

# Vital Signs

FALL 2013 | VOLUME 60

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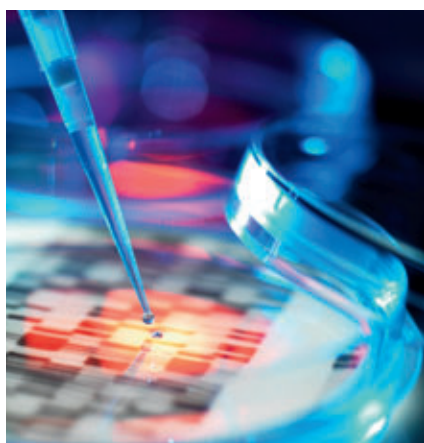
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## Genetic Testing Urged to Identify Potential Ovarian-Cancer Risk

When actress Angelina Jolie disclosed last spring that she had undergone a double mastectomy and intended to have her ovaries removed as prophylactic measures to reduce her risk of inherited breast and ovarian cancer, it put a prominent public face on the potential value of genetic testing and counseling. While genetic testing for breast cancer has received more attention, genetic testing for ovarian cancer is also important — particularly given the lack of an effective early screening test for the disease.

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## UCLA Health Selected for Medicare Savings Program

UCLA Health physicians are participating in a new care-coordination program called the Medicare Shared Savings Plan (MSSP), designed specifically for Medicare Fee-for-Service patients. The MSSP is sponsored by Medicare. This MSSP program is a type of Accountable Care Organization (ACO), which are groups of doctors, hospitals and other healthcare providers who come together voluntarily to provide coordinated, high-quality care to their Medicare Fee-for-Service patients. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors.



 To learn more about the program, go to: [uclahealth.org/ACO](http://uclahealth.org/ACO)

## U did it again

### Best in the West and No. 5 in the Nation

Once again, UCLA's hospitals in Westwood and Santa Monica have earned a place on the Honor Roll of *U.S. News & World Report's* "Best Hospitals 2013-14." UCLA Health is ranked No. 5 in the country and No. 1 in both California and the Los Angeles metropolitan area, and is among only 18 hospitals out of 5,000 nationwide named to the Honor Roll.

To find a UCLA doctor near you, call us at 1-800-UCLA-MD1 or visit [uclahealth.org](http://uclahealth.org).



## Join MDChat

UCLA MDChat Webinars offer the latest information on advances and treatments from expert physicians at UCLA. Our live-streaming webinars give you the opportunity to learn and ask questions.



Join the conversation on Twitter:  
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For more information, to register for an upcoming webinar or to view one previously recorded, go to: [uclahealth.org/uclamdchat](http://uclahealth.org/uclamdchat)

# Getting Vaccinated Is Best Way to Avoid the Flu

The U.S. Centers for Disease Control now recommends the vaccination for nearly everyone 6 months or older at the beginning of each flu season.

The annual flu vaccine is particularly important for those who are most likely to develop serious and potentially fatal complications from the flu, including anyone 65 or older; people with medical conditions, such as asthma, diabetes and chronic lung disease; pregnant women; and those who live with or provide care for these individuals. For people outside the high-risk groups, the flu vaccine is recommended for two reasons, notes Zachary Rubin, MD, UCLA infectious disease specialist. "You're not only protecting yourself, but you're also making it less likely that you will transmit influenza to those high-risk people in the community," he explains.

Dr. Rubin says many people fail to protect themselves by getting the shot. "Some people just forget. Others have misconceptions about the vaccine; they think they're going to get influenza from it, which is incorrect. The flu shot does not contain a live virus.

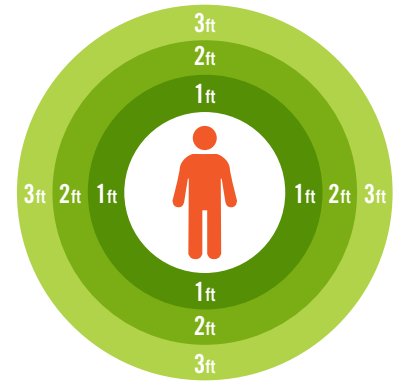
Because of the time of year that it's given, some people will catch a cold shortly after getting the shot and assume they got it from the vaccine, even though it's unrelated," Dr. Rubin says.

In addition to the shot, the vaccine can be delivered as a nasal spray. Because the nasal spray contains a live, though weakened, influenza virus, it can produce minor flu symptoms and is not recommended for individuals with asthma. Research shows that for children, the nasal spray is more effective than the shot.

Flu season can start as early as October and run as late as May, with the peak months typically in December, January and February. Dr. Rubin recommends getting the vaccine prior to the start of the season, keeping in mind that it takes about two weeks after the vaccination for the antibodies to develop.

## No, the Flu Vaccine CANNOT Give You the Flu

Despite some mistrust of vaccines by people, there is no evidence to suggest that vaccines cause autism or other developmental disorders in children. Likewise, the flu vaccine does not cause the flu. However, mild reactions such as soreness, headaches and fever are common side effects of the flu vaccine.



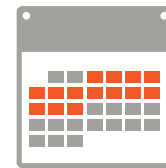
### Inflection Radius

Viral particles are spread every time an infected person sneezes. The flu virus can travel about three feet.

**226,000**  
hospitalizations



due to influenza in the U.S. each year



### When to Get Vaccinated

Get vaccinated as soon as the flu vaccine becomes available. Flu seasons

are unpredictable and can begin as early as October. **Early immunization is the most effective** — it takes about two weeks after vaccination for antibodies to develop in the body and provide protection. But it's not too late to get the vaccine in December, January or beyond.

## Where to Get Vaccinated

UCLA Health's Community Flu Shot Clinics will provide vaccinations for adults and children 5 years or older.

The shots are \$25 or billed to insurance, if covered.

Vaccinations are free to eligible patients who enroll in UCLA Health 50-Plus by October 12. For more information, call **(800) 516-5323** or visit [uclahealth.org](http://uclahealth.org).

### Porter Ranch

**Friday, October 18 / 1–4 pm**  
UCLA Porter Ranch Medical Group  
Primary Care & Specialties  
19950 Rinaldi Street, Suite 300  
(818) 271-2400

### Santa Monica

**Saturday, October 19 / 10 am–1 pm**  
**Tuesday, October 22 / 5–8 pm**  
UCLA Santa Monica Bay Physicians  
2424 Wilshire Blvd.  
(310) 828-4530

### Brentwood

**Saturday, October 19 / 1–4 pm**  
**Saturday, October 26 / 1–4 pm**  
UCLA Brentwood Medical Group  
Internal Medicine-Pediatrics  
11980 San Vicente Blvd., Suite 102  
(310) 208-7777

### Marina del Rey

**Sunday, October 20 / 10 am–4 pm**  
**Wednesday, October 23 / 5–8 pm**  
UCLA Playa Marina Urgent Care  
4560 Admiralty Way, Suite 100  
(310) 827-3700

# Relief from Severe Symptoms of Ménière's Disease May Include Lifestyle, Surgical Options

Ménière's disease is a disorder of the inner ear that affects balance and hearing. An estimated 615,000 people in the United States have the condition, and more than 45,000 new cases are diagnosed each year.

