

# VitalSigns

A RESOURCE FOR YOUR HEALTH

## UCLA Designated Center for Heart Attacks

Time and technology are keys to surviving a heart attack. The faster patients reach a full service hospital with a complete range of cardiac care equipment and capabilities, the more likely they will survive and return to health, work and family.

The Los Angeles County Department of Health Services has certified the emergency rooms at UCLA's Westwood and Santa Monica hospitals as receiving centers, or target hospitals for victims of high-risk ST-elevation myocardial infarctions (STEMI).

A STEMI occurs when blood flow to the heart is blocked by the build-up of plaque or a blood clot in one or more key arteries feeding

the heart muscle. Variations in the ST segment of an electrocardiogram are clues for paramedics, doctors and technicians.

"Time is of the essence. Once the heart muscle is starved of oxygen and other nutrients it begins dying," said Richard J. Shemin, M.D.,

chief of cardiothoracic surgery at UCLA. "The sooner you recognize the symptoms and get the vessel open, the sooner you're able to restore full blood flow to the heart, minimize damage and reduce the risk of death."

When county paramedics

*Continued on page 2*

## Brain Tumor Options Hold Promise

**Recent advances in surgical and post-surgical treatments for malignant brain tumors are bringing promising new options to patients for a cancer that has traditionally been among the most difficult to treat.**

"Diagnosis of a brain tumor should never be considered a hopeless situation," says Linda Liau, M.D., Ph.D., UCLA neurosurgeon. "More options are available for these patients than ever before."

Brain cancer, diagnosed in approximately 20,000 people each year in the United States, is typically treated with a combination of surgery and adjuvant therapy—including radiation, chemotherapy and, more recently,

targeted agents and other approaches tested in clinical trials. The challenge for surgeons has been to remove as much of the tumor as possible while operating in difficult-to-navigate sites, and without interfering with critical areas that affect language and motor skills. "Studies have shown that the less tumor we leave behind, the better patients do, because the subsequent adjuvant treatment can be more effective," Dr. Liau says.

Improved imaging techniques, used at major centers such as UCLA, make it easier for surgeons to remove more of the tumor. Experts at the UCLA Brain Mapping Center

*Continued on page 2*

INSIDE

3  
4  
5  
6  
7

# Donor Hearts For Transplant Kept Beating Longer

The experimental system also holds promise for transporting kidneys and livers for transplant

A new mode of delivering donor hearts for transplant may put traditional methods on ice. The new system simulates conditions of the human body to allow physicians to transfer warm, beating donor hearts for transplant across long distances. The system also holds promise for transporting kidneys and livers for transplant.

Heart transplant doctors are hopeful the system will increase the amount of time an organ can remain outside the body, better maintain organ health, provide surgeons with an opportunity to assess organ function and increase the availability of viable transplant organs. UCLA is one of five medical centers nationwide and the only one in the western United States involved in the Phase I clinical trial.

“We believe this technology holds promise to enhance heart transplant and possibly other solid organ transplant programs here and around the world,” says Abbas Ardehali, M.D., director of UCLA’s Heart, Lung and Heart/Lung Transplant Program.

Donor organs traditionally are iced in coolers for transfer to recipients and maintain viability for about eight hours outside the body. In the clinical trial, the organ is connected to a pulsating pump that oxygenates donor blood from an internal gas supply and circulates the blood through the warm, still-beating heart. Early tests show the system will maintain organ viability for at least 24 hours.

## STEMI

continued from page 1

identify STEMI victims through a field electrocardiogram (EKG), they are trained to bring those patients directly to the nearest STEMI receiving center.

STEMI receiving centers house a round-the-clock cardiac catheterization team and full percutaneous cardiac intervention (PCI) capability necessary to quickly clear the blockage, usually with a balloon to keep the artery open. UCLA also offers the advantage of 24/7 cardiothoracic surgery capabilities at both UCLA medical centers, notes Curtis Hunter, M.D., director of cardiac surgery at Santa Monica-UCLA Medical Center and Orthopaedic Hospital.

The goal is to open the artery within 90 minutes of the onset of symptoms

Dr. Shemin notes, “Our emergency teams are trained to move these patients rapidly through the system so that our average door to balloon time is better than the standard for STEMI certification.”

