent Disease

Pouyan Famini, MD, UCLA endocrinologist, will discuss risk factors, lifestyle modifications and other treatments for osteoporosis and low bone density to reduce the risk of bone fractures.

When: Wednesday, Nov 15 / 3:30 – 5 pm
Where: Belmont Village Encino, 15451 Ventura Bl, Sherman Oaks
RSVP: (800) 516-5323

5+ What Makes People Happy?

Learn how mental and physical well-being are related and ways the brain affects mental outlook. This workshop will focus on exercises and strategies for increasing happiness in your life.

When: Tuesday, Nov 28 / Noon – 1:30 pm
Where: Malibu Senior Ctr, 23825 Stuart Ranch Rd
RSVP: (800) 516-5323

5+ Healthy Eating

Aimee Ostick, MD, UCLA family medicine physician, will discuss how balance and consistency are key to a healthy diet.

When: Thursday, Dec 7 / Noon – 1:30 pm
Where: Malibu Senior Ctr, 23825 Stuart Ranch Rd
RSVP: (800) 516-5323

5+ Health Maintenance

As people age, it is vital to their well-being to understand basic health maintenance. This seminar will focus on preventive care, screenings and other health-maintenance guidelines to incorporate in your primary-care visits.

When: Tuesday, Dec 12 / 2 – 3:30 pm
Where: OASIS, inside Macy's, 10730 W Pico Bl
RSVP: (800) 516-5323



WEBINARS ON DEMAND If you missed one of our UCLA MDChat Webinars, visit our Webinars on Demand library to view programs led by UCLA physicians. For more information, visit: uclahealth.org/uclamdchat

405 Hilgard Avenue
Box 956923
Los Angeles, CA 90095-6923

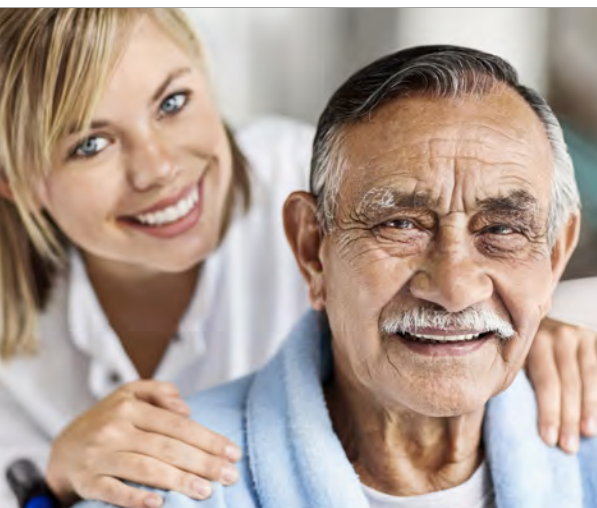
NONPROFIT
ORGANIZATION
U.S. POSTAGE


PAID

U C L A



U.S. News & World Report's Best Hospital Survey ranks UCLA No. 1 in Los Angeles and No. 7 in the nation.



power of 
Partners for Care

You have the power to make a difference! By making a gift to Partners for Care, you help us fulfill our mission to deliver outstanding, compassionate care to every patient who comes through our doors. Please consider becoming a healthcare hero today.

For more information or to make a gift to support Partners for Care, go to: uclahealth.org/PFC or contact the Health Sciences Development office at HSDAnnualGiving@support.ucla.edu.



For more information about Partners for Care, or to make a gift, go to: uclahealth.org/pfc or contact Brian Loew, director of development, Patient Programs, at (310) 794-7620

Vital Signs

FALL 2017 | VOL. 76

CHIEF COMMUNICATIONS AND
MARKETING OFFICER
Nancy Jensen

DIRECTOR,
MARKETING COMMUNICATIONS
Judi Goodfriend

EDITOR
David Greenwald

CALENDAR EDITOR
Tiffani Q. Mendinueto

MEDICAL EDITOR
Robert Oye, MD

CONTRIBUTORS
Robin Keats
Jeannette Moninger (Aha Media)
Lyndon Stambler
Nancy Steiner
Kathy Svitil

ADVISORY BOARD
Matteo Dinolfo, MD
Bernard Katz, MD
Janet Pregler, MD
Gary Small, MD

DESIGN
Donenfeld & Associates

Copyright © 2017 by UCLA Health.
All rights reserved.

For inquiries about *Vital Signs*, contact
UCLA Health
Marketing Communications, Box 956923
Los Angeles, CA 90095-6923
uclahealth.org
e-mail: VitalSigns@mednet.ucla.edu



Subscribe to *Vital Signs & Health Tips for Parents* electronically:
uclahealth.org/enews

uclahealth.org/getsocial      