**A**lthough the signs of Ménière's disease rarely occur until people reach their 40s or 50s, the disorder may eventually result in debilitating symptoms that literally throw patients off balance.

"Ménière's patients may suddenly feel like the room is spinning around rapidly, sometimes for hours at a time," says neurotologist-otolaryngologist Akira Ishiyama, MD, UCLA head and neck surgeon. Such episodes of extreme dizziness (vertigo) are often associated with nausea and vomiting. "The symptoms can be so devastating that patients can no longer drive or work or participate in other normal activities," Dr. Ishiyama adds.

Ringling in the ear (tinnitus), feeling of fullness or pressure in the ear, fluctuating hearing loss and pain similar to migraine headaches are also associated with Ménière's disease. The timing of Ménière's episodes is unpredictable. Extreme symptoms can cause patients to lose their balance and fall. These episodes, known as "drop attacks," may result in serious injury.

"Patients say it feels like a giant hand comes from the sky and smashes them to the ground," says Dr. Ishiyama.

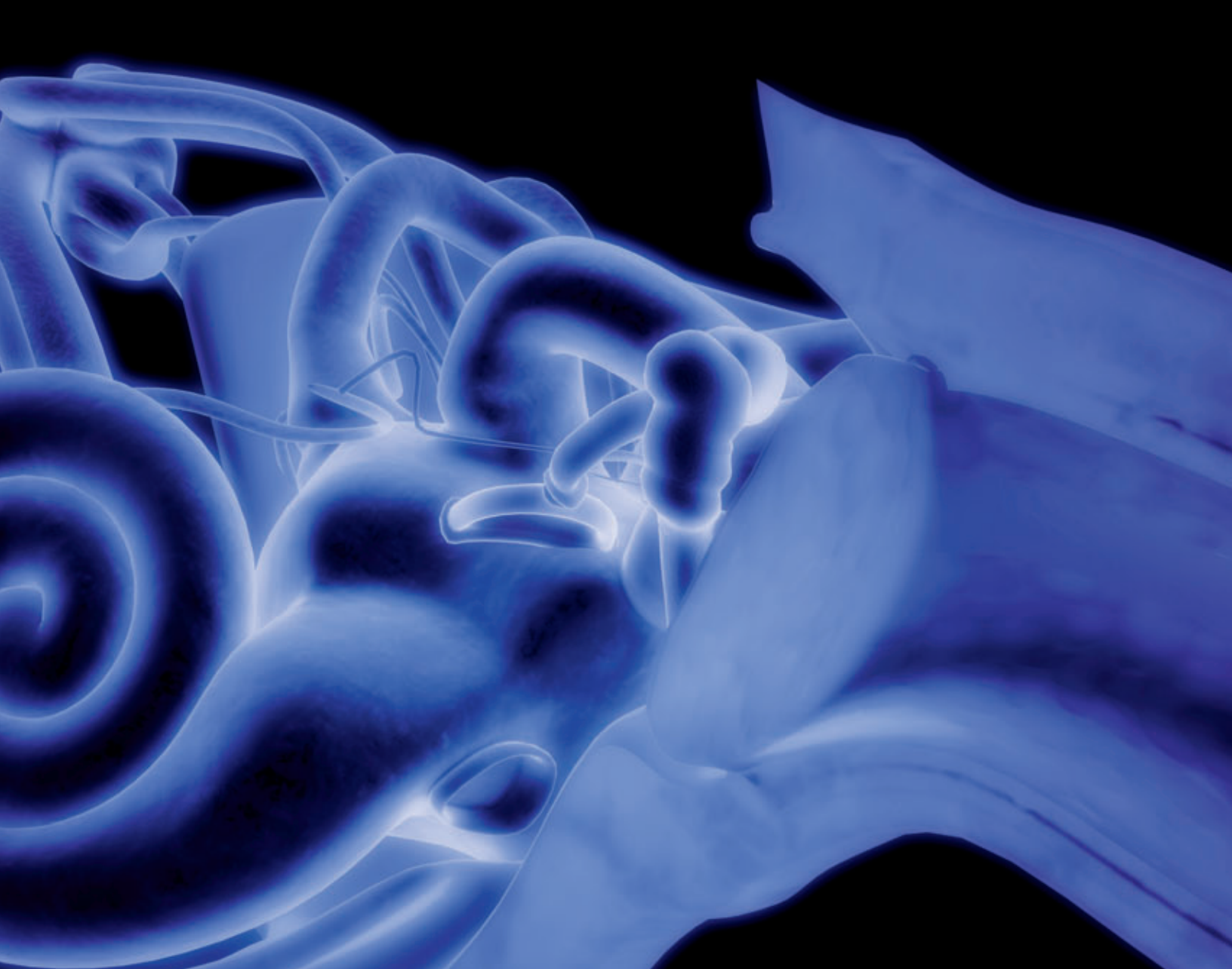
The exact cause of the disease is unknown and no cure exists. Symptoms of Ménière's disease result from the buildup of fluid in the compartments of the inner ear called the labyrinth. Diagnosis usually includes documentation of symptoms, a physical examination, hearing tests to establish the extent of hearing loss and imaging tests to rule out other diseases. At UCLA, a team of specialists including otolaryngologists (ear, nose and throat surgeons), neurologists and neurosurgeons work together to diagnose the disease and related disorders and to develop the most appropriate treatment plan.

According to Dr. Ishiyama, relief for some patients may be as simple as restricting salt intake and taking diuretics (water pills) to control water retention. Used in combination, this regimen is the most common long-term treatment for Ménière's disease. If this first-line treatment fails, however, medication to regulate inner ear fluid pressure, injections of antibiotics or corticosteroids into the middle ear to control vertigo, or surgical interventions may be required.

"Some patients can no longer tolerate their symptoms and choose more aggressive therapies to improve their quality of life," explains Dr. Ishiyama. Because Ménière's disease may cause permanent hearing loss, treatment varies on hearing function. For patients with good hearing, a surgical treatment to clip the vestibular nerve may be recommended, while surgical removal of a portion of the inner ear may be indicated for patients with poor hearing function. Both operations address vertigo. These procedures relieve symptoms in more than 95 percent of appropriate patients, according to Dr. Ishiyama. He cautions that a comprehensive evaluation to understand the nature and extent of the disease should always precede surgical intervention.



To watch a video about treatment for Ménière's disease, go to:  
[uclahealth.org/meniere](https://uclahealth.org/meniere)



## What is Ménière's Disease?

Ménière's disease is a chronic, incurable vestibular (inner ear) disorder, which produces a recurring set of symptoms as a result of abnormally large amounts of a fluid called endolymph collecting in the inner ear.