## Brain Tumor

continued from page 1

use functional magnetic resonance imaging (fMRI) to provide surgeons with three-dimensional maps showing tumor location and which parts of the patient’s brain affect language and motor functions. Diffusion tensor imaging, a newer technique that maps out the brain’s white matter, enables surgeons to remove tumor cells in areas that would not be possible by traditional MRI. These technologies can be incorporated at the time of surgery with intra-operative MRI.

“These techniques give us what amounts to a GPS system for the brain, allowing us to feel more confident during the surgery about where we are and how to get to where we need to go,” Dr. Liau says.

Advances are also being made in adjuvant treatments. Computer guidance helps radiation therapists go further in safely killing brain tumor cells than they could in the past. With less residual disease from better surgery and radia-

tion, chemotherapy drugs are more likely to be effective. So-called targeted agents, many of them available only through clinical trials, tend to be less toxic than traditional chemotherapy and more precise in attacking tumor cells while sparing normal cells.

### Brain Tumor Vaccine Tested

UCLA neurosurgeon Dr. Linda Liau is recruiting patients with newly diagnosed glioblastoma, considered the most aggressive brain tumor, for a Phase II multi-center clinical trial of a brain tumor vaccine.

If proven safe and effective, the vaccine would be used after surgery and in conjunction with adjuvant treatment in an effort to prevent the tumor from recurring. Outcomes of the Phase I trial have been promising, according to Dr. Liau, who helped to develop the vaccine.

## Flexibility Added to Spine Surgery

**A new device to treat spinal stenosis that allows movement of the spine is now offered at UCLA, one of only five centers in the nation participating in a pilot study.**

Instead of permanently joining (fusing) vertebrae with metal rods and screws and therefore restricting movement, the new procedure uses the Anatomic Facet Replacement System (AFRS) device that attaches to each of two adjacent vertebrae with a movable joint that mimics the spine's natural joint.

"Joining the vertebrae with the AFRS adds stability but does not impair mobility as spinal fusion does," explains Jeffrey C. Wang, M.D., co-director of the UCLA Comprehensive Spine Center at Santa Monica-UCLA Medical Center and Orthopaedic Hospital.

Spinal stenosis occurs when narrowing in the spine puts pressure on the spinal cord or the nerves that attach to the spinal cord. The standard therapy is a decompression procedure in which bone is removed from the affected vertebra to make room for the spinal cord and

nerves. This weakens the joint between vertebrae and sometimes leads to the need for spinal fusion.

"Surgeons have always had to weigh the need for adequate nerve space against the risk of losing spine mobility when deciding how much bone to remove when treating spinal stenosis," states Dr. Wang. "With AFRS, we can feel free to remove as much bone as necessary to treat the stenosis without having to balance that against the desire to avoid a fusion procedure."

Because AFRS does not involve a bone graft, the procedure can be performed with a smaller incision than spinal fusion, resulting in less postoperative pain and a faster recovery. The AFRS procedure is reversible. If the patient's condition worsens over time, the device can be removed and a spinal fusion performed.



To view a video about spinal surgery, go to [streaming.uclahealth.org/spine](http://streaming.uclahealth.org/spine)

## Clinical Trials Target Women with Lung Cancer

**The death rate from lung cancer among women has increased 600 percent in 50 years**

Lung cancer has traditionally been associated more with men than with women. Unfortunately, if the perception hasn't necessarily changed, the reality has. "Over the last 50 years, the death rate from lung cancer among women has increased by about 600 percent," says Jay M. Lee, M.D., UCLA thoracic surgeon. "It's a staggering statistic that is unparalleled by other cancers."

More women die from lung cancer than from any other cancer—far more than from breast and gynecologic malignancies combined, Dr. Lee notes. Although men continue to be diagnosed with the disease in greater numbers, the gap has narrowed dramatically in recent years, reflecting differences between the sexes in smoking trends.

"The vast majority of lung cancer patients have a history of smoking," says Edward Garon, M.D., UCLA hematolo-

gist-oncologist. "Historically, men have smoked at higher rates than women. But the last couple of decades has seen a much sharper decrease in smoking among men than among women, and that trend is now being reflected in lung cancer rates."