### Symptoms Include:

- Balance disturbance
- Dizziness and/or lightheadedness
- Headache and/or increased ear pressure
- Hearing loss and/or tinnitus
- Sound sensitivity
- Vague feeling of uneasiness

### During an attack of early stage Ménière's disease, symptoms include:

- Spontaneous, violent vertigo
- Fluctuating hearing loss
- Ear fullness and/or tinnitus

In addition to the primary symptoms, attacks can also include:

- Anxiety
- Blurry vision or eye jerking
- Nausea and vomiting, cold sweat, palpitations or rapid pulse, trembling

### Treatments Include:

- Reduced-sodium diet
- Medications
- Chemical labyrinthectomy
- Surgery

# Genetic Testing Urged to Identify Potential Ovarian-Cancer Risk

Continued from cover

Women with personal or family histories of ovarian cancer in first- or second-degree relatives are encouraged to seek genetic counseling and testing, says Erin O'Leary, a certified genetic counselor with UCLA's Jonsson Comprehensive Cancer Center. Also, women with strong family histories of breast cancer, especially breast cancer at young ages, or in male relatives, may benefit from testing. For women who have already been diagnosed, the testing can pinpoint the potential genetic cause so that family members can be tested for the same mutation to determine their risk for developing cancer and to make informed, proactive and preventative medical-management decisions.

For healthy women who are seeking counseling and testing because of a family history, a number of genetic factors known to predispose women to ovarian cancer are considered. The most

common are BRCA1 (the mutation for which Jolie tested positive) and BRCA2, which can increase a woman's lifetime risk for breast cancer to approximately 60 to 85 percent and for ovarian cancer to 15 to 40 percent. But O'Leary notes that ovarian-cancer risk is also tied to hereditary colon cancer and other genetic syndromes, and roughly 10 percent of patients who test negative for the BRCA mutation but have a strong family history will have a mutation in another gene associated with the disease.

Because as many as half of early stage, treatable ovarian cancers are not detected even by the most vigilant screening efforts, experts recommend that when testing indicates a woman is at a markedly high risk for ovarian cancer, she take preventative measures — removal of the ovaries and fallopian tubes after completing childbearing, ideally by the age of 40.

For the last several decades, the prognosis for ovarian cancer has remained largely unchanged. Efforts to detect the disease while it is still at an early, treatable stage continue to prove elusive, and little progress has been made in developing effective therapies. Now leading researchers in the field, including a group at UCLA, suspect they know why: they've been looking in the wrong place.

"We're learning that the most common and aggressive type of ovarian cancers, called serous tumors, originate not in the ovary but in the neighboring organ, the fallopian tube," says Sanaz Memarzadeh, MD, PhD, a UCLA gynecologic oncologist and researcher.

Much of the investigative effort is now focused on understanding the cells within which the tumors originate, which can lead to better biomarkers for early detection of disease. Dr. Memarzadeh and her colleagues recently identified a population of stem-like cells in a human fallopian tube. Guided by the profile of these cells, they are starting to isolate the most aggressive and regenerative cancer cells in human serous tumors, with the goal of targeting them for therapy.

**1 out of 71 women**  
will develop ovarian cancer  
in her lifetime.



**Every 24 minutes**  
marks another diagnosis  
of ovarian cancer in  
the United States.

## Risk of Cancer with BRCA1 and BRCA2 Mutations

Mutations in BRCA1 and BRCA2 lead to markedly increased lifetime risks for breast and ovarian cancer. Although the exact level of risk can vary among and within families, the current estimates of cancer risk for individuals who are positive for mutations in BRCA1 and BRCA2 are:

### For BRCA1

- Ovarian-cancer risk up to 21% by age 50, up to 54% by age 80
- Breast-cancer risk (in women) up to 39% by age 50, up to 81% by age 80
- Second primary breast-cancer risk (in women) between 40% to 64% by age 70; up to 20% risk of a second primary breast cancer within five years of the first

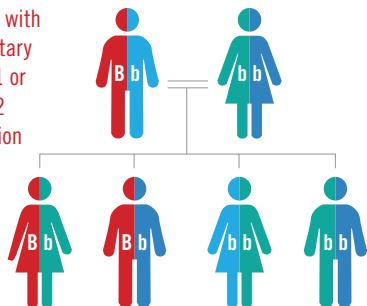
### For BRCA2

- Ovarian-cancer risk up to 2% by age 50, up to 27% by age 80
- Breast-cancer risk (in women) up to 34% by age 50, up to 85% by age 80
- Breast-cancer risk (in men) up to 7% by age 80
- Second breast-cancer risk in women up to 50% by age 70, up to 12% risk of a primary breast cancer within five years of the first

## Either parent can pass on BRCA1 or BRCA2 mutations

Mutations in the BRCA1 and BRCA2 genes are inherited in autosomal dominant fashion — offspring and siblings of known mutation carriers have a 50% chance of also having a mutation. Both male and female carriers of BRCA1 and BRCA2 mutations may pass these on to their offspring.

Father with hereditary BRCA1 or BRCA2 mutation



50% chance of inheriting mutation regardless of child's gender

## With New Device, Aortic-Valve Replacement Now Available to Inoperable and High-Risk Patients

A new procedure, transcatheter aortic-valve replacement (TAVR), enables doctors to replace damaged heart valves of patients who otherwise might not be candidates for open-heart surgery. TAVR allows doctors for the first time to replace the aortic valve in patients with aortic stenosis — narrowing of the aortic valve — without making an incision in the chest wall or requiring cardiopulmonary bypass.

Aortic stenosis occurs when calcium builds up over time on the leaflets of the aortic valve and causes them to stiffen and narrow. Calcification prevents the valve from opening fully and causes the heart to work harder to pump blood to the body. The most severe symptoms may include chest pain, shortness of breath, fatigue, fainting, irregular heartbeat or swollen ankles and feet. Left untreated, symptomatic patients are at higher risk for heart failure and death.

“Most people never notice any symptoms from aortic stenosis until it becomes severe,” says William Suh, MD, UCLA interventional cardiologist. “Unfortunately, once symptoms develop, survival rates drop significantly, so it is important to intervene quickly once symptoms appear.”

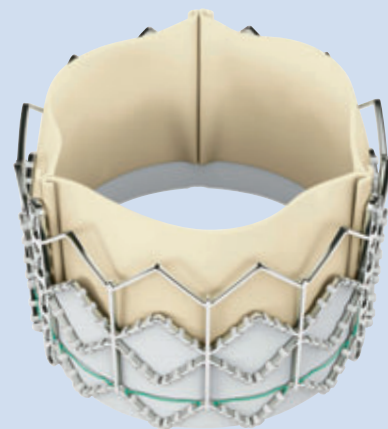
Open-heart valve replacement surgery is the standard treatment for aortic stenosis. However, many patients — particularly those who are older — are not candidates for open-valve replacement surgery because they have health conditions such as pulmonary disease, vascular disease, arrhythmias or previous surgeries that place them at higher risk for complications from open-heart surgery. For these patients, TAVR is an attractive alternative to surgery that has been shown to improve both survival and quality of life.

During TAVR, a metal stent with hand-sewn biologic leaflets is inserted via catheter through a small incision in the leg. The new valve is guided through the femoral artery

to the aorta and then expanded to replace the damaged native valve.