Smoking rates aside, women also appear to be more susceptible to getting lung cancer than men, according to Dr. Lee. The UCLA Lung Cancer Program, part of UCLA's Jonsson Cancer Center, is currently investigating gender differences in tumor biology and genetic events that might provide an explanation. Women appear to be more likely to respond to the new targeted therapies that are coming to fruition. This is particularly the case among non-smoking women with lung cancer, who have fared the best on the recently approved targeted drug erlotinib.

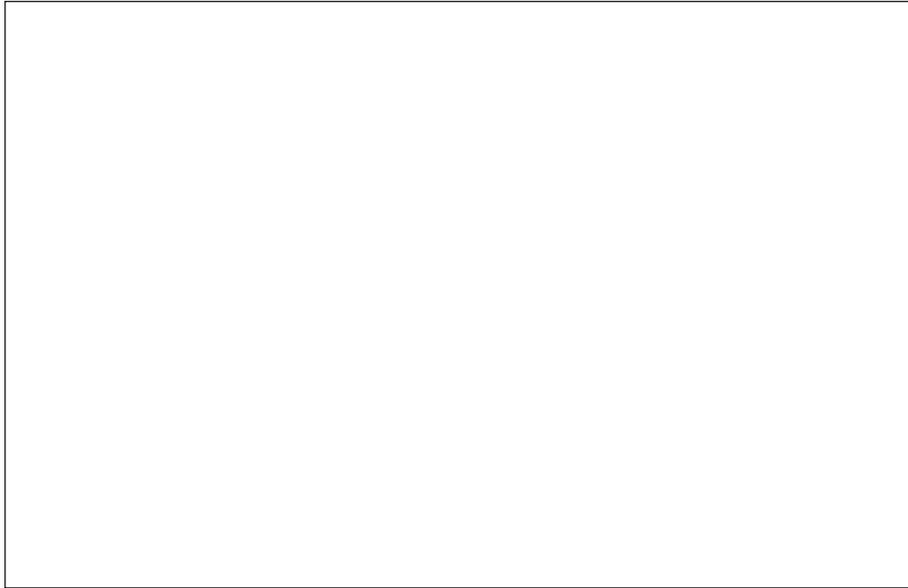
"We feel strongly that the outcome with conventional therapies is insufficient and that clinical trials will help us gain insights that will allow us to improve treatment in the future," says Dr. Garon. "Women with lung cancer should be aware that clinical studies are available, some of which specifically target women, or that seem more likely to be effective in women, and they should evaluate those among their treatment options."

The treatment of lung cancer has become increasingly complex, involving different combinations of surgery, chemotherapy and radiation therapy, along with experimental treatments offered in clinical trials, Dr. Lee notes. For this and other reasons, he recommends that lung cancer patients seek the type of multidisciplinary treatment approach offered at a cancer center.

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## Detecting Heart Conditions in the Student Athlete

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A comprehensive preparticipation evaluation is recommended for every student athlete and should include questions about such symptoms as fainting or near-fainting associated with exercise; exertional chest pain, tightness, or discomfort; excessive exertional shortness of breath or fatigue; and a history of a heart murmur.

If concerns arise during the evaluation, Drs. Lee and DiFiori say, the student athlete should undergo a screening electrocardiogram and echocardiogram, which can confirm or rule out a diagnosis of HCM and many other congenital or acquired heart conditions.

A child diagnosed with HCM should be restricted from participating in most competitive sports, but may participate in some low intensity sports, such as golf. “We want these children to live long, happy lives, and the best way to ensure that is to manage their disease while allowing them to continue as engaged members of their schools and community,” Dr. DiFiori says.

Treatment of HCM may include beta blockers, surgery or implantation of an internal cardiac defibrillator (ICD).

Tragic stories of young athletes dying suddenly while training or competing can leave parents wondering about their own child’s risks. In most cases, this rare cause of death results from sudden cardiac arrest brought on by an unsuspected congenital heart abnormality called hypertrophic cardiomyopathy (HCM)—an excessive thickening of the wall of the heart’s left ventricle, which,

when stressed by exercise, can cut off blood flow and cause the heart to stop.

“The symptoms are usually silent and therefore generally not picked up on a routine examination,” says UCLA cardiologist Michael Lee, M.D. However, cautionary signs may point to the need for further medical evaluation, explains John DiFiori, M.D., UCLA sports medicine specialist.