“In patients who are suitable candidates, the benefits are immediate,” Dr. Suh says. “Patients feel better, experience improved blood circulation and are at reduced risk for mortality compared to patients undergoing medical therapy.” Patients also recover faster and experience less pain and scarring compared to surgical aortic-valve replacement. However, there are some downsides to TAVR. Disadvantages include increased risk for paravalvular leak (a small gap between the native valve and the stent valve that allows blood to leak from the aorta to the heart and can lead to heart failure) and a slightly increased risk for stroke and bleeding complications.

“Some older patients may have concerns about undergoing surgery, but no patient is too old to be considered for this procedure,” says Dr. Suh. “TAVR can be performed safely and saves lives in appropriate patients.” UCLA was one of the first centers to offer TAVR following approval of the device by the Food and Drug Administration.



For more information about UCLA's Transcatheter Aortic-Valve Replacement (TAVR) Program, go to: [uclahealth.org/tavr](http://uclahealth.org/tavr)

# Revised Autism Criteria in New *DSM* Raises Concerns

The American Psychiatric Association's new *Diagnostic and Statistical Manual of Mental Disorders* fifth edition (*DSM-5*) includes significant changes in the criteria for diagnosing autism spectrum disorder that have raised concerns among parents and advocates. Neelkamal Soares, MD, a UCLA developmental-behavioral pediatrics specialist, discusses the revisions and their implications.

## Why is the *DSM* important?

All diagnosticians — primary care physicians, psychiatrists, specialists, psychologists, educators, et al. — rely on the *DSM* for diagnosing neurological and mental disorders. Clinicians look at the *DSM* and match the patient's symptoms with the criteria for diagnosis. It's important to note that the *DSM* does not provide any guidance on treatment; it is left to the professional organizations or physician groups to look at the evidence and develop treatment guidelines. But defining the diagnosis is important as a gateway to treatment for insurance purposes, from the public health perspective and for researchers. It can also impact eligibility for public services and self-identification for support groups and awareness organizations.

## What is different about *DSM-5*?

In the last 10 years, we have seen tremendous advances in imaging, genetic and other technologies that are allowing us to link theory with actual physical findings in a way we never could before. One of the major changes involves a lifespan developmental approach. This is an acknowledgment that many disorders exist throughout the life of an individual, but they express themselves differently at different ages. It used to be believed, for example, that autism was only present in children; now we know that not to be the case. We also now use questionnaires and other instruments to determine the severity of a disorder.



### What are the changes pertaining to autism?

In *DSM-IV*, five subtypes were listed under the umbrella of pervasive developmental disorders, or PDD. These were autism, Asperger's syndrome, pervasive developmental disorder, not otherwise specified (PDD-NOS), Rett syndrome and childhood disintegrative disorder (CDD). The problem was that it was hard to distinguish between them. In *DSM-5*, autism spectrum disorder (ASD) is a single category. In general practice, Rett syndrome and CDD were rare and thought to be quite different in presentation from ASD, so ASD is an umbrella term for what we previously referred to as autism, Asperger's and PDD-NOS.

A second major change involves the number of criteria individuals need to qualify for a diagnosis. In *DSM-IV*, there were three categories — social, communication and restrictive or repetitive behaviors. Social and communication have been combined into one category, social communication, and the second category, restrictive and repetitive behaviors, remains the same. What's important is that the criteria have become more stringent. For example, comparing *DSM-5* vs. *DSM-IV*, one now has to meet all three criteria under social (as opposed to two out of four), and two out of four for repetitive/restrictive (as opposed to one out of four). There is a concern that many people who have been thought to have autism won't meet the

more stringent criteria. For those who fall just outside of the autism spectrum, there is a separate diagnosis called social communication disorder, although it's not clear whether these individuals will be able to access the same types of services as those under the ASD diagnosis.

Finally, *DSM-IV* did not allow a diagnosis of attention deficit hyperactivity disorder for those who were in the PDD/autism category, and this led to children with symptoms of both who were being denied ADHD-related services. *DSM-5* removes the exclusion criteria, so now one can receive both diagnoses.

### What do these changes mean for people who have already been diagnosed?

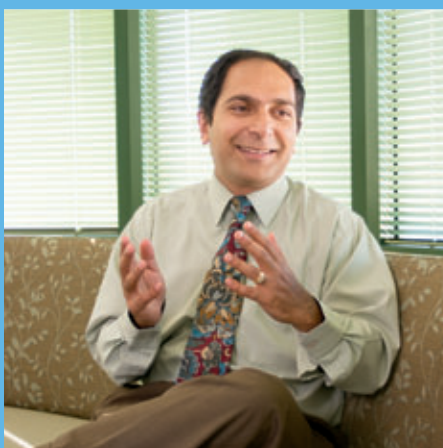
Generally, everyone who has already been diagnosed is thought to be "grandfathered" in, meaning already qualifying for the ASD category. The new criteria generally apply only to those who are being evaluated for the first time. However, it's possible that there may be those who want to reevaluate children who have previously been diagnosed to re-determine eligibility for services or to question previous diagnoses.

### Do you support these revisions?

For the most part, I do. The single diagnosis makes sense because it has been very hard to distinguish between autism, Asperger's

and PDD-NOS. I also agree with having the ADHD exclusion removed; that will open the door for these individuals to get the right medications and accommodations. There are pros and cons to making the diagnostic criteria more stringent. On the one hand, we don't want to over-diagnose, but on the other hand, who's to say that people who meet two out of the three social communication criteria don't have the same needs as those who meet all three? And these individuals might not get the same services if they don't meet the new diagnostic criteria. The bottom line is that this is a step on the journey. We are still learning about these disorders, and the criteria will undoubtedly continue to evolve in the next *DSM* version. Until then, we should work with families to understand the rationale behind these changes and advocate for them to the best of our abilities.

Defining the diagnosis is important as a gateway to treatment for insurance purposes, from the public health perspective and for researchers.



Neelkamal Soares, MD

# Kidney-Transplant Chains

## Help to Keep Patients and Hope Alive

An innovative program that exchanges the kidney from an incompatible family member or friend for a compatible kidney from a stranger is giving UCLA patients hope of being freed from the constraints of dialysis. “It’s a winning situation for everyone,” says Jeffrey Veale, MD, associate professor of urology and director of the UCLA Kidney Exchange Program. “Instead of waiting years for a deceased donor kidney, patients can quickly receive a living donor kidney — which in general lasts twice as long.”

A transplant chain begins when an altruistic donor gives his or her kidney to a recipient who already has a willing donor but that donor’s organ is incompatible. That recipient’s willing but incompatible donor then passes on the generosity to a different recipient, whose willing but incompatible donor does the same, keeping the chain alive. A specialized computer program run by the National Kidney Registry matches donors and recipients across the country.

UCLA has one of the world’s highest-volume kidney-transplantation programs and is the

most active chain transplantation center in the United States, performing 93 chain transplantations to date. “Besides getting people transplanted rapidly with the highest-quality organs, there’s a real humanity component to this program,” Dr. Veale says. “It’s beautiful to see people giving and receiving kidneys from complete strangers. The recipient usually doesn’t meet the donor until after the transplantation, and I feel extremely fortunate to often be the one who gets to make that initial introduction.”

Dr. Veale was senior author on a recent article that reported the results of 272 chain transplantations (the largest study to date). Approximately 50 percent of the chain recipients were female and 46 percent were ethnic minorities — two groups that have historically had a difficult time finding matches due to their naturally elevated antibody levels.

One of the factors driving the growth of chains is that donor surgery now is being performed laparoscopically, which is less invasive than an open surgery. In the past, donating a kidney

meant being hospitalized for up to a week; most of today’s donors leave the hospital the next day. Similarly, the amount of time donors would miss work in the past was two to three months; now it is typically only four to six weeks. With shorter recovery times for kidney donors, the relationship to the recipient has become more elastic. Originally, it was just family members who were able to donate, but over the years it has become acceptable for spouses, friends and now complete strangers to donate a kidney for transplantation.

In 2011, a chain intertwined the lives of 60 strangers and involved the donation of 30 kidneys across the country; UCLA handled 16 of the patients, the largest number of any participating hospital. “The chain transplantation program is truly remarkable, as it enables us to take the gift from a single altruistic donor and amplify it dozens of times,” Dr. Veale says.



For more information about the UCLA Kidney Exchange Program, go to: [transplants.ucla.edu/kidneyexchange](https://transplants.ucla.edu/kidneyexchange)

## How Chain Transplantation Works



# New Law Requires Noninvasive Test to Detect Life-Threatening Heart Defects in Newborns

“This test is important because not all newborns show symptoms of heart disease right away.”

Critical congenital heart defects (CCHDs) represent a group of life-threatening heart malformations requiring intervention within the first days or weeks after birth. Although heart abnormalities represent the most common form of birth defects, prenatal ultrasound identifies less than half of all cases of CCHD. Unfortunately, these defects can also be missed during routine newborn examinations.

In a move to catch more of these defects, a new California law requires all birthing facilities to perform a painless, noninvasive pulse oximetry screening test to evaluate newborns' blood-oxygen levels prior to discharge from the hospital.

“This test is important because some forms of CCHD cannot be detected by a routine physical exam in the first few days after birth,” explains UCLA neonatologist Jeffrey Smith, MD. “A baby with CCHD that is not detected in the hospital after birth can suddenly become critically ill at home and may die or suffer permanent injury before medical help can be obtained.”

Pulse oximetry, used in conjunction with a physical examination, is a simple procedure performed by placing a small probe on the baby's right hand and either foot to measure how much oxygen is being carried in the blood. The measurement, known as the oxygen saturation, is expressed as a percentage of the maximum amount of oxygen that the blood can carry. A baby passes the screening test if the oxygen saturation level is 95 percent or greater in the right hand or a foot, and

the readings differ by 3 percent or less. A reading below 95 percent may indicate the presence of heart or lung disease, infection or other problems. Misleading test results (false positives) are minimized if pulse oximetry is performed at least 24 hours after birth.

“Failing the test does not necessarily mean that a baby has CCHD, but it does mean that more testing is required,” says Mark Sklansky, MD, chief of pediatric cardiology and co-director of the Fetal Cardiology Program at Mattel Children's Hospital UCLA. If other conditions that would explain the low oxygen level are not identified, then echocardiography (cardiac ultrasound) and further cardiac evaluation are the next steps. Research suggests that pulse oximetry screening in combination with a routine physical examination makes it possible to identify, before hospital discharge, more than 90 percent of newborns with CCHD.

“When the diagnosis of CCHDs is delayed, babies are at increased risk for irreversible damage to the brain, kidney, heart and other

organs,” says Dr. Sklansky. “With early detection, we can intervene with critical medications, cardiac catheterization or open-heart surgery — all of which will not only save lives but also reduce preventable morbidity and optimize quality of life.”

Many hospitals, including UCLA, already provide pulse oximetry as a standard of care in their newborn nurseries. However, California hospitals are not required to perform the test in 100 percent of newborns until 2016. Drs. Sklansky and Smith recommend that parents request that the test be performed prior to hospital discharge if the hospital does not yet do so for all newborns.



To watch a video about screening newborns for critical congenital heart defects, go to: [uclahealth.org/newbornscreening](http://uclahealth.org/newbornscreening)



# Community Health Programs



## OCTOBER, NOVEMBER, DECEMBER 2013 COMMUNITY HEALTH PROGRAMS

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education and the prevention of illness and injury. Scan the QR code on the left with your smartphone or go to [uclahealth.org/calendar](http://uclahealth.org/calendar) for more information.

### ALZHEIMER'S DISEASE

#### Alzheimer's Caregiver Education Webinars

Join us for a free, live-streaming webinar series that addresses the needs and concerns of caregivers, loved ones and anyone touched by Alzheimer's disease.

**Caregiver Stress and Depression with Helen Lavretsky, MD, Geriatric Psychiatry**

**When:** Wednesday, October 16 / Noon – 1 pm

**Dementia: When It's Time to Stop Driving with Lindsay Embree, Neuropsychology Fellow**

**When:** Wednesday, November 20 / Noon – 1 pm

**Demencia (Spanish Webinar) with Xavier Cagigas, PhD, director, UCLA Cultural Neuropsychology Initiative**

**When:** Wednesday, December 18 / Noon – 1 pm

**Info:** [dementia.uclahealth.org](http://dementia.uclahealth.org)

### ASTHMA

#### Asthma and COPD: Understanding the Difference

Maryum Merchant, MD, UCLA pulmonologist, will discuss the nature, causes and treatment of asthma and chronic obstructive pulmonary disease (COPD).

**When:** Wednesday, October 16 / 12:30 – 1:30 pm

**Where:** Goebel Senior Adult Center, 1385 E. Janss Rd, Thousand Oaks

**RSVP:** (805) 381-2744

### BRAIN ANEURYSM

#### Brain Aneurysm Support Group

This support group is for patients diagnosed with an unruptured brain aneurysm, those having survived a ruptured aneurysm and all caregivers who have supported and taken care of these patients. Information and education regarding diagnosis, investigation, treatment options and recovery process will be discussed.

**When:** Saturday, October 19 & November 16 / 9:30 – 11 am

**Where:** Ronald Reagan UCLA Medical Center, 6th Fl, Conference Room 6236

**RSVP:** [nmclaughlin@mednet.ucla.edu](mailto:nmclaughlin@mednet.ucla.edu)

### CANCER

#### Cancer and LGBT Patients and Families

Allison L. Diamant, MD, MSHS, UCLA professor and internist, and Thomas J. Pier, MSW, LCSW, oncology social worker, Simms/Mann UCLA Center for Integrative Oncology, will discuss cancer risk factors unique to the lesbian, gay, bisexual and transgender (LGBT) community, highlight the importance of specialized screening/early detection for LGBT patients and those at risk, and the unique needs of and resources for LGBT patients diagnosed with cancer.

**When:** Tuesday, October 8 / 7 – 9 pm

**Where:** Ronald Reagan UCLA Medical Ctr, Room B130

**Info:** (310) 794-6644

#### Colon Cancer Screening

Rimma Shaposhnikov, MD, UCLA gastroenterologist, will discuss colon cancer – how the new screening guidelines affect you and your family, who needs to be screened, which procedures are available and when to follow up after the first colonoscopy.