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## Asians at Higher Risk for Hepatitis B and Liver Disease

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A new UCLA center for treating liver disorders is making an appeal to Southern California’s large Asian American community, whose members are particularly vulnerable to hepatitis B and the damage it can cause if not diagnosed and treated.

More than half of the approximately 1.5 million known hepatitis B carriers in the United States are Asian and Pacific Islanders. When left untreated, the virus leads to liver cancer or cirrhosis—scarring of the liver that can result in liver failure—in as many as one in four individuals.

Hepatitis can be transmitted by unprotected sex and sharing needles for IV drug use or tattoos, but it is most commonly passed among Asians from mothers to their infants in the birthing process. “Because the virus is so common in Asia, and most women are not aware that they are carriers, they transmit it to their infant,” explains Steven-Huy Han, M.D., director of the UCLA Asian Liver Center, part of the Pflieger Liver Institute. “Since babies have an undeveloped immune system, when the virus is passed down they almost always become chronic carriers, and by adulthood they are at risk of developing liver cancer or cirrhosis, even if they feel healthy.”

In fact, most chronic hepatitis B carriers experience no symptoms until their liver has been significantly damaged. Thus, Asians need to be tested so that, if they are carriers, they can be monitored and treated. “Six FDA-approved treatments for hepatitis B help minimize the risks of liver damage, but these treatments are underutilized,” says Dr. Han. “We need to get the word out.”

The Asian Liver Center seeks to overcome traditional barriers that have prevented Asian patients, particularly recent immigrants, from seeking testing or treatment. Besides offering comprehensive, state-of-the-art surgical and medical care for all liver disorders, the center is easily accessible to Asian communities. The center is staffed by Asians who speak the native language of most of the patients, and the majority of the physicians are Asian. A website enables patients to make appointments online or simply seek information about their ailment. As part of its outreach effort, the center’s physicians and staff members go into Asian communities to consult. Says Dr. Han: “We want to develop a level of trust so that we can be seen as an important resource for doctors and patients.”

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## Best Addiction Programs Based on Sound Evidence

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**Widespread coverage of celebrity trips to rehab has focused increased attention on drug and alcohol addiction treatment. UCLA addiction medicine experts stress that individuals looking into a program for themselves or a loved one should make sure that the one they select is taking an approach that is supported by scientific research.**

“Anyone can set up a residential treatment center, regardless of whether they have any special training or expertise,” notes Roger A. Donovanick, M.D., UCLA psychiatrist and addiction specialist. “Many of these programs employ treatments that the people running the center may feel good about, but that are not based on any scientific evidence. People should be looking for a treatment approach that has evidence to support it.”

Addiction treatment is broken into three stages: the initial detoxification, rehabilitation and continuing care. Detoxification, for those who require it, takes a medical approach to stabilizing the addicted individual in preparation for treatment. Under the supervision of health professionals, usually in a hospital over a period of several days, patients are given medications to ease the physical discomfort of withdrawal from drugs or alcohol.

The rehabilitation phase—often a combination of residential care, followed by intensive or outpatient care for 90 days or longer—teaches recovering individuals and their family members skills and information to help them address the challenges of establishing a sound recovery program. “Some people need the structure of a residential facility for the initial part of treatment, while others can do well in an outpatient setting,” says Dr. Donovanick. (UCLA offers inpatient detoxification and an outpatient clinic, as well as a close working affiliation with Matrix Institute of Addiction,

an internationally renowned intensive outpatient program.)

Richard Rawson, Ph.D., associate director of UCLA Integrated Substance Abuse Programs notes, “A program should focus on helping the addicted person learn how drugs and alcohol have changed his or her brain and how specific lifestyle changes can promote long-term recovery. Effective treatment includes engaging an addict’s family and support system as well as treating the patient with medication and cognitive therapy.”

Addiction is a disease marked by relapse, which is why the third stage of treatment—continuing care services that monitor the emotional health of recovering addicts, reinforce their lifestyle change and support their recovery program—is so important.

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## Eczema Controlled with Moisture and Avoiding Triggers

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Like other allergic diseases, atopic dermatitis—also called eczema—is becoming increasingly common among children: An estimated 15 percent of children are diagnosed with the chronic skin disorder condition, with symptoms commonly beginning in infancy, and in most cases appearing by age 2.