**When:** Tuesday, October 22 / 1:30 – 3 pm

**Where:** Conejo Valley YMCA, 4031 N. Moorpark Rd, Thousand Oaks

**RSVP:** (800) 516-5323

#### Bladder and Urinary Tract Cancers

Stephen G. Wong, MD, UCLA oncologist, will review the signs, symptoms and treatments for bladder and urinary tract cancers.

**When:** Tuesday, October 29 / 7 – 8:30 pm

**Where:** Cancer Support Community – Benjamin Center, 1990 S. Bundy Dr, Ste 100

**RSVP:** (800) 516-5323

#### Sarcomas: Treating Rare Cancers with Targeted Therapy

Arun Singh, MD, co-director, UCLA Medical Oncology Sarcoma Program, will review the diagnosis, treatment and follow-up care of patients diagnosed with sarcomas. He will present the evolving biologic understanding of sarcomas and how these new insights are leading to the development of the next generation of therapies.

**When:** Tuesday, November 19 / 7 – 9 pm

**Where:** Ronald Reagan UCLA Medical Ctr, Room B130

**Info:** (310) 794-6644

### CANCER (CONT'D)

#### Look Good, Feel Better Class

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

**When:** Monday, December 2 / 2:30 – 4:30 pm

**Where:** 1821 Wilshire Bl, Ste 200, Santa Monica

**RSVP:** (800) 227-2345

#### Prostate and Other Male Cancers: Impact on Erectile Function and Quality of Life

Jonathan Bergman, MD, UCLA urologist/surgeon, will discuss how prostate and other male urologic cancer treatments impact quality of life, including symptom management, treatment options and decision making.

**When:** Tuesday, December 10 / 7 – 9 pm

**Where:** Ronald Reagan UCLA Medical Ctr, Room B130

**Info:** (310) 794-6644

#### Focal Therapy for Prostate Cancer

Mitchell Kamrava, MD, UCLA radiation oncologist, will discuss the rationale, techniques, clinical progress and controversies regarding treating less than the whole gland for prostate cancer.

**When:** Thursday, December 12 / 7 – 8:30 pm

**Where:** Cancer Support Community – Benjamin Center, 1990 S. Bundy Dr, Ste 100

**RSVP:** (800) 516-5323

#### FEATURED EVENT

#### DEMYSTIFYING CANCER: Overcoming Challenges & Winning the War

UCLA Health presents two free community forums featuring panelists from UCLA, the Cancer Support Community and other leading experts. UCLA's Dennis Slamon, MD, whose research led to the development of the breast cancer drug Herceptin, is the keynote speaker.

**When:** Wednesday, October 30 / 6 pm

**Where:** Ronald Reagan Presidential Library, Air Force One Pavilion, 40 Presidential Dr, Simi Valley

**When:** Wednesday, November 7 / 6 pm

**Where:** California Lutheran University, Lundring Events Ctr, 60 West Olsen Rd, Thousand Oaks

**Info & RSVP:** (818) 271-2484 or [cancerforum@mednet.ucla.edu](mailto:cancerforum@mednet.ucla.edu)

## CROHN'S DISEASE

### Crohn's Disease and Ulcerative Colitis

Christina Ha, MD, UCLA gastroenterologist, will discuss the symptoms, diagnosis and management of Crohn's disease and ulcerative colitis. She will identify potential flares and address the rationale behind the IBD therapies to help individuals better communicate with their physician and maintain adherence to treatment.

**When:** Saturday, December 7 / 10:30 am – Noon

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

**RSVP:** (800) 516-5323

## DIABETES

### Diabetes Care (ONGOING)

Participate in self-care workshops to learn important skills to help you manage your diabetes.

A physician referral is required. The workshops are covered by most medical insurance policies.

**Where:** Santa Monica and Westwood

**Info:** [uclahealth.org/diabetes](http://uclahealth.org/diabetes) or (310) 794-1299

## ETHICS

### UCLA Health Ethics Center

Tom Murray, PhD, senior research scholar, will discuss ethical issues regarding genetic testing. Lunch will be provided.

**When:** Thursday, October 17 / Noon – 1 pm

**Where:** Louis Jolyon West Auditorium, C8-183, Semel Institute (NPI)

## HAIR RESTORATION

### New Advances in Hair Restoration

Jeffrey Rawnsley, MD, UCLA head and neck surgeon, will present a live demonstration of the latest ways to recreate a natural hairline.

**When:** Wednesday, November 6 / 7 – 8 pm

**Where:** 200 UCLA Medical Plaza, Ste 550

**RSVP:** (310) 570-0244

## HEALTHCARE ADVICE

### Understanding Medicare

Learn what Medicare covers, what it doesn't cover, and how to fill in the gaps.

**When:** Monday, December 9 / 7 – 8:30 pm

**Where:** The Santa Monica Synagogue, 1448 18th St, Santa Monica

**RSVP:** (800) 516-5323

## HEART DISEASE

### Five Cutting-Edge Advances in Treating Heart Disease

Ravi Dave, MD, UCLA cardiologist, will discuss recent advances in preventing and treating heart disease that will change your life and the lives around you.

**When:** Thursday, November 7 / 7:30 – 9 pm

**Where:** Scherr Forum Theater, Thousand Oaks Civic Arts Plaza, 2100 E. Thousand Oaks Bl

**Tickets:** (805) 449-2700

### WomenHeart West Los Angeles

This peer-led support group is part of WomenHeart, a national coalition for women with heart disease. Sessions will provide peer support, advocacy and education by leading professionals in the field.

**When:** Mondays, October 7 / 7 pm

**Where:** UCLA Cardiac Rehab Center, 200 UCLA Medical Plaza, Ste 206C

**Info:** (310) 825-0014 or [womenheartwestla@gmail.com](mailto:womenheartwestla@gmail.com)

### Preventing Heart Disease

Heart disease is the leading cause of death in America, killing nearly one in four men and women. Jason Hove, MD, UCLA family medicine physician, will discuss causes and risk factors as well as strategies and tools for prevention and treatment of heart disease.

**When:** Tuesday, December 10 / 7:30 – 9 pm

**Where:** Torrance-South Bay YMCA, 2900 West Sepulveda Bl

**RSVP:** (800) 516-5323

## INFLUENZA

### Influenza Update

Benjamin Gilmore, MD, UCLA family medicine physician, will give an overview on the diagnosis, complications, treatment and prevention of influenza.

**When:** Thursday, December 5 / 10 – 11:30 am

**Where:** Sunrise of Playa Vista, 5555 Playa Vista Dr

**RSVP:** (800) 516-5323

## INTEGRATIVE MEDICINE

### Introduction to East-West Medicine

Eve Henry, MD, UCLA internal medicine physician, will explore the philosophy behind UCLA's East-West integrative medicine clinic. Topics include the role of nutrition, acupuncture and self-massage as methods to enhance wellness and prevent disease.

**When:** Thursday, October 17 / Noon – 1:30 pm

**Where:** Santa Monica Family YMCA, 1332 6th St

**RSVP:** (800) 516-5323

## INTEGRATIVE MEDICINE (CONT'D)

### Therapeutic Massage Treatment

Heather Palleiko, clinical specialist at the UCLA Center for East-West Medicine, will discuss integrative medicine and the role of therapeutic massage, and how self-care techniques can reduce tension and chronic low back pain.

**When:** Thursday, November 7 / 10 – 11:30 am

**Where:** Belmont Village, 10475 Wilshire Bl

**RSVP:** (800) 516-5323

## MEMORY CARE

### Memory Care

This weekly program is for both caregivers and people experiencing memory loss to learn memory techniques as well as strategies to lower stress and stimulate the mind and the body.

**When:** Tuesdays / 1 – 4:15 pm

**RSVP:** [ahoover@mednet.ucla.edu](mailto:ahoover@mednet.ucla.edu) or

[www.semel.ucla.edu/longevity/memory-care](http://www.semel.ucla.edu/longevity/memory-care) or (310) 794-6314

### FEATURED EVENT

### UCLA BRA DAY: Breast Reconstruction Awareness



The "Team Approach."

UCLA will be participating in the American Society Plastic Surgeons' BRA DAY USA movement. The goal is to provide women with information about breast reconstruction and related women's health issues. Reconstructive breast surgeons and other members of the UCLA health care team will present current and new approaches to breast reconstruction following mastectomy. Survivors and previvors will discuss their experience and provide peer support. A mini health fair will provide attendees with a wide variety of educational materials.

**When:** Wednesday, October 16 / 6 – 8 pm

**Where:** UCLA Tamkin Auditorium B-130, UCLA Ronald Reagan Medical Center

**RSVP:** (800) 825-2752 or [plasticsurgery@mednet.ucla.edu](mailto:plasticsurgery@mednet.ucla.edu)



**DID YOU MISS A LECTURE YOU WANTED TO ATTEND?** You can find videos of some of our past lectures by going to [uclahealth.org/programvideos](http://uclahealth.org/programvideos). Learn about hyperbaric medicine, urinary incontinence, mindful awareness or sleep disorders.

## MEMORY CARE (CONT'D)

### Brain Boot Camp

An intensive course that teaches healthy lifestyles and enhances memory ability for people with age-related memory concerns.

**Where:** UCLA Longevity Center, 10945 Le Conte Av, Ste 3119, Los Angeles

**Cost:** \$100 per session

**Info:** ahoover@mednet.ucla.edu or www.semel.ucla.edu/longevity/brain-boot-camp or (310) 794-6314

## MIDWIVES

### Planning Your Pregnancy and Birth with UCLA Midwives

Come and discuss pregnancy care and birth options, preparation for pregnancy, optimal prenatal care and how to create an individual birth plan with UCLA midwives.

**When:** Wednesdays, October 30 and December 4 / 6 – 7:30 pm

**Where:** Ronald Reagan UCLA Medical Ctr, Ste 6234

**RSVP:** sswolcott@mednet.ucla.edu

## MULTIPLE SCLEROSIS

### REACH to Achieve Program (ONGOING)

This weekly wellness program focuses on fitness, memory, emotional well-being, recreation and health education for individuals with multiple sclerosis.

**Where:** Marilyn Hilton MS Achievement Center, 1000 Veteran Av

**Info & Application:** (310) 267-4071

## NUTRITION

### Nutrition and Weight Loss: What You Need to Know

Amy Lee, MD, UCLA nutritional medicine physician, will give a general overview and basic nutrition education about weight gain during different stages of life. She will explore what you need to know to prevent weight gain.

**When:** Tuesday, November 12 / 5:30 – 7 pm

**Where:** Conejo Valley YMCA, 4031 N. Moorpark Rd, Thousand Oaks

**RSVP:** (800) 516-5323

## OSTEOARTHRITIS

### Osteoarthritis

Geraldine Navarro, MD, UCLA rheumatologist, will discuss the symptoms and diagnosis of osteoarthritis and will explore treatment options, including lifestyle modifications.

**When:** Wednesday, October 30 / 7 – 8:30 pm

**Where:** Calabasas Library, 200 Civic Center Way

**RSVP:** (800) 516-5323

## PITUITARY DISORDERS

### Pituitary Disorders Support Group

The UCLA Pituitary Tumor Program is sponsoring a free, informal support group that meets every other month to provide information, help and encouragement for those faced with pituitary conditions.

**When:** Wednesdays, November 20 / 6 – 7:30 pm

**Where:** 200 UCLA Medical Plaza, Ste 206

**RSVP:** pituitarysupportgroup@mednet.ucla.edu or (310) 825-5874 or pituitary.ucla.edu

## PODIATRY

### Bunion and Bunion Surgery

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

**When:** Tuesdays, October 15 and December 17 / 5:45 – 6:45 pm

**Where:** 2121 Wilshire Bl, Ste 101, Santa Monica

**RSVP:** (310) 828-0011 (dates subject to change)

### Heel and Ankle Pain

Gary Briskin, DPM, will discuss the common causes of ankle and heel pain, including plantar fasciitis, arthritis, tendonitis and tendon tears. Surgical and nonsurgical therapies, including arthroscopy and shockwave, will be explored.

**When:** Tuesday, November 19 / 5:45 – 6:45 pm

**Where:** 2121 Wilshire Bl, Ste 101, Santa Monica

**RSVP:** (310) 828-0011 (date subject to change)

## PROSTATE HEALTH

### Targeted Prostate Biopsy

Jess Le, MD, UCLA urology resident, will discuss targeted MRI-ultrasound fusion prostate biopsy. He will focus on indications for its use and advantages over standard biopsy techniques.

**When:** Monday, December 2 / 3 – 4:30 pm

**Where:** OASIS, Macy's 3rd Fl, 10730 W. Pico Bl

**RSVP:** (800) 516-5323

## TRIGEMINAL NEURALGIA

### Trigeminal Neuralgia (TN) Support Group

This support group is designed for patients diagnosed with TN and other facial pain syndromes and their families to learn about diagnosis, investigation and treatment options.

**When:** Saturday, October 19 & November 16 / 11:15 am – 12:30 pm

**Where:** Ronald Reagan UCLA Medical Center, 6th Fl, Conference Room 6236

**RSVP:** nmclaughlin@mednet.ucla.edu

## UTERINE FIBROID

### Uterine Fibroid Update

Simin Bahrami, MD, UCLA radiologist, will discuss minimally invasive therapy options, including MR Guided High Intensity Focused Ultrasound treatment for uterine fibroids.

**When:** Wednesday, December 4 / 6 – 7:30 pm

**Where:** The Santa Monica Synagogue, 1448 18th St

**RSVP:** (800) 516-5323

## VOLUNTEERS

UCLA Health is seeking volunteers. Please join us for an Open House and learn about our many volunteer opportunities. Refreshments and parking provided.