Eczema usually starts with some mild patches on the face or in the folds of the arms or behind the knees. Mild manifestations include redness and scaling; in more severe cases it covers much of the body. The dry skin can become so irritated, especially from scratching, that the skin can break, leading to infections.

Certain foods, including eggs, milk, peanuts, soy and wheat, are often asso-

ciated with the immunological reaction that triggers these symptoms, particularly in infants; common allergens such as dust mites and dander from furry animals can also be responsible. A skin or blood test will often detect the culprit. “In more than 70 percent of patient with eczema, we can detect a food allergy,” says Maria Garcia-Lloret, M.D., a UCLA pediatric allergist and immunologist.

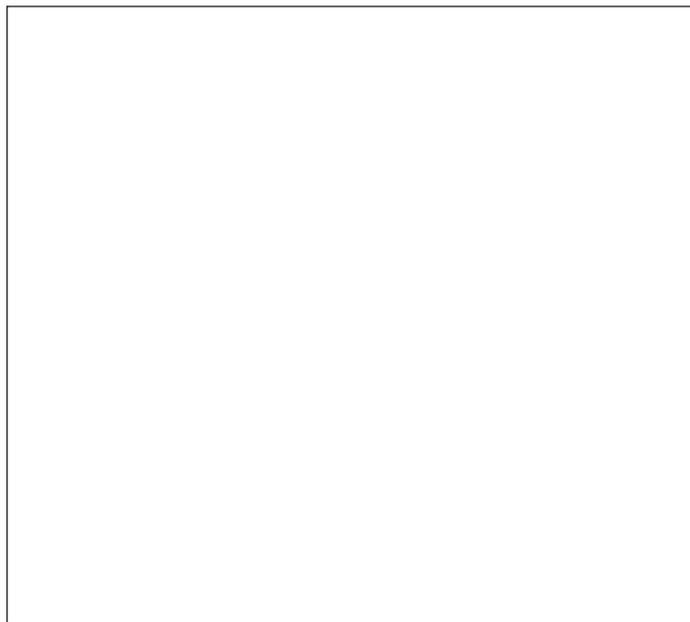
Avoidance of foods that cause the allergic reaction can be helpful, she explains, but it must be accompanied by intensive skin treatment and avoidance of other triggers. Chemicals, fragrances and certain fabrics such as wool or synthetics can all exacerbate the problem, as can infections caused by bacteria

getting into the open skin. Heat also tends to worsen the symptoms, so parents are urged to keep room temperatures cool.

The first line of treatment for eczema is to keep lubricated with simple skin creams. “We recommend daily bathing with just a little bit of simple soaps to get rid of the bacteria on the skin, followed by topical medications,” says Robert L. Roberts, M.D., who heads the UCLA Pediatric Skin Allergy/Eczema Clinic. For more severe cases, a short regimen of topical steroids or other anti-inflammatory medications may be warranted. Most children outgrow the condition by age 3 years, but proper care of eczema can help prevent progression to other allergic problem.

# Influenza Season Brings Up Vaccination Decision

Annual vaccine recommended as best way to reduce the risk of getting sick from the flu



“An annual vaccine is the single most effective preventive measure one can take to avoid getting sick from flu,” says Zachary Rubin, M.D., an infectious-disease specialist at Santa Monica-UCLA Medical Center and Orthopaedic Hospital. Influenza kills more than 36,000

people in the U.S. and sends more than 200,000 people to the hospital each year—mostly adults over the age of 65 and children under 2 years old.

Vaccination is particularly recommended for those at increased risk of serious complications of the flu (see

box). “By protecting ourselves we protect those around us,” Dr. Rubin says.

Still, some people resist getting the vaccine, believing—incorrectly—that the shot itself can cause the flu. “The vaccine contains only surface proteins from each of three strains of virus, making it impossible to contract influenza from the vaccine,” Dr. Rubin says. The flu vaccine changes each year and is based on what strains of influenza scientists predict will be prevalent in the population. When someone gets sick shortly after receiving the vaccine, the culprit is one of many other viruses circulating during the winter flu season.

The most common side effect of the flu shot is mild soreness at the site of the injection, and an occasional low-grade fever.

And while the nasal-spray flu vaccine—a reasonable

alternative for healthy individuals between the ages of 5 and 49 years—contains weakened live virus, its most serious side effect is a runny nose.

## Those at increased risk for serious complications from the flu:

- Seniors (65 years or older)
- People with chronic medical conditions that contribute to immune or respiratory dysfunction, including diabetes, HIV and chronic obstructive pulmonary disease
- Pregnant women
- Children 6 months to 5 years old
- Anyone who comes in regular close contact with individuals listed above, such as family members or healthcare workers

# Less Invasive Surgery Offered to Some Gastric Patients

A relatively new type of surgery has emerged as an attractive option for certain patients who are considered morbidly obese. But for all of its advantages—most notably the fact that it is less invasive than gastric bypass surgery, the current gold standard for weight-loss operations—the sleeve gastrectomy is not recommended for everyone, says Amir Mehran, M.D., director of UCLA’s Bariatric Surgery Program.

The minimally invasive procedure partitions a portion of the stomach into a tube, and removes the rest with a stapling device. “Whereas the gastric bypass creates a small gastric pouch and re-routes part of the intestine, this is a straightforward trimming of the stomach to roughly one-third of its previous size,” explains Dr. Mehran.

Although the surgery is too new for long-term outcomes, preliminary evidence suggests that patients are losing 40 to 60 percent of their excess weight in the first one to two years, with a significantly lower risk of complications when compared

with the bypass procedure. “It has been called the ‘adjustable band’ that does not need adjusting,” says Dr. Mehran. The smaller stomach size facilitates dieting efforts by producing a sense of fullness after healthier amounts of food consumption, and the weight loss reduces the risk of chronic conditions such as hypertension, diabetes, heart disease, stroke and sleep apnea.

The best candidates for the gastric sleeve are patients who would be considered high-risk for the bypass procedure, either because of too-high body mass index, multiple previous intra-abdominal surgeries or a history of inflammatory bowel disease. For many of these patients, performing the gastric sleeve first can reduce that risk, enabling the subsequent bypass surgery if necessary, Dr. Mehran explains. It may also be utilized in cases where significant weight loss is required prior to another major operation, such as orthopaedic, spine or cancer operations. Further indications for the sleeve gastrectomy will be reviewed on a case-by-case basis.

# Measuring Quality in Healthcare Addresses Consumer Concerns

## A Leadership Message from:

**David T. Feinberg, M.D.**  
CEO, UCLA Hospital System

**Thomas E. Sibert, M.D.**  
President, UCLA Faculty  
Group Practice

How to measure “quality” in healthcare has become a hot national topic. More and more independent organizations are striving to give consumers tools to weigh their decisions when choosing a physician, clinic or hospital.

UCLA has received high marks from many of these organizations (see box) pointing to the outstanding skills of world-renowned physicians, the use of advanced technologies that help diagnose and treat a myriad of conditions and diseases, and the ability to quickly translate cutting-edge research into bedside practice.

But quality does not stop there. How all the pieces work in tandem to assure rapid responses to life-threatening condi-

tions, avoidance of medical mistakes, as well as making sure people smoothly transition from their UCLA primary care physician, to a specialist, to possibly a hospital stay, all contribute to quality.

In addition, we internally audit and adjust systems in place, always asking ourselves the fundamental question: Are we doing what is best for our patients?

UCLA physicians and staff are responsible for more than 1 million outpatient visits each year, 80,000 hospitalizations and countless interactions with community physicians with whom we strive to provide a smooth transition for their patients back into their care.

But, it’s the individual patient experience that matters above all. This year, our senior administrators have made a commitment to routinely visit patients and their families at UCLA to personally hear about their experiences—good and bad—and to take action when change is needed. Spending time with our patients and their families reminds us of why we are here, and reconnects us with greater purpose to our mission.

## Among the most recent rankings:

*U.S. News & World Report* ranks UCLA Medical Center number three in the nation, and for 18 years the best in the western United States

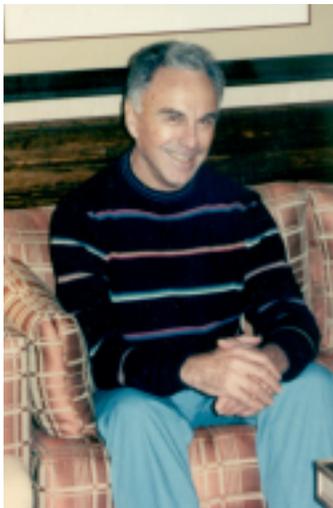
*Leapfrog Group*, a coalition of business leaders, conducts an annual survey recognized as the most complete assessment of hospital quality and safety this year named UCLA Medical Center on its top hospitals list.