**When:** Tuesday, October 8 / 10 am

**Where:** Ronald Reagan UCLA Medical Ctr, Ste B791

**RSVP:** (310) 267-8180

**When:** Call for date and time

**Where:** UCLA Medical Center, Santa Monica

**Info:** (424) 259-8176

## WELLNESS

### Sleep Update

Gregory Bierer, MD, UCLA pulmonologist and sleep medicine physician, will give an overview of sleep disorders, including factors that lead to falling asleep, insomnia and sleep-related respiratory disorders, and how to develop healthy sleep habits.

**When:** Thursday, December 12 / Noon – 1:30 pm

**Where:** Santa Monica Family YMCA, 1332 6th St

**RSVP:** (800) 516-5323

### FEATURED EVENT

#### UCLA HEALTH DISTINGUISHED DOCTORS SEMINAR: Empowering, Engaging and Educating, What Every Rheumatology Patient Needs to Know

UCLA doctors Mihaela Taylor, MD, Ami Ben-Artzi, MD, Lawrence Taw, MD, and Stephen Sideroff, PhD, will present information about integrative treatment options for the management of arthritis, fibromyalgia and connective tissue disorders. Discussions regarding central pain syndrome in rheumatologic disorders and the importance of stress management, sleep, vitamins and integrative medicine to manage symptoms will be explored.

**When:** Saturday, November 16 / 9 am – 12:30 pm

**Where:** UCLA Medical Center, Santa Monica 1250 16th St, First Floor, Main Auditorium

**Suggested donation:** \$50 per person / \$40 per person for students, seniors, UCLA staff and UCLA 50-Plus Members

**RSVP:** (310) 582-6355 or ssanchez@mednet.ucla.edu



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**UCLA HEALTH 50-PLUS IS A PROGRAM** offering educational lectures, a walking program, information on community and health resources, membership amenities, a free community flu shot clinic, and special events. To sign up as a member, call (800) 516-5323.



#### FEATURED EVENT

#### HEALTH SCREENINGS AS WE AGE

Physicians, health educators, and community health workers will discuss good health and wellness. SRS will discuss other tests.

**When:** Thursday, October 24 / Noon – 1 pm  
**Where:** Malibu Senior Center, 23825 Stuart Ranch Rd  
**RSVP:** (800) 516-5323

#### 50 Senior Scholars

(ONGOING)

Choose from hundreds of classes each quarter and learn from UCLA's most distinguished professors while enjoying an intergenerational experience with bright undergraduate students. Registration deadline for winter quarter ends December 6, 2013.

**Where:** Locations vary on UCLA campus  
**Cost:** \$150  
**Info:** [srscholars@mednet.ucla.edu](mailto:srscholars@mednet.ucla.edu) or (310) 794-0679 or [longevity.ucla.edu](http://longevity.ucla.edu)

#### 50 Memory Training Course

(ONGOING)

Learn practical memory-enhancing techniques in this four-week, two hours each week course. The program is designed for people with mild memory concerns and not for those with any form of dementia. Morning, evening and Saturday courses available.

**Where:** Locations vary  
**Info & Cost:** (310) 794-0680 or [sgoldfarb@mednet.ucla.edu](mailto:sgoldfarb@mednet.ucla.edu) or [longevity.ucla.edu](http://longevity.ucla.edu)

#### 50 Westside Walkers: Free Mall Walking program

Sign in at Macy's storefront on level 2.5, Westside Pavilion on Pico Bl, between Overland Av and Westwood Bl, West Los Angeles.

**When:** Tuesdays and Thursdays / 8 – 10 am  
**Info:** (800) 516-5323

#### 50 Vaccinations for Older Adults

Learn which vaccinations are recommended for older adults for disease prevention and to maintain good health and vitality.

**When:** Tuesday, October 15 / 2:30 – 4 pm  
**Where:** Sunrise of Santa Monica, 1312 15th St  
**RSVP:** (800) 516-5323

#### 50 Lowering Your Risk of Alzheimer's Disease

Joshua Grill, PhD, UCLA neuroscientist, will discuss the most recent research pertaining to risk factors for Alzheimer's disease and dementia and steps that individuals can take to lower that risk.

**When:** Monday, October 21 / 6 – 7:30 pm  
**Where:** OPICA, 11759 Missouri Av, Los Angeles  
**When:** Wednesday, November 13 / 1 – 2:30 pm  
**Where:** Culver City Senior Center, 4095 Overland Av  
**RSVP:** (800) 516-5323

#### 50 Zumba Gold

Zumba Gold is a popular dance-exercise workout using Latin and international dance rhythms designed specifically for the active older adult participant. Get in shape, burn calories and have a blast!

**When:** Tuesday, November 5 / 12:30 – 1:30 pm  
**Where:** YWCA Santa Monica / Westside, 2019 14th St  
**RSVP:** (800) 516-5323

#### 50 Planning for the End of Life

Learn about advance healthcare directives, palliative care and hospice care.

**When:** Tuesday, November 12 / 2 – 3:30 pm  
**Where:** Westside Family YMCA, 11311 La Grange Av  
**RSVP:** (800) 516-5323

#### 50 Cancer in the Elderly

Melissa Cohen, MD, UCLA oncologist and geriatrician, will give an overview of cancers in older adults, including prevention, diagnosis and treatments.

**When:** Wednesday, November 13 / 6:30 – 8 pm  
**Where:** Sunrise of Westlake Village, 3101 Townsgate Rd  
**RSVP:** (800) 516-5323

#### 50 Foot Problems as We Age

Learn about common foot problems in older adults and how to treat them.

**When:** Tuesday, November 19 / 2:30 – 4 pm  
**Where:** Sunrise of Santa Monica, 1312 15th St  
**RSVP:** (800) 516-5323

#### 50 Sleep Changes as We Age

Andrea Shaw, MD, UCLA internal medicine physician, will discuss changes in sleep patterns as we get older and how to get a good night's sleep.

**When:** Monday, December 9 / Noon – 1 pm  
**Where:** Malibu Senior Center, 23825 Stuart Ranch Rd  
**RSVP:** (800) 516-5323

#### 50 Fall Prevention

Learn about risk factors that cause falls and how to prevent them.

**When:** Tuesday, December 17 / 2:30 – 4 pm  
**Where:** Sunrise of Santa Monica, 1312 15th St  
**RSVP:** (800) 516-5323

#### FEATURED EVENT

#### FITNESS U

UCLA Health invites you to "Fitness U," a day to get moving toward better health. ~~Free health screenings, seminars, yoga~~ ~~and health education, exhibits and~~

**When:** Thursday, October 26 / 10 am – 1 pm  
**Where:** UCLA Medical Center, Santa Monica Conference Center + Harman Garden Plaza, 1250 16th St (Free parking in the hospital parking structure located at 1311 16th St)  
**Info & RSVP:** (800) 516-5323

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U.S. News & World Report's  
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UCLA Medical Group awarded  
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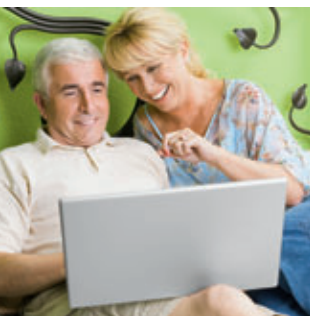
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