*Integrated Health* ranks UCLA Medical Group one of the top 10 physician organizations in Southern California for the third year in a row. (is this correct wording?)

Our most recent JCAHO survey, an unannounced week-long intensive look into all of our systems, resulted in full accreditation.

While UCLA takes pride in all the top rankings it receives, the most important ranking is the one each patient gives us while in our care.

# Donor Endows Research Funds in Headache Program



“What you read, see and hear is what leads you in the direction of helping others. When the world is so good to

you, you should be good to the world.” Such charitable thinking is what prompted Walter Craig to name and endow research funds in the Headache Program in the Department of Neurology, Division of Adult Psychiatry at the Jane and Terry Semel Institute of Neuroscience and Human Behavior at UCLA, and lung cancer and other smoking-related cancers (in memory of Donn Arden) at UCLA Jonsson Cancer Center.

Mr. Craig of Mission Viejo began his philanthropic pursuits 10 years ago, when he began thinking about what to do with his wealth earned from owning apartment build-

ings in Los Angeles.

His personal health issues, which were resolved at UCLA, took priority for his philanthropy. He is especially grateful for the care he received from Dr. Ernestina H. Saxton, clinical professor of neurology.

Mr. Craig chose to make his commitment to UCLA through a gift planning arrangement known as a charitable gift annuity. The annuity allows him to receive an annual, fixed, lifetime income. He also enjoyed an immediate income tax charitable deduction. Mr. Craig used appreciated securities to fund his gift, but he only will pay capital gain tax on part

of the appreciation, unlike if he were to sell the stock, so the capital gain tax is spread out over many years.

UCLA is very grateful for his generosity.

## Current Gift Annuity Payment Rates

### Selected Rates for One Person

Age	Rate
65 . . . . .	6.0%
70 . . . . .	6.5
75 . . . . .	7.1
80 . . . . .	8.0
85 . . . . .	9.5

Current rates for other ages available upon request.

# UCLA Medical Center Teams Up to Heal Scars of War

**A unique partnership between a military hospital and UCLA Medical Center dubbed "Operation Mend" will help several Armed Service personnel wounded during service in Iraq and Afghanistan. The first patient, U.S. Marine Cpl. Aaron Mankin, 25, was injured by a roadside bomb in Iraq. He began a series of facial reconstructive surgeries in September that will take several months to complete.**

"It is a privilege for UCLA Medical Center to assist our country's men and women in the military," says Dr. David

T. Feinberg, CEO of UCLA Hospital System. "We are honored to partner with Brooke Army Medical Center (BAMC) to help heal several of America's wounded warriors."

The surgeries will be led by Dr. Timothy Miller, chief of reconstructive and plastic surgery at UCLA and a Vietnam veteran. Service members like Cpl. Mankin "have given a great sacrifice to our country," Dr. Miller says. "I feel it is my obligation to help them in any way I possibly can ... and to the extent that I can, I am very grateful."

Operation Mend was launched with the help of UCLA Medical Center board member and philanthropist Ronald A. Katz, who recognized that providing excellent care to injured soldiers need not be limited to the Department of Veterans Affairs and the U.S. Armed Services. "I think it is the private sector's duty to stand up... do something extra to help," says Katz. "[UCLA] has a spectacular facial-reconstruction group, and I asked, 'Is there a way that we could offer our services and give these kids

not only the best the Army has to offer, but the best the country has to offer?"

The Katz Family Foundation will fund all uncovered costs of the project, while UCLA will arrange to house the patients and their families at UCLA Tiverton House.



To view a video about Operation Mend, go to [streaming.uclahealth.org/operationmend](http://streaming.uclahealth.org/operationmend)

Upholding a long-time Army tradition, UCLA clinical nurse specialist and former U.S. Army nurse Priscilla Taylor organized a community group of ex-service members to create a "quilt of valor" to greet Mankin upon his arrival.



To view a video about making the quilt, go to [streaming.uclahealth.org/](http://streaming.uclahealth.org/)

## VitalSigns

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